



# Mississippi Department of Mental Health Division of Certification DMH Data Submission Requirements Agreement Form

**INSTRUCTIONS:** This form should be utilized for all agency providers certified to provide services within the public mental health system for individuals with serious mental illness (SMI), serious emotional disturbance (SED), intellectual/developmental disabilities (IDD), and substance use disorders (SUD). Please read carefully and complete this form. All attachments should be submitted with the completed application. This Attestation Form should be completed by the Executive Director/Top-Level Administrator to assure the Executive Director/Top-Level Administrator and agency provider will adhere to DMH’s data submission requirements (Rule 2.8.G.5). Please type or print legibly. This form must be completed by the individual or governing body with the authority and responsibility for developing policies, procedures, and business practices for which the agency and its services will be operated. This may include the executive director, chairperson of the governing authority, owner, etc. All dates should include the month, date, and year. Original signatures must be included. This form should be completed, signed, and submitted as part of the Interested Agency Provider application packet.

## Section A

**Agreement to Adhere to DMH Data Submission Requirements:** Please include the contact information for the Executive Director/Top-Level Administrator who is signing this Attestation Form denoting agreement to adhere to DMH’s data submission requirements.

Agency Name: \_\_\_\_\_

Executive Director/Top-Level Administrator Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if not same as street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section B

**Statement of Assurance:** This certification is to be read, signed, and dated by the Executive Director/Top-Level Administrator. The individual signing must be the proprietor in the case of a sole proprietorship, the Executive Director or chair of the governing authority of a corporation, governmental entity, or individual identified and granted authority by the University.

I, the undersigned, hereby attest that I have reviewed and understand the data submission requirements as outlined by the Department of Mental Health (DMH). I agree that my agency provider will adhere to these requirements, which include, but are not limited to:

1. Maintaining current and accurate data for submission of all required reports and data to DMH.
2. Submitting requested data on DMH-funded services and any other data required by state/federal entities or by law, regardless of funding source.
3. Submitting client data, treatment episode data, services data, and billing data, as set forth in the Data Standards on the DMH website.
4. Submitting required data monthly to DMH on a specific schedule as prescribed by DMH.
5. Utilizing the DMH data submission system(s) or other means as defined by DMH.
6. Reporting a daily census to DMH via the electronic Bed Registry portal by 5:00 p.m. CST for all residential services, as applicable.

I understand that failure to comply with these data submission requirements may result in administrative actions or sanctions against my agency provider’s DMH certification.



Mississippi Department of Mental Health  
Division of Certification  
DMH Data Submission Requirements Agreement Form

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Signature

Date

Type or Print Name and Title of Individual Signing

**Witness Signature:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For DMH Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Please carefully review the Application and the required attachments outlined in the Application Checklist before submission. All components of the Application Packet must be submitted via the DMH Interested Provider Portal, which can be accessed on the DMH website ([www.dmh.ms.gov](http://www.dmh.ms.gov)) before the application is considered complete. Incomplete applications will not be processed.**