

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.

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

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.

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

Rule 1.3 ADVISORY COMMITTEES:

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.

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

Rule 1.4 ACCEPTANCE OF APPLICATIONS:

DMH will accept applications for new community service providers twice per calendar year.

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

Rule 1.5 COMPONENTS OF COMMUNITY LIVING FOR SMI:

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.

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

RULE 1.6 CERTIFICATION CRITERIA

A. DMH Certification is based on the following:

1. Provision of applicable required services in all required locations for desired certification option;
2. Adherence to DMH standards, DMH grant requirements (if applicable) guidelines, contracts, memoranda of understanding, and memoranda of agreement;
3. Compliance with DMH fiscal management standards and practices;
4. Evidence of fiscal compliance/good standing with external (other than DMH) funding sources;
5. Compliance with ethical practices/codes of conduct of professional licensing entities related to provision of services and management of the organization; and
6. Evidence of solid business and management practices.

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

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.

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

Rule 2.2 ASSIGNMENT OF CERTIFICATION TYPE:

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

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

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.

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

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. The Division of Certification will notify the applicant that the application packet was incomplete and request the required information. The applicant shall submit the required information within thirty (30) days to DMH. If the requested information is submitted within the timelines, then the completed application packet will be processed. If the requested information is not submitted within thirty (30) days to DMH, the application packet will be voided.

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

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; and documentation of 3 months of operating expenses based on the proposed budget submitted in addition to the financial information as required in Rule 3.5; 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 FISCAL REQUIREMENTS FOR APPLICATION PACKET

- A. Applicants must provide evidence of systems in place (for entities in operation, planned systems for those not currently in operation) that provide for the control of accounts receivable and accounts payable; and for the handling of cash, credit arrangements, discounts, write-offs, billings, and, where applicable individual accounts.
- B. Entities currently in operation must submit the following to document average reserves of 3 months of operating expenses:
 - 1. Most recent six (6) months of Bank statements
 - 2. Audited Financial statements that include an unqualified opinion from an independent auditor (C.P.A.)
- C. Entities not currently in operation must submit Proforma Financial Statements compiled by a Licensed Certified Public Accountant and planned resources to provide for reserves of 3 months of operating expenses as noted in these financial statements.
- D. For both entities currently in operation and those not currently in operation, other fiscal resources (e.g. lines of credit and/or access to funding from affiliated organizations) will be considered. DMH retains the right to verify said resource(s).

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

Rule 3.6 RETURNED APPLICATION PACKET:

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

Source: 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:

Responses to requests for additional information must be submitted to the Division of Certification within the thirty (30) days of the request by DMH. If the requested information is not submitted within thirty (30) days to DMH, the application packet will be voided.

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

Rule 4.2 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. Upon reapplication, the applicant must adhere to application requirements in place at that time and the open application period set by DMH.

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

Rule 4.3 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.

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

Rule 4.4 REAPPLICATION WHEN APPLICATION IS DENIED:

An applicant with an application that is denied cannot reapply or attend Interested Provider Orientation 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.

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

Rule 4.5 APPEALS RELATED TO DENIAL OF APPLICATION

An Applicant applying for certification by DMH may appeal the denial of an application.

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

Rule 4.6 PROCEDURES FOR APPEAL

- A. All appeals must be initiated by filing a written notice of appeal from the Executive Director or Governing Authority of the Applicant by certified mail in an envelope clearly marked Notice of Appeal or by email with Notice of Appeal in the subject line with the DMH Executive Director and a copy to the Mississippi Department of Mental Health Attorney within ten (10) days from the date of the final notification by the Department of Mental Health of the denial of the application.
- B. The written notice of appeal must have as its first line of text Notice of Appeal in bold face type (specifically stating that the notice is in fact an appeal).
- C. The written notice of appeal must contain:
 - 1. A detailed statement of the facts upon which the appeal is based, including the reasons justifying why the Applicant disagrees with the decision of the Department of Mental Health under appeal; and
 - 2. A statement of the relief requested.
- D. The Executive Director will conduct the first level of review.
- E. If the Executive Director determines that the appeal merits the relief requested without any additional information requested by Executive Director and/or DMH attorney, the Applicant will be notified that the relief requested is granted within Thirty (30) days of receipt of the written appeal.

F. If the Executive Director determines that additional information is needed to make a decision or recommendation, additional written documentation from the Applicant may be requested within Thirty (30) days of receipt of the appeal. Additional information as requested by the Executive Director shall be provided within ten (10) days of receipt of the request by the Applicant.

G. Within Thirty (30) days of the time set by the Executive Director for his/her receipt of the additional information requested (described in F. above), the Executive Director will:

1. Determine that the appeal merits the relief requested and notify the Applicant that the relief requested is granted; or
2. Determine that the appeal does not merit the relief requested and notify the Applicant that the relief is requested is denied.

H. Time lines for review of appeals by the Executive Director may be extended for good cause as determined by the Department of Mental Health.

I. If the Executive Director denies the Applicant's request for relief, the Applicant may file a written request by certified mail in an envelope clearly marked Notice of Appeal and addressed to the Executive Director's office or by email with the Notice of Appeal in the subject line, requesting a review of the appeal by the Mississippi State Board of Mental Health. The request must be received by the Department within ten (10) days after the date of the notice of the Executive Director's decision to deny the appeal.

J. The written notice of appeal described in J. above must have as its first line of text Notice of Appeal in bold face type (specifically stating that the notice is in fact an appeal).

K. The written request for review of the appeal by the Mississippi State Board of Mental Health must contain:

1. A detailed statement of the facts upon which the request for review of appeal is based, including the reasons justifying why the Applicant disagrees with the decision by the Executive Director of the Department of Mental Health; and
2. A statement of the relief requested.

L. The Mississippi State Board of Mental Health review of appeals under this section will be in compliance with the established policy of the Board regarding appeals.

M. The Mississippi State Board of Mental Health review of appeals under this section may be based upon written documentation and/or oral presentation by the Applicant, at the sole discretion of the Board.

N. Decisions of the Mississippi State Board of Mental Health are final.

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

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.

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

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.

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

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.

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

Rule 6.4 AGENCY REPRESENTATION:

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

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

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. DMH reserves the right to refuse future applications based upon prior conduct.

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