

Title 24: Mental Health

Part 9: Approval and Certification of Agencies as Community Service Providers

Part 9: Chapter 1: Eligibility for DMH Approval and Certification

- Rule 1.1 Approval and certification as Community Mental Health Service Providers is limited to agencies/businesses registered and in good standing with the MS Secretary of State, rather than licensed independent practitioners.
- Rule 1.2 Nonprofit and for-profit agencies must have and show evidence of a governing authority that consists of at least 8 members. Nonprofit and for-profit agencies may also have an advisory committee. However, an advisory committee does not take the place of a governing authority, such as a board of directors.
- Rule 1.3 Sole proprietorships must have and show evidence of an advisory committee that consists of at least 8 members. The role of the advisory committee should include, but is not limited to, making recommendations to improve programmatic activities, serving as a link to stakeholders, and providing suggestions regarding the development of policies and procedures.
- Rule 1.4 DMH will accept applications for new community service providers twice per calendar year.
- Rule 1.5 All entities seeking certification to provide living services of any type to adults with serious mental illness must also make outpatient mental health services available as a component of the living services. DMH does not certify entities to only provide housing.

Statutory Authority: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

Part 9: Chapter 2: DMH Agency Certification Types

- Rule 2.1 DMH determines agency certification type based on the type of community service agency/business and the services an agency/business seeks to provide.
- Rule 2.2 DMH may assign more than one certification type to an agency/business.
- Rule 2.3 DMH/Department (DMH/D): Programs that are operated under the authority and supervision of the State Board of Mental Health authorized by *Section 41-4-7 of the Mississippi Code of 1972, Annotated*, must be certified. These are the community based services, including those community mental health service providers meeting DMH requirements of and determined necessary by DMH to be an approved Community Mental Health Center, operated by the state regional programs and the state psychiatric/chemical dependency hospitals.

- Rule 2.4 DMH/CMHC (DMH/C): Providers that are certified under this option are Community Mental Health Centers operating under the authority of regional commissions established under *41-19-31 et seq. of the Mississippi Code of 1972, Annotated*, and other community mental health service providers operated by entities other than the DMH that meet requirements of and are determined necessary by DMH to be a designated and approved mental health center. Any such services provided by an agency/business certified under this option must also meet requirements of the Division of Medicaid to become a Medicaid provider in order to provide mental health services as defined as part of the Division of Medicaid's Rehabilitation Option. DMH is not responsible for any required matching funds for reimbursement for this provider certification type.
- Rule 2.5 DMH/Private Provider (DMH/P): Providers certified by DMH to provide therapeutic and case management services, to be reimbursed on a fee for service basis. Any such services provided by an agency/business certified under this option must also meet requirements of the Division of Medicaid to become a Medicaid provider in order to provide mental health services as defined as part of the Division of Medicaid's Rehabilitation Option. DMH is not responsible for any required matching funds for reimbursement for this provider certification type. DMH/P Providers must provide all of the core services (as defined by the DMH Operational Standards) for the population the agency/business seeks to serve.
- Rule 2.6 DMH/Grants (DMH/G): Providers other than those designated as DMH/D and DMH/C that receive DMH funds for services through grants must be certified. These include all providers that receive funds directly from DMH.
- Rule 2.7 DMH/Home and Community –Based Waiver (DMH/H): Providers meeting requirements for certification to provide services under the ID/DD Waiver must be certified by DMH prior to service provision. Additionally, all DMH/H Providers must be enrolled as a Medicaid provider for the ID/DD Waiver prior to service delivery.
- Rule 2.8 DMH/Other Agency Requirement or Option (DMH/O): Private nonprofit and private for-profit providers that receive funds from agencies other than DMH may be required by those agencies to obtain DMH certification. These providers will be designated as DMH/O if the applicable DMH Operational Standards are met.

Statutory Authority: Section 41-4-7 of the Mississippi Code, 1972, as amended

Part 9: Chapter 3: Application

- Rule 3.1 DMH Certification for all new service provider entities is a two-step process. First an agency/business must receive DMH Provider Approval and Certification for Service

Provision. Second, the DMH certified provider must apply for certification specific program locations in which certified services will be provided.

Rule 3.2 All interested agencies/businesses must submit a completed application packet in order for the review process to begin. All components of the application packet must be submitted at a single time to the Division of Certification. The application must be submitted hard copy with original signatures.

Rule 3.3 Incomplete application packets submitted to the Division of Certification will not be processed.

Rule 3.4 The Completed Application Packet must contain the following: Provider Application Packet Checklist; the DMH Interested Provider Application; evidence of incorporation from the MS Secretary of State's Office; evidence of the governing authority; an organizational chart that identifies agency leadership by position and name with delineated lines of authority; evidence of professional licensure or official transcripts from the primary source to verify that educational requirements have been met for all agency leadership (i.e. Executive Director, Clinical Director, Chief Financial Officer/Business Manager); resumes for identified leadership positions; releases of information so that DMH may complete background checks on agency leadership staff who may not hold professional licensure, policies and procedures that address Chapters 3-17 of DMH Operational Standards; Chapters 18-59 based on the services the applicant seeks to provide, proposed budget; financial compilation report or documentation of 3 months of operating expenses based on the proposed budget submitted; evidence of current licensure and/or certification from all other states/entities in which the agency/business operates; and 3 professional references from entities/individuals that maintain a business relationship with the applicant.

Rule 3.5 The application and application packet, complete with all supplemental information, will not be returned to the applicant.

Statutory Authority: Section 41-4-7 of the Mississippi Code, 1972, as amended

Part 9: Chapter 4: Timelines Affecting Application

Rule 4.1 Requests for additional information must be submitted to the Division of Certification within 30 calendar days of the request. The Division of Certification will make one consolidated request for information.

Rule 4.2 In the event that an applicant takes no action on information requested from DMH for a period of 90 calendar days, that application packet will be voided by the Division of Certification.

Rule 4.3 Applicants with a voided application packet cannot reapply until the next new community service provider application period as defined by DMH.

Rule 4.4 A completed application packet, inclusive of any requested additional information, will be reviewed and action taken within 120 calendar days from the date of receipt of the last information (inclusive of additional information requested) by the Division of Certification. The Division of Certification will notify the applicant of the outcome in writing. Requests for status updates will delay the review process.

Rule 4.5 An applicant with an application that is denied cannot reapply for one year from the date of the notification of denial. Upon reapplication, the applicant must adhere to application requirements in place at that time and the open application period set by DMH.

Statutory Authority: Section 41-4-7 of the Mississippi Code, 1972, as amended

Part 9: Chapter 5: Fees

Rule 5.1 Applicants seeking certification will be charged separate fees for the interested provider orientation and submission of the application packet. Fee structure to be set by DMH.

Statutory Authority: Section 41-4-7 of the Mississippi Code, 1972, as amended

Part 9: Chapter 6: Interested Provider Orientation

Rule 6.1 All interested providers must attend Interested Provider Orientation prior to receiving provider application and packet checklist.

Rule 6.2 Participation in Interested Provider Orientation is required of at least one member of the agency's leadership structure (as it exists or will be submitted to DMH during application). Agencies utilizing consultants during the application process may send the consultant to the Interested Provider Orientation only if accompanied by at least one member of the agency leadership staff.

Rule 6.3 A maximum of 3 slots will be available to each agency registered in the Interested Provider Orientation.

Rule 6.4 Individuals attending Interested Provider Orientation may only represent the agency for which they are registered.

Statutory Authority: Section 41-4-7 of the Mississippi Code, 1972, as amended

Part 9: Chapter 7: Provision of False Information

Rule 7.1 Applicants providing false information and/or documentation or participating in a manner considered to be unethical by DMH or relevant licensing and/or professional organizations are subject to immediate denial.

Statutory Authority: Section 41-4-7 of the Mississippi Code, 1972, as amended