

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

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Edwin C. LeGrand III - Executive Director

July 25, 2011

TO: DMH Service Provider

FROM: Edwin C. LeGrand, III *ELG*
Executive Director

RE: 2011 DMH Certification Application
2011 DMH Record Guide

The Department of Mental Health has revised the Certification Application to reflect the DMH Operational Standards that went into effect January 1, 2011. In addition, the DMH has developed a new Record Guide for use with the current Operational Standards. Attached, you will find the 2011 DMH Certification Application Instructions and the forms to be completed as determined by the type of certification being sought. This application process and the Record Guide are effective as of July 2011 and should begin to be used upon receipt of this notification.

The specific items attached include:

- DMH Certification Application Instructions
- Application for DMH Provider Certification Cover Sheet
- Application for DMH Certification of New Site and/or New Program(s) Cover Sheet
- Application for Certification Section D-1: New Service
- Application for Certification Section D-2: New Program
- Application for Certification Section D-3: New Physical Location
- DMH Certification Application Required Attachments/Enclosures
- DMH Record Guide for Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Community Providers

Please review the attached items carefully. PDF copies of each of the attached documents can be downloaded from the DMH website for your convenience. Copies of the sample forms in the Record Guide will also be available in Word document format.

If you have any questions, please contact the Division of Certification at 601-359-1288.

Attachments



DMH Certification Application Instructions

Provider organizations seeking certification or recertification by the Mississippi Department of Mental Health (DMH) must follow procedures outlined in the DMH Operational Standards. All inquiries regarding certification must be directed to the DMH Division of Certification.

Applicants must indicate on the Application for Certification the designated option under which they are seeking certification as provided in the DMH Operational Standards, Part I, Sections A-E. Service provider organizations must meet all requirements and standards specified for the designated option at the time of application for certification.

Potential applicants should be aware that two of the certification categories included in the DMH Operational Standards are established and governed by state statute. Only programs operated under the authority and supervision of the State Board of Mental Health as authorized by Section 41-4-7 of the Mississippi Code of 1972, Annotated are certified as DMH/Department (DMH/D) designation. Only programs operating as Community Mental Health Centers under or meeting the requirements of the authority of a regional commission established under Section 41-19-31 et seq. of the Mississippi Code of 1972, Annotated are certified as DMH/CMHC (DMH/C) designation.

All services, programs and physical locations of service delivery must be certified prior to delivery of services and must remain certified in order to continue service provision. Certification of any type by DMH is not a guarantee of funding from any source.

Certification is for a period of three (3) years. A certification/recertification fee may be charged. All Applications for Certification will be reviewed by the DMH Review Committee.

All applicants for certification of a provider, a program or a service must submit a complete Application for Certification package including required attachments. Incomplete applications will not be reviewed. DMH may request additional information during review of the Application. A separate Application for Certification Section D-1 and D-3 must be submitted for each service and each service location. A complete Certification Application is comprised of all certification application forms, all required attachments or enclosures and any additional information necessary to complete the certification or recertification process.

DMH Certification Application Instructions (cont'd)

Forms to be completed and submitted to the DMH Division of Certification for each type of Certification Application are as follows.

Application for DMH Provider Certification

- DMH Provider Application Cover Sheet (Sections A, B and C)
- Section D-1 New Service
- Section D-2 New Program
- Section D-3 New Physical Location
- Attachments/Enclosures

Application for DMH Certification of New Service (not previously certified)

- Application for DMH Certification of New Service(s) and/or New Program(s) Cover Sheet (Sections A, B and C),
- Section D-1 New Service
- Section D-2 New Program
- Section D-3 New Physical Location (if this applies)

Application for DMH Certification of New Program

- Application for DMH Certification of New Service(s) and/or New Program(s) Cover Sheet (Sections A, B and C)
- Section D-2
- Section D-3 New Physical Location (if this applies)

If an agency physically modifies an existing certified site, this is considered a new program and must be reviewed as such. If an agency closes/discontinues one or more programs at a certified physical location and later reopens the program(s) at the same physical location, the provider must submit an Application Package for Certification of New Program(s) even if some or all of the individuals served in the closed program will be served in the reopened program.

Providers may apply for certification/recertification of the same program or physical location only twice during a twelve (12) month period if the first application for the program or physical location is not approved.

All Certification Application forms must be fully completed and signed as indicated. Typed applications are preferred. If handwritten applications are not legible, they will not be processed. If items on the application forms do not apply, this must be clearly indicated.

The Application Package, attachments and any required fees must be submitted to the Division of Certification. An Application Package is not deemed complete until any additional information requested by DMH has been received.

Timelines for the review of completed application packages are provided in the Operational Standards, Part I, Section D.



Application for DMH Provider Certification

Cover Sheet

SECTION A – Applicant Information

Name of Entity Seeking Certification _____

Mailing Address _____

Physical Address (if different: _____

Contact Person _____

Phone Number () _____

DMH Certification Designation Requested:

DMH/D ☐

DMH/H ☐

DMH/C ☐

DMH/O ☐

DMH/G ☐

SECTION B – Provider Service(s) to be Certified (Attach additional pages as needed. DMH-C must provide all minimum services listed at DMH Operational Standards I.C.1)

Name of Service(s)	Is Service Location-based?	Physical Address of Service	Prior DMH Certification? If so, provided date(s)

SECTION C – Assurances and Signatures

As evidenced by my signature below, I understand that submission of and/or approval of this application is not a guarantee of funding from any source. I certify that the information contained in this application is true and correct to the best of my knowledge. I certify that the agency is incorporated in the State of Mississippi (documentation attached). I certify that the agency I represent is fiscally compliant with applicable DMH fiscal management standards and practices and is compliant with and in good standing with all non-DMH external funding sources. I further certify that the agency I represent has sufficient safeguards in place to assure that all program components operate in an ethical, moral, legal and professional manner and that this agency meets the DMH Operational Standards for provision of services.

Executive Director

Signature

Date

Board Chair

Signature

Date



Application for DMH Certification of New Service(s) and/or New Program(s)

Cover Sheet

Section A – Applicant Information

Name of Entity Seeking
Certification _____

Mailing Address _____

Physical Address
(if different: _____

Contact Person _____

Phone
Number () _____

DMH Certification Designation
Currently Held:

DMH/D ☐

DMH/H ☐

DMH/C ☐

DMH/O ☐

DMH/G ☐

Section B – Provider Program(s)/Service(s) to be Certified (attach additional pages as needed)

Name of Program(s)/Service(s)	Is Service Location- based?	Physical Address of Program/Service	Prior DMH Certification? If so, provide date(s)

Section C – Assurances and Signatures

As evidenced by my signature below, I understand that submission of and/or approval of this application is not a guarantee of funding from any source. I certify that the information contained in this application is true and correct to the best of my knowledge. I certify that the agency is incorporated in the State of Mississippi (documentation attached). I certify that the agency I represent is fiscally compliant with applicable DMH fiscal management standards and practices and is compliant with and in good standing with all non-DMH external funding sources. I further certify that the agency I represent has sufficient safeguards in place to assure that all program components operate in an ethical, moral, legal and professional manner and that this agency meets the DMH Operational Standards for provision of services.

Executive Director

Signature

Date

Application for Certification

Section D-1: New Service

Service-Specific Information

New Service to be Certified

Physical address of new
Service

1) Geographic
area(s) to be served
(county, city, school
districts)

(2) Days/hours new
service will be
available

(3) Staffing plan,
including staff
qualifications and/or
credentials; attach
job description(s)

(4) Target population,
if any



Application for Certification

Section D-2: New Program

Program-Specific Information

New Program to be Certified

For Day Treatment, specify ages/age-range of individuals to be served

Physical address of new Program

Program Design Overview (attach full program plan including job descriptions and staff qualifications)

(1) Days/hours new program will be in operation

(2) Program location (physical address, name of school or building if applicable, other relevant location factors)

(3) Staffing plan (include any plans to share staff, if applicable)

(4) Geographic area(s) to be served (county, city, school districts)

Application for Certification

Section D-3: New Physical Location

Site-Specific Information

Physical Address of New
Location to be Certified

List all DMH-certified
services to be provided at
the location (add additional
page if needed)

Are any non-DMH-certified services provided at the physical location? ☐ Yes ☐ No
 If "Yes," provide the following:

Nature/description of
the non-DMH-certified
services

Describe how service
areas will be
arranged/divided
(attach a clearly
marked floor plan)

DMH Certification Application Required Attachments

Name of Entity Seeking
Certification

Application Date

ATTACHMENTS/ENCLOSURES

The following documents, descriptions, or items must be included with each DMH Application for Initial Certification:

- (1) Proof of legal status of organization
- (2) Proof of incorporation in Mississippi
- (3) Proof of physical location in Mississippi
- (4) Policy & Procedure Manual
- (5) Site-specific permits, licenses, inspection reports, other similar documents
- (6) Staffing Plan to include job descriptions with qualifications
- (7) Record of staff training and/or staff training plan(s)
- (8) Floor plan(s) with dimensions for all included sites and service areas

Upon initial certification, documents/items 1-4 listed above will be maintained on file with DMH for the duration of the 3-year or other specified certification period. If any of the information in items 1-4 change in any way during the 3-year period, the applicant is responsible for providing DMH with revised or updated documents as changes occur or at least annually. DMH reserves the right to request any or all of these items/documents to be provided at any time.

If documents 1-4 are already on file with DMH, only documents/items 5-8 must be provided with each subsequent certification application submitted by a certified provider.