

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 STATUTORY AUTHORITY: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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

Rule 1.2 CERTIFICATION LIMITATION:

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.

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Rule 1.2 GOVERNING AUTHORITY:

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.

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Rule 1.4 ACCEPTANCE OF APPLICATIONS:

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Part 9: Chapter 2: DMH Agency Certification Types

Rule 2.1 CERTIFICATION TYPE:

DMH determines agency certification type based on the type of community service agency/business and the services an agency/business seeks to provide.

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Rule 2.2 ASSIGNMENT OF CERTIFICATION TYPE:

DMH may assign more than one certification type to an agency/business.

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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.

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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.

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

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. All population-specific Core Services as defined by the DMH Operational Standards (e.g. adult mental health, children/youth mental health, alcohol and other drug abuse services, and intellectual/developmental disabilities, etc.) must be provided in all counties defined by the agency seeking certification and/or certified by DMH.

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

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.

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

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.

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

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.

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

Part 9: Chapter 3: Application

Rule 3.1 TWO-STEP CERTIFICATION PROCESS:

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.

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

Rule 3.2 SINGLE SUBMISSION:

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.

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

Rule 3.3 INCOMPLETE SUBMISSIONS:

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

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Rule 3.4 APPLICATION PACKET:

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.

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

Rule 3.5 RETURNED APPLICATION PACKET:

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

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Part 9: Chapter 4: Timelines Affecting Application

Rule 4.1 REQUESTS FOR ADDITIONAL INFORMATION:

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.

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

Rule 4.2 VOID DUE TO LACK OF RESPONSE:

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.

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Rule 4.3 REAPPLICATION WHEN APPLICATION IS VOID:

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

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

Rule 4.4 REVIEW OF COMPLETED APPLICATION:

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.

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Rule 4.5 REAPPLICATION WHEN APPLICATION IS DENIED:

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Part 9: Chapter 5: Fees

Rule 5.1 FEE STRUCTURE:

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.

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Part 9: Chapter 6: Interested Provider Orientation

Rule 6.1 REQUIRED INTERESTED PROVIDER ORIENTATION:

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

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

Rule 6.2 PARTICIPATION IN ORIENTATION:

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.

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Rule 6.3 NUMBER OF AGENCY PARTICIPATIONS PER ORIENTATION:

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

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Rule 6.4 AGENCY REPRESENTATION:

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

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Part 9: Chapter 7: Provision of False Information

Rule 7.1 FALSE INFORMATION:

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.

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