



Mississippi Department of Mental Health Division of Certification Statement of Assurance 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. Please type or print legibly. This Statement of Assurance Form should be completed by the agency Executive Director (or top-level administrator) to assure that the Executive Director/top-level administrator has read all applicable sections of the DMH *Operational Standards* (Rule 2.8.B), understands the rights of people served by the agency provider and ethical and professional conduct as outlined in Chapter 14, and will abide by the Health, Environment, and Safety rules and requirements in Chapter 13 (Rule 13.3.B.7). 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

Statement of Assurance: Please include the contact information for the Executive Director/Top-Level Administrator who is signing this Statement of Assurance Form.

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.

DMH Operational Standards Assurance: I, the undersigned, hereby attest that I have read and understand all applicable sections of the Department of Mental Health (DMH) *Operational Standards*. I acknowledge that the issuance and maintenance of DMH certification for my agency provider are contingent upon our compliance with these Standards. I agree that my agency provider will adhere to all rules, guidelines, and requirements as outlined in the DMH *Operational Standards*. I understand that failure to comply with these Standards may result in administrative actions or sanctions against our agency's DMH certification. I attest to the understanding and implementation of the rights of people served by the agency provider and ethical and professional conduct, as outlined in Chapter 14.

Health, Environment and Safety Assurance: As the Executive Director of the above-named agency provider, I hereby assure that our service location complies with the health, environment, and safety rules and requirements, as outlined by DMH. This includes, but is not limited to, the following:

1. Carbon Monoxide Detectors:

- Operable carbon monoxide detectors are installed in any building where natural gas or any other source of carbon monoxide emission is used or where there is an open flame.
- One (1) carbon monoxide detector is located in every 1,000 square foot area or less.



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2. Pest Control:

- Evidence and documentation of a systematic pest control program are maintained at each location.
- For apartment settings, documentation that the apartment complex provides pest control is available.

3. Food Services:

- Appropriate food services permits/authorizations are obtained for on-site meal preparation or from meal preparation entities.

4. Health and Safety Violations:

- Any health and safety violations received by a regulatory agency will be reported to DMH within 72 hours of notification.
- A plan of compliance and corrective actions taken to address the violation will be included.

5. Emergency Exits:

- Diagrams of escape routes are posted in highly visible locations or training is documented for emergency exits.
- Every exit is clearly marked with lighted signs, and emergency lighting systems are in place.
- Designated means of egress are always readily accessible, ADA compliant, and arranged to minimize blockage by fire or other emergency conditions.
- Exterior doors identified/utilized as a means of egress do not have key-operated locks from the egress side.
- A written plan of action in the event of utilities failure is available.

6. Safe and Sanitary Conditions:

- The interior and exterior of each service location are maintained in a safe, functional, clean, and sanitary manner.
- Operable hot water is available, with water heaters set between 100 and 120 degrees Fahrenheit.
- A monthly Safety Review of the premises is conducted, including verification of fire extinguishers and fire/smoke detectors.

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) before the application is considered complete. Incomplete applications will not be processed.