

Required Plan of Compliance

Plan of Compliance

Please complete all requested information and mail completed form and supporting documentation to:

*Division of Certification
MS Department of Mental Health
239 North Lamar Street, Suite 1101
Jackson, MS 39201*

In lieu of mailing the form, you may e-mail the completed electronic form and supporting documentation to the Division of Certification. For contact information call #601-359-1288.

| | | | |
|---|--|---------------|--|
| Provider Name: | | Phone: | |
| Provider Contact Person for follow-up: | | Fax: | |
| | | Email: | |

| Finding (DMH Standard Number) | Program/Service/ Record | Corrective Action(s) | Time Line | Plan for Continued Compliance |
|-------------------------------------|----------------------------|----------------------|----------------------------|-------------------------------|
| | | | Implementation Date: | |
| | | | Projected Completion Date: | |
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