



**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure & Certification Section**

Initial Licensure Application Packet

Form# DHHS/DHSR/MHL5001
Revised 10/17/2016

Mental Health Licensure and Certification Section
www.ncdhhs.gov/dhsr

Tel 919-855-3795 • Fax 919-715-8078

Location: Edgerton Building • 1800 Umstead Drive • Raleigh, NC 27603

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

An Equal Opportunity / Affirmative Action Employer



N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Memorandum

To: Mental Health, Developmental Disabilities, and Substance Abuse Facility Licensure Applicants
From: Mental Health Licensure and Certification Section
Re: Initial Licensure Application Packet

Enclosed you will find an Initial Licensure Application Packet. Included in this packet are the following:

- Licensure Application Process
- Frequently Asked Questions
- Initial Licensure Application
- Photographs sheet
- MH Licensure Policies and Procedures Worksheets

Please read the enclosed information carefully. This information will help you with the following questions:

- Do the services I want to provide require a license under the mental health/developmental disability/substance abuse (MH/DD/SAS) rules?
- What service category is the best fit for the service I want to offer?
- How much are the required fees for a license?

The following rules are essential for all licensed mental health facilities to help formulate the required Operations and Management Policies, Guidelines and Procedures (download for free at <http://www.ncdhhs.gov/dhsr/mhlcs/rules.html>).

- 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

The following NC General Statutes are essential for all licensed mental health facilities. This is not an all-inclusive list; a complete list of NC General Statutes that govern licensed facilities are found at <http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl>

- NC GS 122C 6: Smoking Prohibited
- NC G.S. 122C 63 Assurance for Continuity of Care for Individuals with Mental Retardation
- NC G.S. 122C 80 Criminal History; Record Check
- NC GS 131E 256 Health Care Personnel Registry

Hard copies of these rules can be ordered from the Division of MH/DD/SAS:

- Phone: (919) 715-2150
- E-mail: contactdmh@dhhs.nc.gov
- Mailing address: 3001 Mail Service Center, Raleigh NC 27699-3001
- Walk-in address: 306 N. Wilmington Street, Raleigh, NC.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) also have Medicaid regulations to follow. The regulations can be found in the appendix of the Medicaid State Operations Manual, Appendix J.

Psychiatric Residential Treatment Facilities (PRTF) must also adhere to federal regulations. The regulations can be found in the Code of Federal Regulations (CFR) Title 42 Part 483 Subpart G.

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

LICENSE APPLICATION PROCESS

An applicant must be able to complete all necessary requirements **within 6 months** from the initial application date to obtain a license. After initial licensure, the facility must have the license renewed every year.

In order to apply for a license from the Division of Health Service Regulation to operate a mental health facility as required under General Statute 122C, you must do the following:

1. Complete the application

(a) 24-hour Residential Programs*:

- Take the completed application (pages 12-17) to your local zoning office and obtain zoning approval. Attach the zoning approval letter to the application.
- Take the completed application (pages 12-17) to your area Local Management Entity-Managed Care Organization (LME-MCO) office and obtain a Letter of Support as per Session Law 2005-276. Attach LME-MCO support letter to the application. A Letter of Support is not required for services that have a Certificate of Need (CON) from DHSR, which currently includes service category .3400 and ICF/IID facilities
- Submit items required by DHSR Construction Section listed in **Requirements for 24-hour Residential Programs** box below.
- Include initial licensure fee upon submitting all items.

(b) Day Programs:

- Take the completed application (pages 12-17) to your local zoning office and obtain zoning approval. Attach the zoning approval letter to the application.
- Submit all items listed in **Requirements for Day Programs** box below, including approved Fire Marshal, Sanitation and Building Officials' inspection reports as required.
- Include initial licensure fee upon submitting all items.

2. Write a letter briefly describing the services to be offered by the facility.

3. Develop written policies and procedures for your service, but do not submit them with the application, as they will be reviewed at a later date.

4. Make check payable to: **NC Division of Health Service Regulation**

5. Send application with required information to:
- Division of Health Service Regulation
MH Licensure & Certification Section
2718 MSC
Raleigh, NC 27699-2718

***Note:** Before construction of a **new residential** facility, you must submit blueprints and receive approval from the DHSR Construction Section. For information contact DHSR Construction at 919-855-3893.

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Requirements for 24-hour Residential Programs—Existing Structures

Note: Before construction of a new 24 hour residential facility, you must submit blueprints and receive approval from the DHSR Construction Section. For additional information contact DHSR Construction at 919-855-3893.

Submit the following:

1. A floor plan that specifies the following:
 - a. All levels including basements and upstairs.
 - b. Identification of the use of all rooms/spaces.
 - c. Dimensions of all bedrooms, excluding any toilets, bathing areas and closets. Clarify double or single occupancy.
 - d. Location of all doors and the dimensions of all exterior doors.
 - e. Location of all windows including the dimensions of bedroom windows and sill height of bedroom windows above the finished floor.
 - f. Location of all smoke detectors noting whether they are battery operated, wired into the house current with battery backup, and if they are interconnected.
2. Exterior photos of each side of the building.
3. Interior photos of the kitchen, living areas, bedrooms, and any other rooms.
4. Directions from Raleigh or a map from the nearest major highway, street or intersection clearly showing the location of the facility.
5. **Local Zoning Department approval** for the proposed use.
6. Letter of support from LME/MCO

Requirements for Day Programs

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.
3. Interior photos of the proposed licensed space.
4. Directions from Raleigh or a map from the nearest major highway, street or intersection clearly showing the location of the facility.
5. **Local Zoning Department approval** or verification the facility is classified under building/planning for intended use.
6. Current **local Fire Marshal's Inspection Report for the building.**
7. Current **local Sanitation Inspection report** if serving any food.
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.

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.

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Building Code Zoning Classifications - Requirements for Licensure Categories (revised 8-8-2013)

Program Code 10 NCAC 27G	Facility Type	Residential/ Institutional 24 hour programs	Building Classification	Code
.1100	Partial Hospitalization for individuals who are acutely mentally ill	No	Group B – Business Occupancy (Adults) Group E – Educational or I4 (minors)	a
.1200	Psychosocial Rehab for individuals with Severe and Persistent Mental Illness	No	Group B – Business Occupancy	a
.1300	Residential Treatment for Children or Adolescents	Yes	Residential – Classification dependent on number & ambulation status	b
.1400	Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances	No	Group E – Educational Occupancy or I-4	a
.1700	Residential Treatment Staff Secure for Children or Adolescents	Yes	Residential – Classification dependent on number & ambulation status	d
.1800	Intensive Residential Treatment for Children or Adolescents	Yes	Institutional Occupancy	e
.1900	Psychiatric Residential Treatment for Children and Adolescents	Yes	Institutional Occupancy	f
.2100	Specialized Community Residential Centers for Individuals with Developmental Disabilities	Yes	Residential or Institutional Occupancy	g
.2200	Before/After School and Summer Developmental Day Services for Children with or at Risk for Developmental Delays, Developmental Disabilities, or Atypical Development	No	Group E- Educational or I-4	a
.2300	Adult Developmental and Vocational Program for Individuals with Developmental Disabilities	No	Group B- Business Occupancy	a
.2400	Developmental Day Services for Children with or at Risk for Developmental Delays, Developmental Disabilities or Atypical Development	No	Group E- Educational or I-4	a
.3100	Nonhospital Medical Detoxification for Individuals who are Substance Abusers	Yes	Institutional Occupancy	h
.3200	Social Setting Detoxification for Substance Abusers	Yes	Residential or Institutional Occupancy	m
.3300	Outpatient Detoxification for Substance Abuse	No	Group B – Business Occupancy	a
.3400	Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders	Yes	Residential or Institutional Occupancy	i
.3500	Outpatient Facilities for Individuals with Substance Abuse Disorders	No	Group B- Business Occupancy	a
.3600	Outpatient Opioid Treatment	No	Group B- Business Occupancy	a
.3700	Day Treatment Facilities for Individuals with Substance Abuse Disorders	No	Group B- Business Occupancy Group E – Educational or I4 (Minors)	a
.4100	Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children	Yes	Typically Group R – Residential	j
.4300	Therapeutic Community	Yes	Typically Group R – Residential	k

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

.4400	Substance Abuse Intensive Outpatient Program (SAIOP)	No	Group B – Business Occupancy (Adults) Group E – Educational or I4 (minors)	a
.4500	Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	No	Group B- Business Occupancy	a
.5000	Facility Based Crisis Services for Individuals of All Disability Groups	Yes	Institutional Occupancy	l
.5100	Community Respite Services for Individuals of All Disability Groups	Yes	Typically Residential depending on number of residents	m
.5200	Residential Therapeutic (Habilitative) Camps for Children and Adolescents of All Disability Groups	Yes	Wilderness Camp Settings	p
.5400	Day Activity For Individuals of All Disability Groups	No	Group B- Business Occupancy Group E – Educational or I4 (Minors)	a
.5500	Sheltered Workshops For Individuals of All Disability Groups	No	Group B- Business Occupancy	a
.5600	Supervised Living For Individuals of All Disability Groups	Yes	Residential	o
.6000	Inpatient Hospital Treatment for Individuals who have Mental Illness or Substance Abuse Disorders	Yes	Institutional Occupancy	l

Code	Program Type / Description
a	Day Program
b	Level II Clients
c	This program has been deleted
d	Level II clients (previously part of the .1300 program)
e	Level IV clients. Required to be a secured facility and Institutional – Unrestrained Occupancy (previously part of the .1500 program)
f	PRTF clients. May be staff secured or locked; still Institutional – Unrestrained Occupancy (previously part of the .1500 program)
g	Usually these are ICF/IID facilities and required to have a Certificate of Need (CON)
h	Institutional Occupancy since providing medical treatment
i	Typically not in a six bed facility since requires CON
j	Program is for women and their children. Usually in apartment/motel situation but if less than six could be a home
K	Program is for adults and is usually in apartment/ motel situation but if less than six could be in a home
l	Requires Institutional Occupancy since requiring treatment
m	Typically is a resident with another residential program. Could be part of a larger facility not residential
n	Support Services, not residential
o	Has six different programs. .5600A; .5600B; .5600C are limited to maximum of 6 clients. .5600F is limited to maximum of 3 clients in private residence.
p	Residential Camp
q	Any program not listed is not a licensed program by Mental Health

Programs typically licensed in Single-Family Dwellings and falling under G.S. 168 are: .1300, .1700, .2100, .5100 & .5600.

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

License Application Checklist

Incomplete applications will be returned to sender, without processing, accompanied by a letter explaining the incorrect or missing information. Please complete the appropriate checklist prior to submitting your license application

24-Hour Residential Checklist

	Item	Completed
1.	Cover Letter	
2.	Completed Initial Licensure Application (form DHSR 5001)	
3.	LME-MCO Support Letter <ul style="list-style-type: none"> • Not required for service category 10A NCAC 27G .3400 or ICF/IID 	
4.	Fee	
5.	Floor Plan Identifying all spaces in facility <i>(all levels/floors, dimensions, doors, windows, smoke detectors, bathrooms, closets)</i>	
6..	Pictures (Interior & Exterior)	
7.	Zoning Approval (original) <i>Required for application to move forward</i>	
8.	Directions to Facility	
9.	Appointments for Fire & Sanitation Inspections. <i>Actual inspections are not needed when submitting the application but will be needed prior to DHSR Construction section approval.</i>	

Day Program Checklist

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

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

License Fees: Initial License & Construction

All licensed facilities, residential and non-residential are required to pay an initial license and annual license renewal fee. NC General Statute 122C-23:

- Prohibits the issuance of the license until the license fee is paid.
- Mandates that licenses must be renewed annually and will expire at the end of the calendar year.

Please submit Licensure fee with the application. Do not submit the Construction fee. Our Construction section will bill you for the applicable fee prior to conducting their site visit.

Initial Licensure Fee NC General Statute 131E-272: Following is a list of types of facilities with required fee, including the base fee and the per bed fee.

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

*ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities, a specialized Medicaid facility requiring a Certificate of Need from the DHSR Certificate of Need Section.

Construction Fees: In addition to the license fee, the DHSR Construction Section has a one-time, per project fee to review the physical plant requirements for **24 hour residential facilities only**. You will receive an invoice from the Construction Section for the appropriate fee. Following is a list of fees:

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

Contact Information

For questions regarding any part of this process, please contact the appropriate section of the Division of Health Service Regulation or visit our website www.ncdhhs.gov/dhsr/

[Mental Health Licensure and Certification Section](#)

919-855-3795

[Construction Section](#)

919-855-3893

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Licensing Process

An applicant must be able to complete all necessary requirements **within 6 months** from the initial application date to obtain a license. After initial licensure, the facility must have the license renewed every year.

Applicant Action	DHSR Action
<p>Submit the following:</p> <ul style="list-style-type: none"> ▪ Completed application ▪ Zoning approval ▪ LME/MCO support letter (residential only) ▪ Applicable inspections ▪ Licensure fee 	<p align="center">MH Licensure & Certification Section:</p> <ul style="list-style-type: none"> ▪ Reviews application for completeness and process application ▪ Return incomplete application packet to sender. ▪ Forwards completed application to DHSR Construction Section if residential or warranted.
<p>The section below applies to <i>residential facilities only</i>.</p>	
<p>Day program applications do not get forwarded to the DHSR construction section.</p>	
<ul style="list-style-type: none"> ▪ Pay construction fee after receiving Construction invoice. ▪ Meet with DHSR Construction Inspector on site for physical plant review. ▪ Provide Construction section with applicable Fire & Sanitation Inspections 	<p align="center">DHSR Construction Section:</p> <ul style="list-style-type: none"> ▪ Invoices applicant for project fee. ▪ Places applicant on site-visit list after receipt of project fee. ▪ Reviews blue prints/floor plans, makes site visit, and determines compliance. ▪ Receives and reviews applicable fire & sanitation inspection reports ▪ If in compliance, recommends building for licensure to MH Licensure and Certification Section. ▪ If deficiencies found, DHSR Surveyor may need to conduct another on-site visit to verify compliance.
<ul style="list-style-type: none"> ▪ Meet with MH Licensure & Certification Section Initial Surveyor for the initial licensure survey. 	<p align="center">MH Licensure & Certification Section</p> <ul style="list-style-type: none"> ▪ Reviews license application packet and contacts provider to schedule a review. ▪ Review will include: <ol style="list-style-type: none"> 1. Policies and Procedures as set forth in 10A NCAC 27G 2. Client Rights Policies and Procedures as set forth in 10A NCAC 27C, D, E, F 3. Personnel Requirements as set forth in 10A NCAC 27G .0202 4. Medication Administration and Client Rights Training 5. Program Specific Training specified in rule (i.e. confidentiality, symptoms of substance abuse, development of individual treatment plans, etc.). ▪ Recommends license approval when in compliance. ▪ Generates and mails license to licensee at mailing address on application.

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

FREQUENTLY ASKED QUESTIONS

Where do my client referrals come from?

- There are a variety of referral sources in the community (i.e. families, hospitals, periodic, providers, group homes, etc.) As a new provider, you must market your agency to the community by having open houses, sending fliers/brochures, etc. to the various community partners. For state funded services, the LME-MCO (Local Management Entity-Managed Care Organization) is the source of referrals and the provider must have a State Funded contract with the LME-MCO to receive this type of referral.

Do I have to have a Qualified Professional or "QP"?

- Twenty four-hour, day treatment, and outpatient treatment facilities are required to have a Qualified Professional assist in the development of client treatment/habilitation plans to ensure treatment outcomes. The type of service you are licensed to provide and the type of clients you serve will dictate the type of Qualified Professional you must have. 10A NCAC 27G Section .0100 includes definitions, education and experience requirements of qualified professionals.

Do I have to pay the Qualified Professional or "QP"?

- There is no licensure rule requiring a mental health provider to pay for the services of a Qualified Professional, however "QP"s are professionals who generally charge a fee for their services. Payment for the services of a Qualified Professional is governed by a variety of factors including hours worked, the specific services provided, and years of experience.

Do I have to be licensed before I can serve clients?

- Yes. Serving most clients without first obtaining a license is a violation of the law. Specifically, North Carolina General Statute 122C-28 states: "Operating a licensable facility without a license is a Class 3 misdemeanor and is punishable only by a fine not to exceed fifty dollars (\$50.00), for the first offense and a fine, not to exceed five hundred dollars (\$500.00), for each subsequent offense. Each day's operation of a licensable facility without a license is a separate offense."

Do all staff need training to work in the facility or to provide services?

- Yes. All staff must be trained and competent to provide services to mental health clients. Failing to have trained and competent staff may result in poor care for clients, may place clients' health and safety at risk, may place the health and safety of the staff at risk, and may increase provider liability.

How do I get people trained? Where can I send them?

- Staff training should be provided by a person who is competent in the area in which staff need training. Training in medication administration, for example, must be conducted by a licensed registered nurse, pharmacist, or other legally qualified person as per 10A NCAC 27G .0209(c)(3). Training in client rights, including restrictive interventions must be conducted by a person trained in these areas and is qualified to train others. Training resource information is available on the Division of MH/DD/SAS web site: <http://www.dhhs.state.nc.us/mhddsas>. We also recommend your Qualified Professional as a resource for assisting, developing or performing some of the required training. Your LME-MCO may also be a resource for training resources.

Do I need my staff in place for the initial licensure survey?

- Yes. DHSR will not issue a license to a provider who does not have staff in place.

How much money will I get for keeping clients?

- Reimbursement of mental health services varies according to the population served (i.e. adults, minors, etc.), the disability for which services are provided (i.e. mental illness, developmental disabilities or substance abuse problems), and the funding source used for reimbursement (i.e. Medicaid, Special Assistance, etc.). DHSR does not handle billing, funding, or client placement. Contact your LME-MCO for reimbursement information.

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Do you know of any consultants who can write policies?

- *DHSR does not maintain information on consultants who write policies and procedures for mental health providers. To recommend consultants would be a conflict of interest for DHSR as a regulatory agency.*

What are the fees charged to open a facility?

- Please see the fee portion of the application packet for this information.

Can facilities be licensed in mobile/manufactured home?

- Yes, but there are restrictions. These restrictions include: (1) 10A NCAC 27G.5600 and .5100 license categories are the only two licensure categories that allow mobile/manufactured homes, and (2) the maximum number of clients is three. In addition, a waiver is required for this setting (contact Construction Section).

How do I clarify to the local authorities the type of facility I am proposing to operate?

- Take the completed Service Categories section in the Licensure Application to your Zoning, Building and/or Fire officials. Providers of Day, Outpatient and Residential need zoning approval. 24 hour residential services must present completed application to their LME-MCO to request a letter of support.

Do I have to upgrade the facility to meet handicap accessibility?

- Yes. If you provide residential services for handicapped clients, you need to provide proper accommodations. Contact your local building official for information.

Can someone from Construction come to look at a facility prior to my renting or leasing it?

- No. You need to review the Physical Plant requirements in 10A NCAC 27G--Section .0300 to verify the facility meets the construction, space and other physical plant requirements for the clients to be served. You may, however, contact the DHSR Construction Section for specific questions.

Can we use a rope ladder for a second escape?

- No. A facility required to provide a second remote exit from any story must be a door with stairs meeting the North Carolina State Building Code.

What are the requirements for a Day Facility?

- Physical Plant requirements are on page 3 of the application packet. No DHSR-Construction fees are required at this time.

How do I get a Letter of Support?

- 24 hour residential applicants must contact the LME-MCO in the catchment area to verify/review if there is a need for the particular twenty-four hour residential service (see 10A NCAC 27G .0406). The LME-MCO will issue the letter of support which needs to be enclosed with the initial licensure application or a change application if changing service category.

When do I need to renew my license?

- All licenses expire at the end of the calendar year. A renewal application will be sent in October to be returned before the end of that year with the annual fee and appropriate inspections.

What is the National Provider Identifier (NPI)?

- The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. If you have questions or need additional information regarding the NPI number, call the toll free number 1-800-465-3203 or visit the website: <http://www.ncdhhs.gov/dma/NPI/index.htm>

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

INITIAL LICENSURE APPLICATION FOR MH/DD/SAS FACILITIES

Include First Name, Middle Initial & Last Name for **every person** listed in application

Office use only: License Number: MHL- _____ FID# _____

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: _____

City: _____ Zip Code: _____ County: _____

*Facility Telephone Number: _____ Fax Number: _____

*must be installed and operable prior to licensing; cannot be a cell phone.

3. **FACILITY CORRESPONDENCE MAILING ADDRESS:**

Name: _____

Street: _____

City: _____ Zip Code: _____ County: _____

Email Address (to which all correspondence will be sent): _____

4. **NAME OF FACILITY DIRECTOR:** (First, M.I., Last) _____

5. **NAME OF CONTACT PERSON:** (First, M.I., Last) _____

Title: _____

Telephone: _____ Cell: _____ Fax: _____

6. **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, M.I., 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: _____

Remarks: _____

DHSR Consultant: _____

N.C. Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

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

Name of Company: _____

Name of Contact Person: (First, M.I., Last) _____

Address: _____

Telephone Number: _____ Fax Number: _____

8. NATIONAL PROVIDER IDENTIFIER (NPI): _____

For Health Care Providers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**.

If you have questions or need additional information regarding the NPI number, call the toll free number 1-800-465-3203 or visit the website: <http://www.ncdhhs.gov/dma/NPI/index.htm>

9. LEGAL IDENTITY OF 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. **Please be sure to write the name of the owner exactly the same on all documents.**

(a) Name of Owner (Corp, LLC, etc): _____

If Proprietorship: (First, M.I., Last) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

(b) Federal Tax ID number of Owner/Licensee: _____

(c) Legal entity is: _____ For Profit _____ Not for Profit

(d) Legal entity is: _____ Proprietorship _____ Government Unit

_____ Corporation _____ Limited Liability Company

_____ Partnership _____ Limited Liability Partnership

(e) Name of CEO/President: (First, M.I., Last) _____

Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Cell Number: _____ Fax Number: _____

If the "licensee" is a corporation or partnership, list the name of the Executive Officer or General Partner.

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

(f) Building Owner: If the above entity (partnership, corporation, etc.) **does not** own the building from which services are offered, please provide the following information: (If single owner, list First name, M.I., Last name)

Name of Building Owner: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

10. 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 licensee listed on page 2. Attach additional pages if necessary. We ask that you voluntarily provide your social security number with the understanding that it will be used only as an identification number for internal record keeping and data processing. If you are the only owner, complete the information below, listing the percentage interest as 100%.

Name: <small>(First, M.I., Last)</small> _____	SSN: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone # of Shareholder: _____	Fax Number: _____	
Percentage interest in this facility: _____	Title: _____	

Name: <small>(First, M.I., Last)</small> _____	SSN: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone # of Shareholder: _____	Fax Number: _____	
Percentage interest in this facility: _____	Title: _____	

Name: <small>(First, M.I., Last)</small> _____	SSN: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone # of Shareholder: _____	Fax Number: _____	
Percentage interest in this facility: _____	Title: _____	

Non-Profit Companies

If no individual holds an interest of 5% or more please sign the statement below, thereby indicating this is a non-profit group.

There are no owners, principles, affiliates or shareholders who hold an interest of 5% or more of the licensee applying for or renewing a license:		
_____	_____	_____
Signature	Title	Date

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

11. SERVICE CATEGORIES:

Services subject to licensure under G.S. 122C are shown in the table below and are **found in the Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services**. All applicants must complete the following table for all services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.1100 Partial hospitalizations for individuals who are acutely mentally ill.				
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness				
.1300 Residential treatment facilities for children or adolescents—Level II (Max. of 12 clients)				
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances				
.1700 Residential treatment Staff Secure for Children or Adolescents—Level III (Max of 12 clients)				
.1800 Intensive residential treatment for children or adolescents (Level IV)				
.1900 PRTF – Psychiatric Residential Treatment Facility for minors who are emotionally disturbed or who have a mental illness.				
.2100 Specialized community residential centers for individuals with developmental disabilities. (Max. of 30 clients) (CON Required if ICF/IID)				
.2200 Before/after school and summer developmental day services for children with or at risk for developmental delays, developmental disabilities, or atypical development				
.2300 Adult Developmental and vocational programs for individuals with developmental disabilities				
.3100 Non-hospital medical detoxification for individuals who are substance abusers				
.3200 Social setting detoxification for substance abuse				
.3300 Outpatient detoxification for substance abuse				
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders (CON Required)				
.3600 Outpatient narcotic addiction treatment				
.3700 Day treatment facilities for individuals with substance abuse disorders				
.4100 Therapeutic homes for individuals with substance abuse disorders and their children (min. 3 clients)				
.4300 A supervised therapeutic community for individuals with substance abuse disorder				
.4400 Substance Abuse Intensive Outpatient Program				
.4500 Substance Abuse Comprehensive Outpatient Treatment Program				

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Check Service of License	Beds Assigned by Age		
		0-17	18 & up	Total Beds
.5000 Facility based crisis service for individuals of all disability groups				
.5100 Community Respite services for individuals of all disability groups				
.5200 Residential therapeutic (habilitative) camps for children and adolescents of all disability groups				
.5400 Day activity for individuals of all disability groups				
.5500 Sheltered workshops for individuals of all disability groups				
. 5600 supervised living for individuals of all disability groups – NOTE: Only <u>one</u> category (A, B, C, D, E or F) can be checked for .5600 facilities				
5600A Group homes for <u>adults</u> whose primary diagnosis is mental illness (Max. of 6 clients)				
5600B Group homes for <u>minors</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients) (CON required only if ICF/IID)				
.5600C Group homes for <u>adults</u> whose primary diagnosis is mental retardation or other developmental disabilities (Max. of 6 clients) (CON required only if ICF/IID)				
.5600D Group homes for <u>minors</u> with substance abuse problems				
.5600E Half-way houses for <u>adults</u> with substance abuse problems				
.5600F Alternative family living – providing service in own private residence (Max. 3 clients)				

12. DO YOU HAVE A CERTIFICATE OF NEED? *Required* for ICF/IID Facilities (program code .2100 or .5600C) and .3400 facilities

No Yes If yes, CON Number _____ Date CON Received: _____

13. Do you plan on serving clients requiring blood sugar checks? Yes No

*If yes **and** your staff will be conducting blood sugar checks, you must apply for a CLIA waiver before conducting blood sugar checks. Please contact DHSR's Acute & Home Care section's CLIA branch for information on obtaining CLIA waiver: <http://www.ncdhhs.gov/dhsr/ahc/cliaindex.html>

14. NUMBER OF CLIENTS FOR WHICH THE FACILITY IS GOING TO BE LICENSED:

Type	Specify Number to be Licensed
Ambulatory*	
Non-Ambulatory, 1-3	
Non-Ambulatory, 4 or more	

*Ambulatory: A person who can evacuate the facility without physical or verbal assistance during a fire or other emergency.

15. NUMBER AND AGE(S) OF PEOPLE OTHER THAN CLIENTS RESIDING WITHIN THE FACILITY:

(Applicable only in categories where private residence is allowable: .5600F & .5100 Private Home Respite)

Are any of the above people non-ambulatory? Yes No

N.C. Department of Health and Human Services

Division of Health Service Regulation

Mental Health Licensure and Certification Section

2718 Mail Service Center ■ Raleigh, North Carolina 27699-2718

PHYSICAL PLANT

Please fill in information for **each** inspection Department: *Provide Inspector's name.

Zoning Department Official

Department Name: _____	Official's Name: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Phone: _____	

Local Building Official

Department Name: _____	Inspector Name*: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Phone: _____	

Local Fire Marshall

Department Name: _____	Inspector Name*: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Phone: _____	

Local Sanitation

Department Name: _____	Inspector Name*: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Phone: _____	

Building Information: Complete for 24-hour residential facilities only:

Has the building housed a licensed facility previously? Yes No

If Yes: Type of licensed facility: _____

Previous License # _____ Dates of Licensure: From _____ To: _____

Does this building(s) contain facilities licensed for a different use other than the one an initial license is being sought for? Yes No

If yes, please clarify type of license _____

Is the building a site constructed home or a manufactured/mobile home? _____

NOTE: If it is a manufactured/mobile home, contact the DHSR Construction Section for licensure limitations on this type of structure)

If it is a manufactured/mobile home, was it built after 1976? Yes No

PHOTOGRAPHS

Name of Facility: _____

County: _____

Please attach photos of your facility, as required, to this sheet and add other blank sheets as needed. **Please label each photograph as to identity of room** within the facility and **also on the back of the photo identify with the name and address of the facility** (to help identify picture should they get separated)
Thank you.

MH Licensure Policies and Procedures Worksheets

The following form is a tool designed to help the MHL&C initial surveyor while reviewing the agency's policy & procedure manual. The information below is only a snapshot of the actual rules and *is not* a substitute for obtaining the licensure rule book. Providers are welcome to use the form as a tool if desired but it is not a requirement.

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

Important Note: This form is a tool designed to help the MHL&C initial surveyor while reviewing the agency's policy & procedure manual. The information below is only a snapshot of the actual rules and *is not* a substitute for obtaining the licensure rule book. Providers are welcome to use the form as a tool if desired but it is not a requirement.

Facility Name:		MHL#:		10NCAC 27G Licensure Code(s):	
County:		Date:		Time Begin:	Time End:
Consultant Name:				Type of survey (initial or change):	

Section 10A NCAC 27G .0200 Operation and Management Rules

10A NCAC 27G .0201: Governing Body Policies

<input type="checkbox"/> Delegation of Management Authority	<input type="checkbox"/> Admission Criteria	<input type="checkbox"/> Discharge Criteria
<input type="checkbox"/> Who Will Perform Assessments	<input type="checkbox"/> Assessment Time Frame	<input type="checkbox"/> Persons authorized to document in ct record
<input type="checkbox"/> Transporting Records	<input type="checkbox"/> Safeguarding of Records	<input type="checkbox"/> Accessibility of records to Authorized Persons
<input type="checkbox"/> Assurance of Confidentiality of Records	<input type="checkbox"/> Assessment of Presenting Problem	<input type="checkbox"/> Assessment of Ability to Provide Service(s)
<input type="checkbox"/> Disposition of Ct(s)	<input type="checkbox"/> QA/QI Activities and Composition	<input type="checkbox"/> Written Plan for QA/QI
<input type="checkbox"/> Methods of Monitoring Ct Care	<input type="checkbox"/> Qualified Supervision	<input type="checkbox"/> Intervention Advisory Committee
<input type="checkbox"/> Strategies for Improving Ct Care	<input type="checkbox"/> Staff Credentialing/Privileging	<input type="checkbox"/> Review of Fatalities
<input type="checkbox"/> Standards of Practice	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> Medication Usage (27G .0209 for detailed list)
<input type="checkbox"/> Voluntary Non-Compensated Ct Work	<input type="checkbox"/> Fee Assessment & Collection	<input type="checkbox"/> Medical Emergency Plan
<input type="checkbox"/> Authorization for Follow Up of Lab Tests	<input type="checkbox"/> Transportation	<input type="checkbox"/> Safety Precautions (Fire/Disaster Plan)
<input type="checkbox"/> Volunteers: Confidentiality Requirements	<input type="checkbox"/> Staff Training & CEU's	<input type="checkbox"/> Ct Grievance Policy
<input type="checkbox"/> Infectious Disease (identify, control, report, investigate)		

10A NCAC 27G .0203: Competencies of Qualified and Associate Professionals

<input type="checkbox"/> Initiation of individualized supervision plan upon hiring each associate professional
--

10A NCAC 27G .0204: Competencies and Supervision of Paraprofessionals

<input type="checkbox"/> Initiation of individualized supervision plan upon hiring each paraprofessional
--

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

10A NCAC 27G .0209 Medication Requirements

<input type="checkbox"/> Meds dispensed only by written MD order	<input type="checkbox"/> Dispensing of meds only by Licensed Person	<input type="checkbox"/> Take home Methadone given to ct by RN only
<input type="checkbox"/> Facilities shall not keep prescription drugs for dispensing without a Pharmacist, except for emergency use. A small supply of samples may be kept and locked by MD	<input type="checkbox"/> Non-Prescribed drug containers not dispensed by a Pharmacist must have original label with expiration dates visible.	<input type="checkbox"/> Prescription meds must be dispensed in tamper resistant packaging
<input type="checkbox"/> Label on prescription meds must include: Ct name; MD name; dispensed date; administration directions; name, strength, quantity & expiration date of drug; name & address of Pharmacy; name of Pharmacist	<input type="checkbox"/> Meds administered by written MD order	<input type="checkbox"/> Meds self administered only on with written MD order
<input type="checkbox"/> Med administration only by trained staff	<input type="checkbox"/> 6 month drug review by a Psychiatrist or Pharmacist required if taking Psychotropic meds	<input type="checkbox"/> Findings from drug review recorded in ct record with corrective action plan
<input type="checkbox"/> Staff is responsible for informing MD of review results if medical intervention is indicated	<input type="checkbox"/> Meds prescribed by an area program MD will give written or oral instructions	<input type="checkbox"/> Med education will be enough to allow for ability to make informed consent
<input type="checkbox"/> The area program will have written documentation in ct record that education was given, to whom & in what format	<input type="checkbox"/> Ct request for med changes/checks on MAR	<input type="checkbox"/> Non-controlled meds must be disposed of by flushing or returning to pharmacy
<input type="checkbox"/> Controlled meds must be disposed of by the rules in NC controlled Substance act G.S. 90	<input type="checkbox"/> Documentation of disposal in record with ct name, med name, strength, quantity, disposal date & method, signature of disposer & witness	<input type="checkbox"/> Upon ct discharge, meds shall be disposed of immediately
<input type="checkbox"/> Meds must be locked	<input type="checkbox"/> Refrigerated meds must be in separate locked container	<input type="checkbox"/> Meds must be stored separately for each ct
<input type="checkbox"/> Meds must be stored separately for internal & external use	<input type="checkbox"/> Meds must be stored in a secure place for ct approved to self-administer	<input type="checkbox"/> A facility must be registered under G.S. 90, article 5 if controlled substances are on premises
<input type="checkbox"/> MAR must be kept current	<input type="checkbox"/> MAR must include: ct name, name, strength & quantity of drug; instructions for administration; date & time of administration; initials of person administering med	<input type="checkbox"/> Med errors are to be recorded in MAR
<input type="checkbox"/> Med refusal or adverse reactions are to be recorded		<input type="checkbox"/> Severe reactions to be immediately reported to MD or Pharmacist

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

<input type="checkbox"/> Process of appeal for disagreement over planned use of RI	<input type="checkbox"/> Ct's physical and psychological well-being to include: review of cts health history or comprehensive health assessment; continuous assessment & monitoring of the ct's physical/ psychological well being throughout the duration of RI; continuous monitoring of the ct's physical/psychological well being by a staff training in CPR; and continuous monitoring of the ct's well being for a minimum of 30 minutes by a staff trained in CPR	<input type="checkbox"/> Following the use of RI, the staff shall conduct a debriefing and planning with the ct and legally responsible person. This process should be conducted based on the cognitive functioning of the ct.
---	---	---

10A NCAC 27D .0102 Suspensions and Expulsion Policy

<input type="checkbox"/> No ct shall be threatened w/unwarranted suspension or expulsion	<input type="checkbox"/> Policy & criteria for suspension	<input type="checkbox"/> Time and conditions for resuming services
<input type="checkbox"/> Documentation of efforts to make alternative services available	<input type="checkbox"/> Discharge Plan, if any	

10A NCAC 27D .0103 Search and Seizure Policy

<input type="checkbox"/> Ct should have privacy	<input type="checkbox"/> Policy on search/seizure of ct's possessions (including circumstances)	<input type="checkbox"/> Documentation of search/seizure including: Scope, search, reason, procedures followed, account of disposition of seized property
---	--	---

10A NCAC 27D .0104 Periodic Internal Review

<input type="checkbox"/> Facility shall conduct a review at least every 3 years to check for compliance with applicable laws	<input type="checkbox"/> The governing body will keep the last 3 written reports of the findings of the reviews
--	---

10A NCAC 27D .0201 Informing Clients

<input type="checkbox"/> Written client rights given to ct or guardian	<input type="checkbox"/> Each ct must be informed of right to contact Governor's Advocacy Council	<input type="checkbox"/> Documentation in record that rights were explained
<input type="checkbox"/> Within 72 hours or three visits, ct will be informed of rules and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedure (including contact person); suspension/expulsion and search and seizure		

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

In facilities using RI: within 72 hours or 3 visits, ct will be informed of the purpose, goal & reinforcement structure of a behavior management system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of a RI; a competent adult may designate an individual to receive information after RI and notification provisions regarding restriction of rights

10A NCAC 27D .0202 Informing Staff

<input type="checkbox"/> Written policy on informing staff of ct rights	<input type="checkbox"/> Documentation of receipt of information by each staff
--	--

10A NCAC 27D .0301 Social Integration

<input type="checkbox"/> Each ct will be encouraged to participate in activities	<input type="checkbox"/> Cts will not be prohibited from activities unless restricted in writing and in record
--	--

10A NCAC 27D .0302 Client Self Governance

<input type="checkbox"/> Written policy allows ct input into facility governance & development of ct self governance groups
--

10A NCAC 27D .0303 Informed Consent

<input type="checkbox"/> Ct will be informed about the alleged benefits, potential risks and alternative treatments	<input type="checkbox"/> Ct will be informed about the length of time the consent is valid and procedure to withdraw consent	<input type="checkbox"/> Consent for use of RI valid for 6 months
<input type="checkbox"/> Written consent needed for planned interventions	<input type="checkbox"/> Written consent needed for antabuse & Depo-Provera, when used for non FDA approved uses	<input type="checkbox"/> Cts have a right to refuse treatment, shall not be threatened with termination
<input type="checkbox"/> Documentation of informed consent in ct record		

10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation

<input type="checkbox"/> Staff will protect clients from harm, abuse, neglect and exploitation	<input type="checkbox"/> Staff will not inflict harm, abuse, neglect or exploit ct	<input type="checkbox"/> Goods/services will not be sold to or purchased from ct except through established policy
<input type="checkbox"/> Staff will only use the degree of force necessary to repel or secure a violent/aggressive ct and which is permitted by the policies. The degree of force necessary depends on the characteristics of the ct and the degree of aggressiveness. Use of interventions in agreement with 10A NCAC 27D		<input type="checkbox"/> Any violation of this rule by staff is grounds for dismissal

Notes:

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

10A NCAC 27E .0103 General Policies Regarding Intervention Procedures

<input type="checkbox"/> The following procedures can only be used when clinically/medically indicated as a method of treatment: planned non-attention to specific undesirable behaviors when they are health threatening; contingent deprivation of any basic necessity or professionally acceptable behavior modification procedures not prohibited by rules .0102 or .0104
<input type="checkbox"/> The determination that a procedure is clinically/medically indicated and the authorization for use of such treatment for a specific ct can only be made by a physician or a licensed PHD who has been formally trained and privileged in the use of a procedure.

10A NCAC 27E .0104 Seclusion, Restraint and Isolation Time Out

<input type="checkbox"/> Use of RI shall be limited to emergency situations (to terminate dangerous behavior) or as a planned measure of therapeutic treatment	<input type="checkbox"/> RI will not be used as retaliation or convenience of staff & will not cause harm
<input type="checkbox"/> Written policy delineates use of RI	<input type="checkbox"/> Written policy when RI is used must be written and approved by the Commission and must follow rules 27E .0104(e)(1)(A-D) or the facility must have provisions included in the next box
<input type="checkbox"/> (e)(2) Review of ct's health history or ct's comprehensive health assessment conducted upon admission to the facility. The assessment shall include pre-existing medical conditions or any disabilities and limitations that would put the ct at risk during the RI; continuous assessments and monitoring of the ct's physical and psychological well being throughout the duration of the RI by a staff present and trained in RI; continuous monitoring of the ct's physical and psychological well being by a staff trained in CPR during the use of the restraint and continued monitoring of the ct's physical and psychological well being by a staff trained in CPR for a minimum of 30 minutes to the termination of RI	
<input type="checkbox"/> If the facility complies with (3) (2) then the following provisions apply: and room used for seclusion will comply with 8(A-1).	<input type="checkbox"/> When a ct is in seclusion or physical restraint they must be observed ≤ 15 minutes; ct will be allowed meals, bathing and toilet use; both of which must be recorded in the ct record
<input type="checkbox"/> When RI is used documentation in the ct record will include: notation of the ct's physical and psychological well being, notation of the frequency, intensity & duration of behavior leading to the RI and circumstances leading to the behavior; rationale for using RI which addresses the inadequacy of less restrictive techniques; description of intervention and date time & duration of use; description of accompanying positive methods of intervention; a description of the debriefing and planning with the ct and legal responsible person for the emergency use of seclusion, physical restraint or isolation time out; a description of the debriefing and planning with the ct and the legal responsible person for the planned use of seclusion, physical restraint or isolation time out; a signature & title of the staff who initiated and the staff who further authorized the use of the intervention	
<input type="checkbox"/> Emergency use of RI will be limited to : staff privileged to use RI based on experience & training; continued use of interventions will be authorized only by staff privileged to use RI; the responsible staff will meet with and conduct an assessment that includes the physical and psychological well being of the ct and write continuation authorization ASAP after the time of initial use of intervention; verbal authorization can be five if responsible staff concurs that it is justified; verbal authorization will not exceed 24 hours; and a written order for seclusion, physical restraint or isolation timeout is limited	
<input type="checkbox"/> When RI is used as planned intervention the facility policy shall specify consent or approval valid for no more that 6 months based on recent behavioral evidence intervention is positive and continues to be needed	<input type="checkbox"/> When ct is in isolation time out there will be staff solely to monitor ct, there will be continued visual and verbal interaction which will be documented in the ct record

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

<input type="checkbox"/> RI will be discontinued ASAP or within 30 minutes of behavior control, new authorization must be obtained for RI over 30 minutes to four hours for adult cts; two hour for children and adolescents ages 9 – 17; one hour for cts under age 9. The original order shall be renewed with these limits or up to a total of 24 hours.		
<input type="checkbox"/> Written approval required for RI exceeding 24 hours	<input type="checkbox"/> Standing orders or PRN orders shall not be used to authorize the use of RI	<input type="checkbox"/> When ct is in physical restraint staff will remain with the ct continuously
<input type="checkbox"/> Documentation of RI must be in ct record. When RI issued notification to the treatment team & designee of the governing body must occur ASAP or within 72 hours		<input type="checkbox"/> Review and report of RI must be conducted regularly; investigations of unusual or unwarranted patterns of utilization
<input type="checkbox"/> Documentation shall be maintained on a log including: Name of ct; name of responsible staff; date, time type, duration, reason for intervention, positive and less restrictive alternative used or considered and why used, debriefing and planning conducted to eliminate or reduce the probability of future use of RI and negative effects of RI on the physical and psychological well being of the ct		<input type="checkbox"/> The facility shall collect and analyze data on the use of seclusion and restraining on the following: the type of procedure used and length of time employed; the alternatives considered or employed; and the effectiveness of the procedure or alternative employed
<input type="checkbox"/> RI can be considered a planned intervention and will be included in the ct's treatment plan when used: ≥ 4X or ≥ 40hrs in 30 consecutive days; in a single episode for ≥24 continuous hrs in an emergency; or as a measure of therapeutic treatment designed to reduce behavior to allow less restrictive treatment		
<input type="checkbox"/> When RI is used as a planned intervention the facility policy shall specify consent or approval valid for no more that 6 months based on recent behavioral evidence intervention is positive and continues to be needed		<input type="checkbox"/> Prior to initiation or continued used of planned RI, written consent/approval in ct record – approval of plan by professional and treatment team, consent of ct or legally responsible person, notification of ct advocate, and physician approval
<input type="checkbox"/> Documentation in ct record regarding use of planned intervention shall indicate: description and frequency of debriefing. Debriefing shall be conducted to the level of functioning of the ct; bi-monthly evaluation of the planned intervention by the responsible professional; and review at least monthly by the treatment/habilitation team that approved the planned intervention		
<input type="checkbox"/> Ct's are able to request voluntary RI		

10A NCAC 27E .0105 Protective Devices

<input type="checkbox"/> When protective devices are used, a written policy will ensure that: the need has been assessed and the device applied by staff trained and privileged to do so; it is the most appropriate treatment; the ct is frequently observed and given opportunity to use the toilet, exercise and is monitored every hour	<input type="checkbox"/> Documentation and interventions will be recorded in ct record	<input type="checkbox"/> Protective devices are to be cleaned regularly
<input type="checkbox"/> Facilities operative by or under contract with an area program will be subject to review by the ct rights committee		<input type="checkbox"/> Use of devices will comply with 27E .0104

10A NCAC 27E .0106 Intervention Advisory Committees (only if RI are used)

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

10A NCAC 27F .0101 Scope

<input type="checkbox"/> Article 3, Chapter 122C of the General Statutes provides specific rights for each ct who receives a mental health, developmental disability or substance abuse service. This subchapter delineates the rules regarding those rights for cts in a 24-hour facility
--

10A NCAC 27F .0102 Living Environment

<input type="checkbox"/> Efforts to make a quite atmosphere for uninterrupted sleep, privacy areas	<input type="checkbox"/> Ct may suitably decorate room, when appropriate
--	--

10A NCAC 27F .0103 Health, Hygiene and Grooming

<input type="checkbox"/> Ct will have the right to dignity, privacy and humane care in healthy hygiene and grooming	<input type="checkbox"/> Cts will have access to shower/tub daily or more often as needed; access to a barber or beautician, access to linens and towels and other toiletries
<input type="checkbox"/> Adequate toilets, lavatory and bath facilities equipped for use by a ct with a mobility impairment will be available	<input type="checkbox"/> Ct bathtubs, showers and toilets will be private

10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions

<input type="checkbox"/> Staff will make every effort to protect ct personal clothing and possessions from loss or damage

10A NCAC 27F .0105 Client's Personal Funds

<input type="checkbox"/> Each ct will be encouraged to maintain funds in a personal account	<input type="checkbox"/> Funds managed by staff will: assure ct right to deposit and withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions; assure ct funds are kept separate; allow deduction from accounts for payment of treatment/habilitation services when authorized; issue receipts for deposits and withdrawals provide ct quarterly statements	<input type="checkbox"/> Authorization by ct required before a deduction can be made from an account for any amount owed for damages done by the ct to the facility, to an employee of the facility, a visitor or another ct.
---	---	---

Section 10A NCAC 13O Healthcare Personnel Registry

10A NCAC 13O .0102 Investigating and Reporting Health Care Personnel Registry

<input type="checkbox"/> The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).
