

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
Facility ID Number Application

Supervising Agency or Owner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Executive Director: _____ Phone: _____

Contact Person: _____ Phone: _____

*Email: _____ Fax: _____

* Important: Email address **must** be provided. All correspondence and notifications will be sent to this email address.

Facility

*Name: _____

*Address: _____

*City: _____ *State: _____ Zip: _____ *County: _____

Phone: _____ Medicaid Provider Number (if applicable): _____

*Capacity: _____ Gender: M F Both Age Range: _____

*Level of Facility: _____ *License Date: From: _____ To: _____

* This information must match the attached DHSR Mental Health License.

Request

New ID Number Renewal of ID Number _____ Change for ID Number _____

Title IV-E Requirements

Two requirements must be met for county departments of social services to receive Title IV-E reimbursement for room and board payments for children in group homes licensed by the Division of Health Service Regulation. These requirements are:

- A child must be in a licensed facility. **You must attach a current DHSR license for your facility.**
- The licensing file of the group home must contain documentation that verifies that safety considerations with respect to the staff and caretakers of the facility were addressed.

The Executive Director of the Facility or his/her designee must answer the following question:

Has this facility been in continuous compliance with **10A NCAC 27G .0202; GS 122C-80; and Session Law 2019-240, Section 25(a)**?

Yes No

- **10A NCAC 27G .0202 PERSONNEL REQUIREMENTS**

(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:

(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.

(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relation to the job for which the applicant is applying.

The licensing file must contain documentation that it is in compliance with **GS 122C-80** (Criminal history record check required for certain applicants for employment).

- **GS 122C-80:** http://www.ncleg.net/enactedlegislation/statutes/pdf/bysection/chapter_122c/gs_122c-80.pdf
- **Session Law 2019-240, Section 25(a)** here <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S537v5.pdf>

Signature of Executive Director of the Facility or Designee

Date

Please submit the following documents to the North Carolina Division of Social Services, Regulatory and Licensing services via email to:

nc.privateagency.notifications@dhhs.nc.gov

Phone: 828.232.3160

Fax: 828.633.5336

- Completed Application
 Copy of current DHSR Mental Health License

Note: The approval and assignment of a Facility ID Number is only available for Mental Health Residential Treatment Facilities for children and adolescents licensed by the North Carolina Division of Health Service Regulation (DHSR). Upon submission of this completed application, please allow 20 working days for review and approval. If DHSR licensure allows, the effective dates for the Facility ID Number will be from the current month of service until the DHSR license expiration date. Please be aware that the Facility ID Number will expire on the same day as the DHSR license, therefore the Facility ID Number must also be renewed when the DHSR license is renewed. Be sure to inform the County Department of Social Services of the Facility ID Number as soon as you receive it.