



Mississippi Department of Mental Health
Provider Bulletin
Number IO0072

Subject: DMH 2017 Certification Site Visit Processes

Issue Date: March 6, 2017

Effective Date: March 6, 2017

Scope

All DMH Certified Providers of Mental Health, Intellectual and Developmental Disabilities, and Substance Use Disorders Community Service Providers

Purpose

Inform all DMH Certified Providers of the changes in DMH Certification Site Visit processes for 2017.

Background

DMH Certification operates in a 3 year cycle (current cycle is 2015-2017). All current certificates are valid until the end of this cycle (currently until December 31, 2017). In Year 1 and 2 of the cycle, DMH visited certified providers and conducted programmatic level reviews.

In Year 3 (2017), all certified providers will be reviewed and all physical locations will be visited. New certificates for the next certification cycle (2017-2020) will be issued after completion of the certification process and will be valid for the next three years. All DMH Certified Providers will be reviewed based on the 2017 Certification Site Visit procedures.

Subject

2017 Certification Site Visit Process

Five working days before the Certification Visit, DMH will notify the certified provider of the upcoming visit. DMH will provide a copy of the proposed schedule for the visit and a Provider Summary of the most current information in the DMH Certification Database.

Providers are asked to review the Provider Summary and notify DMH immediately if currently listed locations have been closed or operating locations are not listed so that the schedule can be corrected. DMH must visit all physical locations in order to reissue certificates for the 2018-2020 Certification cycle. DMH cannot issue new certificates for locations that are not seen by DMH staff during the Certification Visit.

An opening meeting for the visit will be scheduled at the main center on the first day of the visit. The team leader will meet with available leadership staff to discuss various aspects of the review process and answer any questions.

To assist with expediting the review process, providers must have the following information available to the DMH Review Team at the opening meeting:

- Agency's current and dated version of the policies and procedures manual
- Staff training plan
- Continuing education plan
- Fire drills and inspections for all physical locations (if applicable)
- List of vehicles used to transport individuals receiving services including tag or identification number (if applicable)
- List of Evidenced Based Practices or Promising Practices utilized by the agency and the programs that are using the practice
- Serious incident file(s)
- List of all staff with the following information included:
 - Date of Hire
 - Current Position
 - If the staff member is direct care, indicate which program or population that they work with
 - Designate onsite supervisors of day programs and community living programs
 - For ID/DD Waiver In Home Services only, Designate family members employed as staff and the name of the person they serve
- For IDD Service Providers only, provide a list of the following individuals (include services if available):
 - Individuals receiving ID/DD Waiver Services
 - Individuals receiving IDD Community Support Program (1915i) Services
 - Individuals receiving IDD Non-Waiver Non- CSP Services

DMH Reviewers may request additional information on-site during the visit. All additional information is due within one (1) hour of the request.

During the visit DMH staff will review the following:

- Implementation and continued compliance of the most recent approved Plan of Compliance
- Policies and Procedures for 2016 Revision
- Personnel records determined by DMH from the provided list
- Health and Safety review of all physical locations including transportation
- Individual service records
- Compliance with Central Data Repository (CDR) submission requirements

The number of individual service records reviewed by DMH will be determined by the population(s) served. Records will be monitored for assessment, planning and service delivery

All DMH certified providers of ID/DD Waiver community living programs and day programs will be reviewed based on requirements as a community-based setting as defined by the HCBS Final Rule. DMH BIDD staff will be reviewing programs and interviewing staff and individuals to assess compliance with the Final Rule. This may require an increased number of BIDD staff to participate in the visit or may require additional time spent in the ID/DD Waiver Community Living Programs or ID/DD Waiver Day Programs.

DMH Programmatic Bureau Directors are participating in random Certification Visits in 2017. Bureau Directors will meet with Executive Directors to discuss program success, areas of concern or any other issues

indicated by the provider. The purpose of the Bureau Director involvement is to open the lines of communication and to strengthen the partnership between DMH and certified providers.

Peer Ambassadors are participating in the 2017 certification review for all DMH/C and DMH/P providers. Peer Ambassadors will meet with agency leadership staff, review Peer Support Services and review the agency's development as a recovery oriented system of care. Please contact the Division of Recovery and Resiliency at #601-359-1288 if you have questions related to Peer Ambassadors or Peer Support Services.

An exit meeting with program staff will be scheduled at the conclusion of the visit. The exit meeting is no longer optional. However, the number of agency staff participating in the exit meeting with DMH is at the provider's discretion. During the exit meeting, DMH will identify strengths and positive aspects of the programs as well as identify opportunities for DMH to provide technical assistance or program development in the future.

Issues presented in the exit meeting are considered preliminary deficiencies. Only the Written Report of Findings, sent to the Provider by DMH, is binding and must be addressed in the Provider's Plan of Compliance.

Following the Certification Visit, DMH will have 30 days to provide a Written Report of Findings to the Provider. This timeline may be reduced by DMH depending on the nature of the deficiencies. Providers will have 30 days to return a Plan of Compliance on the DMH POC form located in the Record Guide, Section K.

Deficiencies related to Chapter 13, 28, 29, 30 and/or 31 of the DMH Operational Standards must be corrected within 30 days of the date of the signature on the WRF. Plans of Compliance must include evidence of implementation of the corrective action. DMH may request additional documentation, information or evidence if needed in order to approve the submitted Plan of Compliance.

Any technical assistance or training that is needed should be requested through Kala Booth. Her contact number is 601-359-6243.

End of Provider Bulletin