

Mississippi Department of Mental Health

Edwin C. LeGrand III – Executive Director

DMH Case Management Professional Standards & Requirements

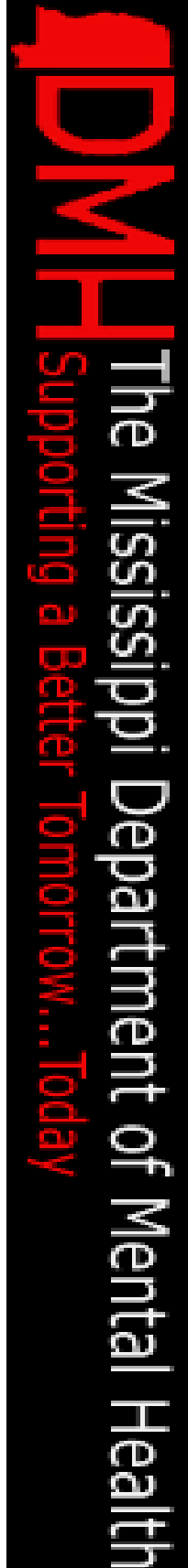
Effective January 1, 2011

Available through:

Mississippi Department of Mental Health
Division of Professional Licensure & Certification

IMPORTANT:

This credential is for qualified individuals who are currently employed in Mississippi's "state mental health system," as defined in this document. Please review the DMH Case Management Professional credentialing requirements in this document before submitting an application.



DMH Case Management Professional Standards & Requirements

General inquiries pertaining to DMH professional credentialing and/or application assistance needs should be directed to the Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE).

Contact Information:

Mississippi Department of Mental Health (DMH)
Division of Professional Licensure & Certification (PLACE)
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
601-359-1288 (DMH Main #)
601-359-6295 (Fax)
www.dmh.ms.gov

601-359-5360 (PLACE Main #)
place@dmh.state.ms.us (PLACE email)

PLACE Staff:

Stephanie Foster, Director

stephanie.foster@dmh.state.ms.us

Nancy Luke, Credentialing Coordinator

nancy.luke@dmh.state.ms.us

Patricia Cummings, Administrative Assistant

patricia.cummings@dmh.state.ms.us

DMH Case Management Professional Standards & Requirements

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Chapter One – General Information

ABOUT THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

The Mississippi Department of Mental Health (DMH) administers the public mental health service delivery system in Mississippi. DMH was created in 1974 by an act of the Mississippi Legislature, Regular Session. The statute placed mental health, alcohol/drug abuse, and intellectual/developmental disabilities programs into one agency. The Mississippi Department of Mental Health is governed by the Mississippi State Board of Mental Health, a nine-member board whose members are appointed by the Governor and confirmed by the State Senate.

More information about DMH can be found on the DMH website at www.dmh.ms.gov or by contacting DMH; contact information is located inside the document cover.

DMH Mission - Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities one person at a time.

ABOUT THE DMH CASE MANAGEMENT PROFESSIONAL CREDENTIAL

Statutory authority for the certification of DMH Case Management Professionals was granted in 1996 by the Mississippi Legislature.

Section 41-4-7 of the *Mississippi Code of 1972, Annotated* authorizes the Mississippi State Board of Mental Health (through DMH) “to certify/license case managers, mental health therapists, mental retardation (i.e., intellectual/developmental disabilities) therapists,” and others as deemed appropriate by the Board. In 1997, authority was expanded to include the certification/licensure of “mental health/retardation (i.e., intellectual/developmental disabilities) program administrators” and “addiction counselors.”

DMH professional credentials are designed primarily for individuals who are not already professionally credentialed and who are employed in Mississippi’s state mental health system.

Employment in Mississippi’s “state mental health system,” as defined in this document, is a mandatory requirement to apply for and hold a DMH professional credential.

The DMH Case Management Professional credentialing program is designed to promote the provision of quality case management services in Mississippi’s “state mental health system.”

Full certification attests to an individual’s:

- Educational background;
- Relevant work experience;
- Demonstration of mastery of basic knowledge pertinent to the field of state mental health system case management service provision;
- Continued participation in relevant educational activities, through the continuing education (CE) renewal requirement; and,
- Agreement to adhere to the *DMH Principles of Ethical and Professional Conduct*.

DMH CASE MANAGEMENT PROFESSIONAL CERTIFICATION LEVELS

The DMH Case Management Professional Credentialing Program has three (3) levels of certification:

Provisionally Certified Case Management Professional (PCCMP)

- The Provisionally Certified Case Management Professional (PCCMP) credential is a temporary and nonrenewable credential.
- Provisional Certification (PCCMP) allows qualified individuals who do not meet the requirements to apply directly for full certification (CCMP) to become temporarily credentialed while pursuing full certification.
- Provisional certification is valid for up to two years (24 consecutive months) from the date of issuance; this time frame is referred to as the “Provisional Certification Period.”
- Once an individual obtains the PCCMP credential, he/she progresses (upgrades) to full certification as a CCMP by successfully completing the upgrade requirements.

Certified Case Management Professional (CCMP)

- The Certified Case Management Professional (CCMP) credential is full certification. (*This credential was formerly known as CCMP-I.*)
- Full certification (CCMP) is renewable every four years, as long as renewal requirements are met.
- Individuals initially meeting the requirements for CCMP, as outlined in Chapter Three, should apply directly for this level of credential, thereby skipping provisional certification. Otherwise, an individual applies for PCCMP and then later, once upgrade requirements are met, applies for CCMP.

Certified Case Management Professional-II (CCMP-II)

The Certified Case Management Professional-II (CCMP-II) credential is full certification. *This level of credentialing was discontinued effective January 2009; **it is no longer available to new applicants.** Individuals who obtained the CCMP-II credential prior to discontinuance may continue to renew it as long as renewal requirements are met.*

PROFESSIONAL TITLES

Recognized professional titles within the DMH Case Management Professional credentialing program are:

- 1) DMH “Provisionally Certified Case Management Professional” or the abbreviation “PCCMP”;
- 2) DMH “Certified Case Management Professional” or the abbreviations “CCMP” or “CCMP-I”; and,
- 3) DMH “Certified Case Management Professional-II” or the abbreviation “CCMP-II” (*no longer offered to new applicants*).

STATE MENTAL HEALTH SYSTEM

DMH professional credentials are valid only in Mississippi's "state mental health system."

For the purposes of DMH professional credentialing, the "state mental health system" is defined as:

- Programs funded and/or certified by the Mississippi Department of Mental Health and/or
- Programs certified/licensed by the Mississippi State Department of Health that are operated by the "state mental health system" (i.e., Mississippi Department of Mental Health).

Only individuals currently employed in the "state mental health system," as defined in this document (above), are eligible to apply for and hold a DMH professional credential.

UPDATES

This document is updated and revised periodically. It is the applicant/certified individual's (or other interested person's) responsibility to ensure that he/she has the most current version of this document. Affected persons must comply with, and are responsible for, provisions contained in the most current version, including utilization of current application and related forms.

NONDISCRIMINATION

The Mississippi Department of Mental Health does not discriminate because of race, color, creed, gender, religion, national origin, age, disability, or political affiliation. The Department of Mental Health promotes nondiscriminatory practices and procedures in all phases of state service administration, as well as in programs funded and/or certified/operated by the Department of Mental Health.

AMERICANS WITH DISABILITIES ACT

The Mississippi Department of Mental Health complies with all aspects of the Americans with Disabilities Act. If requested, special accommodations to aid in the completion of forms or related credentialing matters will be provided.

APPLICATION BOOKLETS

This document and the corresponding application forms are available online. Interested individuals should download a copy from the DMH website. Individuals who need a print copy should contact the Division of PLACE.

www.dmh.ms.gov

APPLICATION TIME LIMITS

Applications will remain open for two years from date of receipt. During that time, applicants have the opportunity to rectify any deficiencies. Once this time period has passed, incomplete applications, applications containing unresolved deficiencies, and applications which did not result in a credential being awarded will be void and destroyed. Various timelines relating to upgrade and renewal are covered more fully in the relevant sections of this document.

Be sure to make copies of all application forms (except the sealed materials) before submitting the application. DMH will not return forms to you or anyone else once your application has been submitted.

JURISDICTIONAL LIMITATIONS

This program is limited to the issuance of professional credentialing through the DMH Case Management Professional credentialing program. Actions of the Division of Professional Licensure and Certification, the Professional Licensure and Certification Review Board, the Department of Mental Health and the State Board of Mental Health should not in any way be construed as a recommendation for or against personnel action.

It is not the intent of DMH to monitor members of other appropriately-regulated professional credentials in Mississippi. Holding a DMH professional credential does not exempt an individual from any other professional certification/licensure required by state law.

FINAL INTERPRETATION

The Mississippi Department of Mental Health is responsible for the final interpretation of all matters pertaining to DMH professional credentialing, including (but not limited to) all provisions contained within this document. This interpretation will be considered binding on all applicants and DMH-credentialed individuals (unless otherwise preempted by the Mississippi State Board of Mental Health).

Any provisions or situations not expressly covered in this document will be handled on a case-by-case basis at the discretion of DMH, the Division of PLACE, the PLACE Review Board and, if appropriate, the State Board of Mental Health.

Chapter Two - Organization

DIVISION OF PROFESSIONAL LICENSURE & CERTIFICATION (PLACE)

The Mississippi Department of Mental Health (DMH), Division of Professional Licensure and Certification (PLACE) is responsible for the development and implementation of DMH professional credentialing programs. Major duties of the Division include (but are not limited to):

- Promulgates standards and requirements pertaining to DMH professional credentialing;
- Administers DMH professional credentialing programs;
- Processes applications for DMH professional credentialing and related forms, paperwork and fees;
- Assists the public with information pertaining to DMH professional credentialing;
- Maintains a registry of individuals holding a DMH professional credential and provides verification of DMH professional credentials, as appropriate;
- Regulates the use of DMH professional credentialing titles; and,
- Facilitates Professional Licensure and Certification (PLACE) Review Board meetings and related matters.

PLACE REVIEW BOARD

Composition and Appointment

- The Professional Licensure and Certification (PLACE) Review Board is comprised of seven members.
- The term of office is five years; Review Board members may hold consecutive terms.
- Appointments are made by the DMH Executive Director. Attempts are made to ensure adequate representation among disciplines and programmatic types. Review Board members must hold a DMH professional credential in good standing, and at least one Review Board member must also be a DMH Central Office staff representative.
- A Chairperson is chosen by the Review Board from among its members. The Chairperson's term of office is one year. Other Review Board member functions and responsibilities may be assigned by the Review Board or Division, as needed.

Purpose and Powers

- The Review Board reviews applications for DMH professional credentialing and makes recommendations to the DMH Executive Director regarding the awarding of certification.
- The Review Board has the authority to deny applications for DMH professional certification; hold applications pending the submission of additional information; investigate complaints; conduct disciplinary hearings; and impose sanctions, if necessary.
- The Review Board receives and renders decisions regarding special requests pertaining to DMH professional credentialing. The Review Board may stipulate that special request claims be notarized and require supporting evidence to substantiate the request.
- Review Board decisions regarding either the denial of professional certification or disciplinary action may be appealed.
- The Review Board assists the Division of PLACE in developing applicable DMH professional credentialing standards and requirements and engages in continued study of best practices pertaining to DMH professional credentialing with a view of improving standards as needed.

- The Review Board will exercise such powers pertaining to DMH professional credentialing, as provided for in this document.
- The Review Board, in conjunction with the Division of PLACE, may periodically develop and promulgate additional professional standards and requirements and administrative policies and procedures (to work in concert with this document) as it deems necessary for the execution and enforcement of applicable state law and this *Standards & Requirements* document.
- Review Board members are individually exempt from civil liability as a result of any action taken by the Review Board.
- General submissions/requests to the Review Board should be submitted to the PLACE Review Board in writing c/o the Mississippi Department of Mental Health, Division of PLACE (or via email to the Division of PLACE); contact information is located inside the document cover.

Meetings

- Review Board meetings are held at least quarterly at a time and place determined by the Review Board, and at such other times as requested by the Division. Meetings may be called by the Division or Chairperson with 10 days advance notice. The 10-day notice requirement may be waived by agreement of a majority of the Review Board.
- Meeting quorum is a majority of the Review Board members present. If quorum is not present, the meeting will be adjourned until a date designated by the Chairperson or Division of PLACE staff.
- The Review Board only reviews complete applications.
- A Review Board meeting calendar, along with corresponding application deadlines, will be posted on the DMH website and will be provided to state mental health system program Staff Development Officers (SDOs) on an annual basis.
- The Division reserves the right to cancel or reschedule Review Board meetings without prior notice.

Removal of Review Board members

- A Review Board member may be removed from office if found to be in violation of any of the standards contained in this document.
- A Review Board member may be removed from office if his/her certification or licensure is no longer in good standing.
- A Review Board member must be disqualified from any business on which he/she may not make an objective evaluation or decision.
- A Review Board member subject to disciplinary action, as defined in this document, must disqualify himself/herself from any business until the complaint is resolved.
- Action by either the DMH Executive Director or a majority of the Review Board members, with Executive Director approval, is necessary to remove a Review Board member from office.

DMH EXECUTIVE DIRECTOR

The DMH Executive Director, or designee, reviews and approves/disapproves Review Board recommendations to award DMH professional credentials to individual applicants.

The DMH Executive Director, or designee, reviews and makes decisions regarding Review Board actions relating to the denial of a DMH professional credential (if appealed by the applicant/certified individual) and/or the imposition of sanctions (if appealed by the certified individual).

The DMH Executive Director, or designee, reserves the right to amend or repeal any standard or requirement contained in this document (or adopt a new standard or requirement), with appropriate prior notice. In this event, the DMH Division of PLACE will send notification of the directed change(s) to the last known address of each registered DMH-credentialed individual. The promulgated change(s) will be effective whether received by the person entitled to notice or not. Notice will also be given to state mental health system program directors or staff development officers. Change(s) made under this provision will be incorporated into the existing *Standards & Requirements* document in a timely manner.

STATE BOARD OF MENTAL HEALTH

During the administrative appeal process, an applicant/certified individual may appeal the decision of the DMH Executive Director to the State Board of Mental Health.

During the disciplinary appeal process, a certified individual may appeal the decision of the DMH Executive Director to the State Board of Mental Health.

The State Board of Mental Health, as the authorized entity under applicable state law to promulgate state mental health system credentialing programs, reserves the right to amend or repeal any standard or requirement contained within this document (or adopt a new standard or requirement) without prior notice. In this event, the DMH Division of PLACE will send notification of the directed change(s) to the last known address of each registered DMH-credentialed individual. The promulgated change(s) will be effective whether received by the person entitled to notification or not. Notice will also be given to state mental health system program directors or staff development officers. Change(s) made under this provision will be incorporated into the existing *Standards & Requirements* document in a timely manner.

Chapter Three – Certification Requirements

PROVISIONALLY CERTIFIED CASE MANAGEMENT PROFESSIONAL REQUIREMENTS

PCCMP:

In order to be eligible to apply for the **DMH Provisionally Certified Case Management Professional credential (PCCMP)**, **an individual must meet ALL of the requirements listed below:**

- **Employment Requirement;**
- **Education Requirement;**
- **Ethics Requirement; AND,**
- **Criminal Background Checks Requirement.**

The Employment, Education, Ethics and Criminal Background Checks requirements are outlined in the “Certification Requirements - Categories & Descriptions” section of this chapter.

PCCMP UPGRADE REQUIREMENTS

Once an individual is awarded the DMH Provisionally Certified Case Management Professional credential (PCCMP), he/she must complete the following two (2) requirements in order to upgrade to full certification as a CCMP:

- **Experience Requirement; AND,**
- **Exam/Training Requirement.**

The Experience and Exam/Training requirements are outlined in the “Certification Requirements - Categories & Descriptions” section of this chapter.

A PCCMP must complete these upgrade requirements by the end of his/her two-year Provisional Certification Period.

PCCMP upgrade timelines are covered in Chapter Six.

CERTIFIED CASE MANAGEMENT PROFESSIONAL REQUIREMENTS

NOTICE:

Individuals initially meeting the requirements for CCMP, as outlined in this chapter, should apply directly for this level of credential, thereby skipping provisional certification (PCCMP). Otherwise, an individual applies for PCCMP and then later, once upgrade requirements are met, applies for CCMP.

CCMP:

In order to be eligible to apply for the **DMH Certified Case Management Professional credential (CCMP)**, **an individual must meet ALL of the requirements listed below:**

- **Employment Requirement;**
- **Education Requirement;**
- **Ethics Requirement;**
- **Criminal Background Checks Requirement;**
- **Experience Requirement; AND,**
- **Exam/Training Requirement.**

The Employment, Education, Ethics, Criminal Background Checks, Experience and Exam/Training requirements are outlined in the “Certification Requirements - Categories & Descriptions” section of this chapter.

Employment Requirement

- The applicant must be currently employed at a Mississippi “state mental health system” program.
- The applicant must have responsibility for providing (or supervising) case management services.
- Employment refers to paid, not volunteer, work.

Education Requirement

- The applicant must have at least a Bachelor’s degree in a mental health-, intellectual/developmental disabilities- or human services/behavioral health-related field from an approved educational institution. *If submitting a Master’s degree or higher, the relevant degree must be comprised of a minimum of 30 semester hours or its equivalent.*
- **The following degree types are considered appropriate for the DMH Case Management Professional credential:** Counseling/Guidance, Social Work, Special Education, Psychology, Family and Consumer Studies, Child and Family Studies, Recreation/Leisure Studies, Nursing, Marriage and Family Studies, Rehabilitative Services/Vocational Rehabilitation, Human Developmental Psychology, Gerontology, Early Childhood Development, Sociology, Criminal Justice and other mental health- and/or intellectual disability-related fields.
- **For applicants with atypical degrees:** If the applicant’s Bachelor’s degree type is not listed above, successful completion of at least five (5) courses from the following areas will be considered: psychology, early childhood development, chemical dependency studies, sociology, abnormal psychology, gerontology, developmental psychology, communications, child and/or adolescent psychology, social welfare, human growth and development, human behavior, professional ethics, and/or cultural sensitivity. All or part of these courses may either be completed as part of the degree program of study or completed outside of (as add-on courses to) the degree program of study (i.e., without earning an additional degree). The requirement to hold a Bachelor’s degree is not waived. Courses under this provision must be at least three (3) semester hours or the equivalent. Courses completed by applicants which are not part of the degree program of study will be evaluated during application review to determine applicability; only degrees/courses completed at an approved educational institution are considered.
- Evidence of successful degree/course completion will be designated on the official submitted transcript(s), as part of the application packet. The PLACE Review Board may also request course catalog descriptions or other documentation to verify successful course completion.

If you are applying to upgrade from PCCMP to CCMP, a new transcript is not necessary. However, if you are applying directly for CCMP, skipping PCCMP, an official transcript is required as part of the application process.

Experience Requirement

This requirement is only applicable to individuals applying for full certification - CCMP.

- There is no work experience requirement to apply for provisional certification.
- **For individuals applying for full certification (CCMP)**, a minimum of one full year (12 months or its full-time equivalent) of supervised case management experience at a Mississippi state mental health system program is required. This experience may either be the provision or supervision of case management services.
- The experience requirement is based on a full-time 40-hour work week; individuals with part-time experience must report an amount of experience which is equivalent to a 40-hour work week; the Review Board will make decisions regarding part-time work on a case-by-case basis.
- Employment refers to paid, not volunteer work.
- The designated Director of Case Management Services at a state mental health system program should verify the work experience. *At his/her discretion, the state mental health system program executive director may designate an additional master's level program employee to verify the required case management experience in the event that the Director of Case Management Services is not available.*
- All submitted work experience must be submitted on the appropriate form prescribed by the Division as part of the application packet.

Exam/Training Requirement

This requirement is only applicable to individuals applying for full certification - CCMP.

There are two (2) options to satisfy the Exam/Training requirement for full certification; the individual must have completed only ONE of these two options:

Option One:

- Successful completion of DMH Case Management Orientation, a case management training and exam previously offered through DMH. Individuals who have successfully completed DMH Case Management Orientation may count it to fulfill the Exam/Training requirement.
- Individuals utilizing this option must provide acceptable documentation to show proof of successful completion. It is the individual's responsibility to provide this proof at the time of CCMP application.

Option Two:

- Successful completion of a case management-related web-based training component, as prescribed by DMH.
- The web-based training component is a customized collection of e-learning courses (and corresponding exams) designed to address basic knowledge and practical information pertinent to a case manager in the state mental health system. DMH establishes the specific content.
- **At the time of provisional certification award, individuals will receive registration information.**
- Participants will comply with the rules of the web-based training process, as prescribed by the web-based training administrator.
- DMH may prescribe appropriate, non-excessive fees for the web-based training to cover administrative costs; these fees are subject to change.
- Proficiency for successful completion will be 80% for each individual exam in the customized collection of courses.
- If utilizing this option, no documentation is necessary to show proof of completion; the Division of PLACE maintains this documentation. *Individuals who complete the web-based training component through another venue may be able to count it to satisfy the Exam/Training requirement; in this instance, the individual must provide satisfactory proof of successful completion; **this situation will be handled on a case-by-case basis and is subject to Review Board approval.***

Ethics Requirement

All applicants must read and abide by the *DMH Principles of Ethical and Professional Conduct* located in Chapter Nine. It is the applicant's responsibility to read these principles before signing and submitting the application. The applicant should keep a reference copy.

Criminal Background Checks

As part of the application process, the Division of PLACE ensures that state mental health system employers have conducted background checks on individuals applying for DMH professional credentials. No one will be credentialed without proof of criminal background checks.

Chapter Four – Application Procedures

PCCMP (PROVISIONAL CERTIFICATION) APPLICATION PACKET

To apply for **temporary certification as a PCCMP**, an individual should submit an **application packet** which contains the following:

- **PCCMP Application Form;**
- **PCCMP Verification of Employment Form;**
- **Official Transcript;** and,
- **Application Fee - \$30.00 fee, payable by check or money order to the “Mississippi Department of Mental Health.”**

CCMP (FULL CERTIFICATION) APPLICATION PACKET

To apply for **full certification as a CCMP**, an individual should submit an **application packet** which, **at a minimum**, contains the following:

- **CCMP Application Form;**
- **CCMP Verification of Employment Form;** and,
- **CCMP Verification of Work Experience Form.**

Depending on the CCMP applicant’s situation, the following **additional** CCMP application component(s) **may also be** required:

- **Official Transcript**

If upgrading from PCCMP, no additional transcript is required.

- **Application Fee - \$30.00 fee, payable by check or money order to the “Mississippi Department of Mental Health”**

If upgrading from PCCMP, no application fee is required. Only individuals applying directly for CCMP pay the application fee. This is a ONE TIME fee; do not pay the application fee twice.

- **DMH Case Management Orientation Certificate/Record (if applicable)** – If the CCMP applicant is utilizing **DMH Case Management Orientation** to satisfy the Exam/Training requirement, a copy of the certificate/record documenting **successful** completion must be included in the CCMP application packet; **submission of this information is the applicant’s responsibility.**

- **Web-based Training Record (if applicable)** - If the CCMP applicant is utilizing the web-based training component to satisfy the Exam/Training requirement and he/she completed this training through DMH, no documentation is necessary; the Division maintains this information. *However, individuals who complete the web-based training component through a venue other than DMH may be able to count it to satisfy the Exam/Training requirement; in this instance, the individual must provide satisfactory proof of successful completion, which is subject to Review Board Approval.*

Application Forms are located online at the DMH website, as an addendum to this document.

www.dmh.ms.gov

Individuals needing a print copy should contact the Division.

Before completing the Application Forms and submitting your application packet, read all Application Directions below as well as the instructions on each Application Form.

GENERAL APPLICATION GUIDELINES

General Directions

- Applicants should read all directions and application materials before beginning the application process. Each application form has specific directions which must be followed.
- Certain application forms must bear original signatures, as indicated on the form. Copies or faxes are not accepted.
- With the exception of the official transcript, all application materials must be submitted together in one application packet.
- The official transcript must be submitted in a sealed college/university envelope and document that the educational requirement has been met.
- The official transcript can either be included in the application packet or sent to the DMH Division of PLACE directly from the college/university. This is the only application piece which may be submitted separately.
- All submission deadlines reflect the date received by the DMH Division of PLACE, not postmarked dates.
- The PLACE Review Board only considers complete applications; all application deficiencies must be resolved. Each scheduled Review Board meeting has a corresponding deadline date by which complete application materials must be received. Review Board meetings may be cancelled without prior notice.
- Only forms prescribed by the Division of PLACE may be utilized to apply for certification.

- Application forms may be changed without prior notice. The most current version should be utilized.
- Once submitted, all application materials become the property of DMH. Application materials will not be returned; the applicant should keep a copy of the application materials, except those under seal. Superfluous or unnecessary application materials will be destroyed.

Application Time Limits

- Incomplete applications (including unresolved applications held pending by the Review Board for additional information), will be held for two years from the date of receipt; after two years, these applications will be void and destroyed.
- **When a PCCMP needs to upgrade to full certification, he/she must submit a new application for CCMP; no new application fee is required.**
- The upgrade application may be submitted as soon as the PCCMP meets the requirements to upgrade, but the absolute deadline to submit an upgrade application is the last working day of the month following the PCCMP's expiration date. (The PCCMP expiration date is located on the PCCMP's initial credential award letter and on the PCCMP's issued certificate.) For example, if a PCCMP credential expires in October of a given year, the CCMP upgrade application must be received by the Division by the last working day of November of that same year.
- If a PCCMP has not met the requirements to upgrade and wants to continue in the program, he/she must submit an extension request to the PLACE Review Board by the same time frame as the upgrade application would be due. Extension approval is at the discretion of the Review Board.
- **Failure to submit the upgrade application (or an extension request) by the prescribed deadline results in automatic default from the program. PCCMPs are expected to keep track of the date by which they must upgrade.**

Official Transcript

- Only official transcript(s) which show that the education requirement has been met are necessary.
- All references to college credit hours are for semester hours. Quarter hours submitted will be converted to semester hours using the standard formula (Number of Quarter Hours X .66 = Semester Hour Equivalent).
- All references to graduate degrees require at least 30 semester hours (or equivalent).
- Degrees/coursework must be completed at an approved educational institution.
- Official transcripts submitted to show proof of degree completion must illustrate that the degree has been awarded/conferred.
- If the applicant holds another DMH professional credential and has already submitted an official transcript to the DMH Division of PLACE, he/she should note this information on the application form. **As long as the Division of PLACE still has this information on file, a new transcript is not necessary.**

Verification of Employment/Criminal Background Checks

- The required form to verify an applicant's state mental health system employment includes a Background Check section. Personnel Officers must indicate whether or not criminal background checks have been conducted for each applicant, as appropriate to the applicant's position and professional responsibilities. The form will not be accepted unless the Background Check section is satisfactorily completed – no exceptions. With specific areas of interest being conviction of a crime or conviction of a felony relating to the abuse or mistreatment of other individuals, the verification of background checks should include: Convictions under the Vulnerable Adults Act; Child Abuse Registry; Sex Offense Record; Criminal Record; Motor Vehicle Registry; and, others, as appropriate to the applicant's position and professional responsibilities.
- The Verification of Employment Form must clearly show that the individual is currently employed at a Mississippi state mental health system program. If an applicant is unsure if he/she works at a program meeting the "state mental health system" definition, as outlined in this document, he/she should consult with the program's personnel office.

Verification of Work Experience

- PCCMP applications do not include documentation of completed work experience.
- CCMP applicants must document appropriate work experience. The prescribed form must be completed by the designated state mental health system Director of Case Management Services. A record of each designated "Director of Case Management Services" is maintained by the Division of PLACE. *At his/her discretion, the state mental health system program executive director may designate an additional master's level program employee to verify the required case management experience, in the event that the Director of Case Management Services is not available.*
- The Director of Case Management Services is not permitted to complete his/her own Verification of Experience Form. In this instance, the program executive director (or other master's level program employee designated by the program executive director to verify case management experience) may verify the work experience.
- A qualified supervisor should not be a member of the individual's immediate family.
- CCMPs only need to report one year of full-time relevant work experience; a lifetime of work experience is not necessary. Volunteer work does not count.
- If relevant work experience is accrued under more than one supervisor, a separate Verification of Experience Form must be submitted for each position.
- Due to the confidential nature of the submitted Verification of Experience Form, information completed by the supervisor will not be shared with the applicant – no exceptions.

Verification of Exam/Training Requirement

- If the CCMP applicant is utilizing DMH Case Management Orientation to satisfy the Exam/Training requirement, a copy of the certificate/record documenting successful completion must be included in the CCMP application packet; **submission of this information is the applicant's responsibility.**
- ***Web-based Training Record (if applicable)*** - If the CCMP applicant is utilizing the web-based training component to satisfy the Exam/Training requirement and he/she completed this training through DMH, no documentation is necessary; the Division maintains this information. *(Individuals who complete the web-based training component through a venue other than DMH may be able to count it to satisfy the Exam/Training requirement; in this instance, the individual must provide satisfactory proof of successful completion, which is subject to Review Board Approval.)*

Chapter Five – Certification Phases

APPLICATION PHASE

- Individual submits a complete application packet.
- The Division of PLACE reviews application packets for completeness. Applicants are notified of any deficiencies and given an opportunity to correct the problem(s).
- Complete applications are forwarded to the PLACE Review Board. The Review Board reviews all applications, evaluates materials against established criteria and makes recommendations to the DMH Executive Director. Applicants are notified in writing if more information is needed.

Each regularly-scheduled PLACE Review Board meeting has a corresponding deadline for receipt of complete application materials. Review Board meetings may be cancelled without prior notice.

A Review Board meeting calendar will be posted on the DMH website and provided to program Staff Development Officers (SDOs) on an annual basis.

To obtain a copy of the PLACE Review Board meeting calendar, visit the DMH website, contact the Division of PLACE or contact your program SDO.

- The Executive Director reviews the PLACE Review Board recommendations and approves or disapproves each application for professional credentialing.
- Each applicant is subsequently notified in writing of the status of his/her application. The possible outcomes are:
 - 1) **Approval** - Individual is awarded the credential.
 - 2) **Hold Pending** - The Review Board may request additional information from the applicant before rendering a decision/recommendation.
 - 3) **Denial** - The Review Board may deny initial, upgrade, or renewal applications for credentialing for the following reasons, including, but not limited to: lack of appropriate employment; failure to pay required fees; lack of appropriate educational degrees/coursework; lack of appropriate experience; failure to complete successfully upgrade requirements; failure to acquire necessary continuing education hours; unacceptable practice of the applicant; violation of the *DMH Principles of Ethical and Professional Conduct*; conviction of a crime which is a felony under federal or state law; and/or, declaration of mental incompetence by the court.

CERTIFICATION PHASE

Provisional Certification (PCCMP)

Once credentialed, the PCCMP will receive a credential award letter, followed by a temporary, provisional certificate. The credential award letter will outline:

- The length of Provisional Certification, including the PCCMP expiration date; Provisional certification is not renewable.

- The requirements the PCCMP must complete in order to upgrade to full certification; these requirements are outlined in Chapter Three.

Individuals who have been awarded provisional certification are expected to abide by the professional responsibility provisions in Chapter Nine.

Full Certification (CCMP)

Once credentialed, the CCMP will receive a credential award letter, followed by a full certificate. The credential award letter will outline:

- The length of certification, including the CCMP expiration date; the CCMP's expiration date is made to coincide with the DMH Case Management Professional four-year renewal deadline. CCMPs renew every four years by the renewal deadline. Full certification timelines are addressed in Chapter Six.
- The CCMP renewal requirements; renewal requirements are outlined in Chapter Seven.

Individuals who have been awarded full certification are expected to abide by the professional responsibility provisions in Chapter Nine.

CERTIFICATE ISSUANCE

Professional Identification

Individuals who make successful application for provisional certification will be awarded a time-limited, provisional certificate attesting to the title of "Provisionally Certified Case Management Professional" (PCCMP).

Individuals who make successful application for certification will be awarded a full certificate attesting to the title of "Certified Case Management Professional" (CCMP). CCMP is renewable every four years.

Certificates

Wall certificates issued by the DMH remain the property of DMH and must be surrendered upon request.

DMH intends that each individual hold only one certificate per professional title. DMH does not provide multiple original wall certificates.

Certificates issued by the DMH reflecting credentialing as a PCCMP are valid for up to a maximum two-year (24 consecutive months) Provisional Certification Period. The issuance and expiration dates are printed on the certificate. **Dates of provisional issuance and expiration vary from person to person.**

An individual's provisional certificate automatically becomes invalid once he/she has successfully upgraded to full certification; the individual will receive a new certificate as a CCMP.

Certificates issued by DMH reflecting credentialing as a CCMP are valid for a maximum four-year Certification Period established by the Division. The issuance date is indicated on the certificate. Full certification timelines are addressed in Chapter Six. Full certificates are renewable.

Individuals holding a DMH professional credential who are currently practicing in the state mental health system should maintain a copy of proof of certification in their personnel file.

Upon separation from state mental health system employment, the credentialed individual should notify the Division accordingly, as outlined in Chapter Nine. Unless the separating individual is reemployed with another state mental health system program or requests and receives an appropriate credential status change, the certificate is invalid.

Replacement Certificates

Only individuals in good standing who are currently employed in the state mental health system (or in Inactive Status) may request a replacement certificate.

Upon written (or email) request, an individual may be allowed one replacement certificate at no charge for any of the following reasons:

- Printing Error;
- Damaged/Destroyed;
- Lost;
- Never received; or,
- Legal Name Change.

If the request is due to a legal name change, along with the request, the individual should submit a copy of legal documentation of the name change. The request should indicate the new name as it should appear on the replacement certificate. Name changes reported at the time of a new application do not have to be accompanied by a request or a copy of the legal documentation.

If an individual makes more than one request for a replacement certificate, the Division reserves the right to impose the certificate replacement fee.

Once the new replacement certificate is issued, the previous certificate immediately becomes invalid. Possession and utilization of two certificates for fraudulent purposes is grounds for disciplinary action, including possible loss of credentialing.

ADMINISTRATIVE APPEAL

The terms of administrative appeal are only applicable to the application process.

An applicant aggrieved by a decision regarding the initial, upgrade or renewal application for professional certification has the right to appeal to the DMH Executive Director. The applicant must notify the Division and provide any supplemental application information within 30 calendar days of the mailing of the application review results.

The DMH Executive Director will review the application and supplemental information, if provided, and notify the applicant of the results of this review within 30 days.

An applicant aggrieved by the DMH Executive Director's final decision may then appeal to the State Board of Mental Health. Appeals to the State Board of Mental Health must be made within 30 calendar days of the mailing of the DMH Executive Director's final decision; the appeal must be made and conducted in accordance with established Board policy.

Chapter Six – Certification Timelines

PCCMP CERTIFICATION - UPGRADE INFORMATION & TIMELINES

- The PCCMP credential is a temporary, nonrenewable certification. It is valid for up to two years or 24 consecutive months from the date of issuance. This two-year period is referred to as the PCCMP's "Provisional Certification Period."
- The Provisional Certification Period begins on the day the PCCMP credential is issued and lasts for a maximum of up to two years or 24 consecutive months.
- Once an individual is awarded the PCCMP credential, he/she will receive notification of the credentialing award, along with upgrade instructions. ***(The upgrade instructions will include registration information for the case management-related web-based training component as covered in Chapter Three).***
- DURING the 24-month Provisional Certification Period, a PCCMP must complete ALL requirements to upgrade to full certification (CCMP). **Upgrade Requirements are covered in Chapter Three.**
- It is the PCCMP's responsibility to complete all upgrade requirements.
- PCCMPs who complete the upgrade requirements may upgrade to full certification (CCMP) prior to the end of the two-year Provisional Certification Period.
- A PCCMP who does not complete all requirements to upgrade to full certification (CCMP) by the end of his/her PCCMP expiration date will default from the DMH Case Management Professional credentialing program. Default means the credential is expired, and the individual no longer holds the credential.
- In rare and extenuating circumstances, the PLACE Review Board MAY grant an extension of an individual's Provisional Certification Period.

NOTICE:

Individuals upgrading from PCCMP to CCMP must submit an application for CCMP. Upgrade from PCCMP to CCMP is not an automatic process initiated by the Division of PLACE.

- **A PCCMP should submit a CCMP application packet as soon as all upgrade requirements are met, but no later than the last working day of the month following the PCCMP expiration date.** For example, if a PCCMP credential expires in October of a given year, the CCMP upgrade application must be received by the Division by the last working day of November of that same year.
- The PCCMP expiration date is located on both the PCCMP award letter and the PCCMP original certificate. It is the PCCMP's responsibility to keep track of his/her PCCMP expiration date and corresponding CCMP upgrade application deadline.
- **The Division does not notify individuals when their PCCMP credential is expiring and the CCMP upgrade application is due.**

- Unless an extension for more time has been granted, individuals who fail to submit a CCMP (upgrade) application within established timelines will be considered to have defaulted from the program, meaning their PCCMP credential is expired. This will be an automatic action by the Division of PLACE; no default notification will be sent.
- Except in rare and extenuating circumstances, as determined on a case-by-case basis by the Review Board, an individual may not hold provisional certification more than twice. An exception to this rule may be when the individual's provisional certification expiration (default) occurred due to an individual's separation from state mental health system employment rather than a failure to meet upgrade requirements. The burden of proof falls on the PCCMP.

CCMP – CERTIFICATION LENGTH & TIMELINES

- The CCMP (and CCMP-II) credential is renewable, as long as renewal requirements are met.
- The CCMP's certification begins on the day the certification is issued. This date is located on both the credential award letter and the original CCMP certificate.
- CCMPs (and CCMP-IIs) are on a four-year certification cycle. Upon achieving full certification, a CCMP's expiration date is made to coincide with the DMH Case Management Professional renewal deadline.
- CCMPs (and CCMP-IIs) interested in maintaining the credential renew every four years by the renewal deadline.
- **Specific renewal information is covered in Chapter Seven.**

Chapter Seven – Renewal

RENEWAL GENERAL INFORMATION

- Renewal is only applicable to individuals holding full certification (CCMPs and CCMP-IIIs).
- Provisionally-certified individuals (PCCMPs) **DO NOT** renew.
- Individuals holding CCMP and CCMP-II are required to renew **every four (4) years** on a certification schedule established by the Division.

RENEWAL DEADLINE

- **The renewal deadline is September 30th** (or closest prior working day) of each four-year certification period.
- **Renewal deadlines will be every four years** - September 30, 2011, September 30, 2015, September 30, 2019, etc.*
- Qualified individuals will renew their certification on or before the established renewal deadline in order to maintain Current or Inactive Status.
- Individuals who fail to renew by the established deadline will have their credential automatically changed to Lapsed Status. Lapsed Status means the credential is expired, and the individual no longer holds the credential.

**Prior to January 1, 2011, the DMH Case Management Professional credentialing program was organized by two-year certification periods.*

RENEWAL REQUIREMENTS

Employment Requirement

Renewing individuals must either continue to be employed in the “state mental health system” or hold Inactive Status.

An individual who is no longer employed in the state mental health system at the time of renewal no longer meets the employment criteria for DMH professional credentialing. Unless the individual holds Inactive Status, he/she may make a request to change his/her certification status category. Certificate status information is located in Chapter Nine.

Continuing Education (CE) Requirement

A minimum of 40 successfully completed continuing education (CE) hours (10 hours per year) is required for renewal.

Continuing education hours or college course work counted for renewal must have been successfully completed **during the current four-year certification period**. Renewal periods run from October 1st to September 30th of the appropriate four-year cycle.

CEs earned outside of the current four-year certification period will not be counted; CEs may not be carried over from one renewal cycle to the next.

One continuing education hour is equal to 50 - 60 consecutive minutes in an appropriate CE activity.

Of the 40-hour CE renewal requirement, the following stipulations are included:

- 1) 32 of the 40 required hours must be behavioral health-related; individuals may count up to eight (8) hours in non-behavioral health-related areas, such as technology or administrative-types of training, which they or their programs deem important or necessary for continued professional enhancement.
- 2) Up to 12 of the required 40 hours may be obtained by presenting applicable (behavioral health-related) training events.
- 3) At least two (2) of the required 40 hours **must be** in the area of cultural competency.
- 4) At least two (2) of the required 40 hours **must be** in the area of ethics.
- 5) One three-semester hour (or equivalent) behavioral-health related college course from an approved educational institution, taken during the appropriate certification time period, will be accepted to fulfill the entire continuing education requirement.
- 6) Courses claimed for continuing education hours must be beyond the course work necessary to meet the educational requirement for DMH professional credentialing.
- 7) **During the individual's first renewal cycle only**, the CE renewal requirement may be prorated, if necessary. Renewing individuals for whom it is their FIRST renewal cycle are required to report one behavioral health-related CE hour per month of credentialing, beginning with the month of full certification issuance and ending with the renewal deadline month (September 30th). *For example, an individual who first obtained his/her CCMP credential in the month of January of a renewal year (which ends September 30th) would be required to report nine (9) CE hours.* This provision is only applicable to the individual's first renewal cycle.
- 8) DMH allows for the pre-approval of various conferences and workshops/educational activities, etc., for DMH professional credentialing continuing education hours.

Case Management Professionals desiring information on activities which have received CE pre-approval may contact the DMH Division of Professional Development or visit the DMH website for further information.

- 9) For continuing education activities which have not been through the CE pre-approval process, the continuing education activities will be subject to the approval of the Division at the time of renewal.
- 10) Opportunities for CE accrual include, but are not limited to: training provided through the certified individual's place of employment (including DMH-required training as indicated in the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*), DMH-sponsored training opportunities, and/or conferences/workshops approved by the Division through the DMH Division of Professional Development.

- 11) Continuing education activities should be presented by a qualified presenter and contain clearly-outlined learning objectives. Meetings, regular work activities, staffing sessions, breaks, social activities, etc., do not count towards fulfilling the CE requirement.
- 12) Any activity completed for the purpose of achieving the Case Management Professional certification (such as Case Management Orientation or the web-based Exam/Training component) is not eligible for CE credit.

Reporting the Continuing Education Requirement

Documentation of successful completion of continuing education hours (e.g., training records, staff development printouts, official college transcripts, conference certificates, etc.) should be housed with the Staff Development Officer (SDO) at the individual's current place of employment. The renewing individual should also keep a copy.

As part of the renewal process, each renewing individual is asked to attest to the fact that he/she has obtained the required number of appropriate continuing education hours.

Unless randomly-selected for audit, renewing individuals in Current Status do not submit CE documentation to the Division of PLACE. *Individuals in Inactive Status must report CE activities at the time of renewal.*

For DMH credentialing purposes only, CE documentation should be maintained for six months following the conclusion of the given renewal year.

RENEWAL APPLICATION

Prior to the renewal deadline, the Division will send a renewal notice to each certified individual's self-reported home and/or email address. The Division will also notify Staff Development Officers (SDOs) of the upcoming renewal deadline.

In addition to the general renewal directions found in this document, the renewal notice will include specific, current instructions on how to renew. Specific directions in the current year's renewal packet, along with specific directions provided on each renewal form, must be followed.

Each person who wishes to renew his/her certification must submit a renewal application packet to the Division by the established deadline which includes all required forms and fees.

Failure to receive a renewal notice does not relieve the individual from the renewal requirement. Individuals should keep their addresses/contact information updated with the Division.

RENEWAL AUDIT

Following the conclusion of each renewal period, the Division of PLACE reserves the right to audit randomly-selected renewed individuals to determine compliance with the continuing education requirement. The audit process will include a three (3) percent sample of randomly-selected renewed individuals.

If an individual is randomly selected for audit, both the individual and the program SDO will be notified. Along with the notification, the Division will provide detailed instructions for audit procedures.

If randomly selected for audit, the renewed individual (in conjunction with the program SDO) will be required to submit to the Division documentation to validate successful completion of the renewal continuing education requirement. (Examples of sufficient documentation would include, but are not limited to: training records, staff development printouts verified by the SDO, conference certificates, and official college transcripts). This documentation must be submitted within a deadline prescribed by the Division.

In the case of noncompliance, the audited individual will have up to six months to comply, during which time the credential will be placed in Suspended Status (covered more fully in Chapter 10); the individual will be unable to practice with his/her credential during the period of suspension. Failure to comply within six months will result in the automatic loss of credentialing.

SPECIAL REQUESTS DURING RENEWAL

Inactive Status Request: An individual who is not employed in the state mental health system at the time of renewal may want to request Inactive Status. Individuals must initiate this request by the established renewal deadline and submit all required renewal forms, materials and fees.

Retired Status Request: An individual who has retired from state mental health system employment at the time of renewal may want to request Retired Status. Individuals must do so by the renewal deadline.

Relinquished Status Request: An individual who no longer wants to hold the credential may request Relinquished Status. Individuals must do so by the renewal deadline.

Certification status information is covered more fully in Chapter Nine. In addition to the information in Chapter Nine, instructions on making special requests at the time of renewal will also be included in the current renewal packet; interested individuals should contact the Division of PLACE for assistance.

CERTIFICATE RENEWAL

Each individual who successfully renews his/her Current CCMP/CCMP-II credential may continue to use the title of "Certified Case Management Professional" and practice as such for the next four-year certification period.

Each individual who successfully renews his/her Inactive CCMP/CCMP-II credential may continue to use the appropriate title behind his/her name; however, he/she must not practice as a Certified Case Management Professional during the next four-year certification period (until he/she returns to Current Status).

The terms of administrative appeal are applicable to the renewal process.

CERTIFICATE EXPIRATION

Renewal Deadline

- The renewal application packet and fee are due on or before September 30th (or closest prior working day, as prescribed in the current renewal notice) of the given renewal year.
- Any certified individual wishing to request Inactive, Retired or Relinquished Status at the time of renewal must submit the request so that the Division receives it by the established renewal deadline. Otherwise, without proper renewal, the individual's credential will automatically be changed to Lapsed Status.

- Unless successfully renewed, an individual's certificate ceases to be valid after September 30th at the end of the certification period.
- Any certified individual for whom the Division has not received a renewal application packet (or a special request) by September 30th will be expired; his/her certification status will automatically be changed to Lapsed Status.

“Late Renewal”

- Between October 1st and October 31st (or closest prior working days, as determined by the Division), professional certification which has lapsed due to failure to renew may be rectified upon submission of all required renewal forms, materials, and payment in full of the Renewal Fee PLUS payment of a Late Renewal Fee.
- All problems with renewal applications (or special requests submitted at the time of renewal) must be resolved by October 31st (or closest prior working day, as determined by the Division).
- Incomplete renewal applications or renewal applications with unresolved deficiencies received by the renewal deadline may be maintained on file through October 31st (or closest prior working day) to allow individuals an opportunity to resolve problem(s). After October 31st (or closest prior working day, as determined by the Division), these credentials are expired and automatically changed to Lapsed Status if the deficiencies were not satisfactorily resolved by this date - no exceptions.
- The certification of any individual who has not successfully completed either renewal or a special request by October 31st (or closest prior working day, as determined by the Division) is expired. The status of any such individual's credential will automatically be changed to Lapsed Status.

Beginning November 1st

On and after November 1st, an individual who failed to renew or successfully make a status change remains in Lapsed Status and will not be allowed to renew.

Following the conclusion of renewal season, each state mental health system program will be provided a list of program employees whose credentials lapsed.

Chapter Eight - Fees

FEE SCHEDULE

- **Application Fee:** **\$30.00**

*This fee is due with the submission of an initial application packet; this is a **ONE-TIME** fee.*

IMPORTANT:

Individuals who paid the application fee when applying for PCCMP DO NOT PAY this fee again when applying to upgrade to CCMP.

Individuals applying directly for CCMP (thus skipping PCCMP) must pay this one-time fee.

- **Web-based Exam/Training Fee:** **As prescribed by DMH**

DMH may prescribe appropriate, non-excessive fees for the web-based training component to cover administrative costs; this fee is subject to change.

- **Renewal Fee:** **\$40.00** (subject to change at renewal)

This fee is due with the submission of the renewal packet; this fee is subject to change at the time of renewal and is reflected in the current renewal notice.

- **Late Renewal Fee:** **\$25.00**

In addition to the renewal fee, this additional fee is assessed when an individual has allowed his/her certification to lapse after the prescribed renewal deadline but wishes to renew during a brief "late renewal" time period.

- **Certificate Replacement Fee:** **\$15.00**

If an individual makes more than one request for a replacement certificate, the Division reserves the right to impose the certificate replacement fee. Refer to Chapter Five for more information.

- **Reinstatement Fee:** **\$30.00**

This fee is assessed when an individual makes a request to reinstate his/her certification.

- **Mailing Label Fee:** **\$35.00**

This fee is due with the request for mailing labels. This fee is applicable per category of professional credentialing. Mailing label requests will be processed within 14 working days of receipt; the Division reserves the right to refuse any request for mailing labels.

- **Returned Check Fee:** **\$25.00**

This fee may be imposed by the Division for any check returned due to insufficient funds. Once a return check fee is imposed, remittance to correct the problem will only be accepted via money order.

GENERAL FEE PROVISIONS

- All fees pertaining to DMH professional credentialing are nonrefundable and nontransferable.
- If an application or other credentialing fee is submitted in error, it will not be refunded.
- Fees are subject to change, with appropriate prior notice.
- Fees are not prorated.
- Fees must be paid in full by check or money order made payable to the Mississippi Department of Mental Health. **Cash is not accepted.**
- Fees are subject to deposit upon receipt; checks are not held for deposit.
- No application, renewal application, etc., is considered complete without the required fees.
- Processing of an application, renewal application, etc., will cease immediately upon return of a check due to insufficient funds.
- An individual or program whose check has been returned due to insufficient funds may remedy the situation by paying the appropriate fee PLUS the Returned Check Fee by money order only (by a deadline prescribed by the Division).
- Employers may pay multiple employees' credentialing fees with one check. The check and associated applications/renewal applications, etc., must be submitted together - no exceptions. The employer must clearly identify and match each person and purpose the check covers with the corresponding check. Otherwise, the Division reserves the right to return the fee/materials to the program.

Chapter Nine – Professional Responsibilities

SCOPE OF PRACTICE

- DMH professional credentials are valid only in Mississippi’s “state mental health system.” DMH Case Management Professionals may only use the title if actively employed in the state mental health system (*or in Inactive Status*).
- Provisionally Certified Case Management Professionals and Certified Case Management Professionals are certified to provide or supervise case management services involving application of the principles, methods and procedures of case management service provision within Mississippi’s state mental health system.
- The principles, methods and procedures of case management service provision provided by Provisionally Certified Case Management Professionals and Certified Case Management Professionals are expected to be in compliance with the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*.
- DMH Case Management Professionals should only practice within the boundaries of their credential(s) held.
- This certification does not qualify an individual to provide services outside this scope of practice or in private practice. Practicing beyond the scope of practice may lead to sanctions as described in Chapter 10.
- A person issued a certificate by the Department of Mental Health may use the title appropriate to his/her category of professional certification while in the employ of a state mental health system program (*or while in Inactive Status*).
- Professional identification is directly affected by employment. DMH-credentialed individuals who experience a change in or separation from state mental health system employment are expected to follow the relevant guidelines below.

REPORTING CHANGES IN VITAL INFORMATION

Credentialed individuals are required to notify the Division within 14 working days of a change in legal name, address or employment.

Name Change

Each credentialed individual should ensure that his/her current wall certificate bears his/her current legal name. An individual whose legal name has changed is expected to request a new certificate reflecting the new name. Once the new certificate is generated, the previous certificate is invalid.

To request a name change, the individual should submit a written/email request for a name change, along with a copy of legal documentation of the name change. The request should indicate the new name as it should appear on the replacement certificate. Name changes reported at the time of a new application (i.e., upgrade or renewal application) do not have to be accompanied by a request or copy of the legal documentation.

Only individuals in good standing who are currently employed in the state mental health system (*or in Inactive Status*) may request a replacement certificate.

Address Change

An individual whose email address, mailing address and/or telephone number has changed is expected to contact the Division with the new information.

Employment Change

Upon separation of the credentialed individual from state mental health system employment, the individual's DMH professional credential will become null and void unless he/she provides notification of reemployment in the state mental health system or requests and receives an appropriate credential status change according to the procedures established by the Division, as covered in the "Separation From State Mental Health System Employment" section below.

Notification of a change in **place** of employment (**not job title**) must be submitted in writing/email to the Division of PLACE by either the credentialed individual **OR** the place of employment from which the credentialed individual is separating.

An individual who is either leaving state mental health system employment or changing to a new state mental health system program should follow the requirements under "Separation From State Mental Health System Employment" below.

SEPARATION FROM STATE MENTAL HEALTH SYSTEM EMPLOYMENT

It is the credentialed individual's responsibility to keep track of his/her employment situation (and the potential for notification of separation of employment via the separating employer), accordingly.

Once the Division receives written/email notification of separation from employment (as outlined above), the Division will allow the individual a period of **up to 45 calendar days from the date of notification** to pursue one of the following options:

- 1) **If the individual has become employed with a new "state mental health system" program**, the individual should update his/her employment information with the Division by submitting a new Verification of Employment Form from the new place of employment.
- 2) **If the individual IS NO LONGER EMPLOYED in the "state mental health system,"** the individual may request with the Division a status change for his/her credential. Status change options include:
 - Request Relinquished Status (available to provisional and full certification);
 - Request Extended Status (available only to provisional certification);
 - Request Inactive Status (available only to full certification); and,
 - Request Retired Status (available only to full certification).

More information on credentialing statuses and how to obtain a status change is listed under the "Credential Status Change Requests," "Provisional Certification Status Categories" and "Full Certification Status Categories" sections below.

During this 45-day period, unless employed in a state mental health system program and in good standing, individuals in this situation are not allowed to practice.

At the end of the 45-day period, if no appropriate action is taken by the credentialed individual to either: 1) update his/her employment or 2) request an appropriate status change, the credential will expire and be changed to either Lapsed or Defaulted Status, as appropriate; this is an automatic process – no notification by the Division will be made. Lapsed and Defaulted Status mean the credential is expired, and the individual no longer holds the credential.

Status change requests initiated by the credentialed individual are subject to Review Board approval.

If a DMH-credentialed individual has a question about what to do if he/she has left state mental health system employment, the individual should contact the Division for assistance at the earliest indication of such separation.

DMH-credentialed individuals must be aware that notification of separation of employment may come from either the separating employer OR the credentialed individual. The Division **does not** notify a certified individual when a separating employer has made this notification. **The certified individual is held to the 45-day time frame, regardless of whether the notification of employment separation came from the certified individual or the separating employer.**

CREDENTIAL STATUS CHANGE REQUESTS

Credentialed individuals needing to make a status change request should submit the request in writing (or via email) to the Division of PLACE, along with any pertinent supporting information. Applicable credentialing timelines must be met. Individuals needing assistance regarding status change requests should contact the Division for assistance. Contact information is located inside the document cover. **Status change requests initiated by the credentialed individual are subject to Review Board approval.**

PROVISIONAL CERTIFICATION STATUS CATEGORIES

The following status categories are applicable to individuals holding the Provisionally Certified Case Management Professional credential (PCCMP).

Current Status

An individual holding provisional certification which is in good standing (including timely submission of all forms, fees, changes of information, etc.) and without sanctions will be considered to be in Current Status.

An individual whose credential is in Current Status is able to practice within the scope of practice of this credentialing program and the ethical standards/principles.

In order to maintain Current Status, a PCCMP is expected to notify the Division in writing (or via email) within 14 working days of a change in vital information such as name, address, employment, etc.

The name of a person whose credential is in Current Status will appear on any list produced by the Division if he/she is Current at the time the list is produced.

Extended Status

Extended Status – General Information:

- Extended status will only be granted to a PCCMP who is in good standing at the time of the request.
- To obtain an extension, the individual should submit a written/email request to the Division of PLACE. The Division will subsequently present the request to the Review Board.
- In the request, the PCCMP should specifically request Extended Status, provide an explanation as to why the extension is needed and indicate a specific time period for the extension. Any documentation which supports the request should also be submitted. The Review Board may verify the circumstances surrounding the request.
- An individual on Extended Status is expected to comply with the terms of the extension as granted by the Review Board. Failure to do so may result in Defaulted Status.

Extended Status – Individual needs more time to upgrade:

- Due to extenuating circumstances, the Review Board may grant Extended Status to an individual who is unable to complete all requirements to upgrade to full certification within the required two year (24 consecutive months) time limit. An extension is intended to allow a PCCMP additional time to complete the upgrade requirements. An individual granted Extended Status who is currently employed in the state mental health system is allowed to practice as a PCCMP and is expected to complete all requirements of provisional certification by the approved deadline for the extension.

Extended Status – Individual has left State Mental Health System Employment:

- The Review Board may also grant Extended Status to a PCCMP who has temporarily left employment in a state mental health system program. An individual granted an extension due to having left state mental health system employment may neither practice as a PCCMP nor register for any Case Management Professional certification activities for upgrade. An individual on Extended Status for this reason would need to submit a written/email request to be returned to Current Status, along with a new Verification of Employment Form from the individual's new place of employment.
- Upon returning to Current Status, the individual will again be allowed to practice as a PCCMP and will be able to register for and attend Case Management certification activities required for upgrade. An individual who was previously in Extended Status and who has been returned to Current Status is expected to complete all requirements of provisional certification by the approved extension deadline.

Defaulted Status

Defaulted Status means the individual's provisional credential has expired and is no longer valid. A PCCMP may default for the following reasons including, but not limited to:

- Failure to complete all upgrade requirements during the two-year, 24 consecutive month Provisional Certification Period;
- Failure to submit an upgrade application so that it is received by the Division within established timelines;

- Failure to submit a request for Extended Status, or other status change request, so that it is received within established timelines;
- Review Board's determination of failure to submit a satisfactory request for Extended (or other) Status;
- Failure to comply with the terms of an extension granted by the Review Board; and/or,
- Separation from employment in the state mental health system without appropriate change in status category.

Upon defaulting from the Case Management Professional certification program, the individual immediately ceases to hold provisional certification (PCCMP).

Defaulting from the program immediately overrides any other status category held by a provisionally-certified individual.

To return to Current Status, an individual in Defaulted Status would be required to repeat the application process meeting all current requirements, including any specific requirements determined necessary by the Review Board.

Except in rare and extenuating circumstances, as determined on a case-by-case basis by the Review Board, a PCCMP who has defaulted twice will not be allowed to reapply for this credentialing program a third time.

Relinquished Status

A provisionally-certified individual who determines that he/she no longer needs/wants to hold and maintain professional certification may submit a written/email request to the Review Board requesting Relinquished Status. The Review Board may verify the circumstances surrounding the request. Once approved for Relinquished Status, the individual no longer holds the credential. The individual's certificate is null and void.

To return to Current Status, a provisional individual in Relinquished Status would be required to repeat the application process, meeting all current requirements, including any specific requirements determined necessary by the Review Board.

FULL CERTIFICATION STATUS CATEGORIES

The following status categories are applicable to individuals holding full certification as a Certified Case Management Professional (CCMP).

Current Status

An individual holding certification which is in good standing (including timely submission of all forms, fees, changes of information, etc.) and without sanctions will be considered to be in Current Status.

An individual whose credential is in Current Status is able to practice within the scope of practice of this credentialing program and the ethical standards/principles.

In order to maintain Current Status, a CCMP is expected to notify the Division in writing (or via email) within 14 working days of a change in vital information such as name, address, employment, etc.

The name of a person whose credential is in Current Status will appear on any list produced by the Division if he/she is Current at the time the list is produced.

Inactive Status

The Review Board may grant Inactive Status to a fully-certified individual who is leaving employment in the state mental health system and who wishes to maintain the credential.

Inactive Status will only be granted to a fully-certified individual who is in good standing (Current Status) at the time of the request.

In order to pursue Inactive Status, the certified individual must submit a written/email request to the Division of PLACE. The Division will present the request to the Review Board.

In the request, the fully-certified individual should request Inactive Status, provide an explanation as to why the status change is needed and indicate a specific time period for the inactivity. Documentation which supports the request may be submitted along with the request. The Review Board may verify the circumstances surrounding the request.

Individuals granted Inactive Status must meet renewal requirements, including payment of required fees and completion of required continuing education requirements. Otherwise, the certified individual's credential will lapse.

An individual in Inactive Status is allowed to continue to use the professional title behind his/her name, but is not allowed to practice.

A person in Inactive Status may be returned to Current Status upon submission of a written/email request, along with an appropriate Verification of Employment Form reflecting current employment within the state mental health system.

Lapsed Status

Lapsed Status means the fully-certified individual's credential has expired and is no longer valid. A fully-certified individual's credential may lapse for any of the following reasons, including but not limited to:

- Failure to renew professional certification according to established timelines;
- Failure to make a special request, according to established timelines and obtain an appropriate certification status;
- Review Board's determination of failure to submit a satisfactory request for a status change;
- Failure to comply with the terms of the status change request approved by the Review Board; and/or,
- Separation from state mental health system employment without appropriate status change.

Lapsing from the program immediately overrides any other status category held by a fully-certified individual. Upon lapsing, the individual immediately ceases to hold certification.

Retired Status

The Review Board may grant Retired Status to an individual who has retired and is no longer employed in the state mental health system. Retired status is intended for individuals who have ceased working because they have either reached the age of retirement or have accumulated the number of work years to retire.

In order to pursue Retired Status, the individual (upon retirement) must submit a written/email request to the Division of PLACE. The Division will present the request to the Review Board. In the request, the individual should request Retired Status and indicate the date of retirement. The Review Board

may verify the circumstances surrounding the request. The individual granted Retired Status is no longer required to meet renewal requirements/fees and is permitted to keep his/her certificate.

Relinquished Status

A fully-certified individual who determines that he/she no longer needs/wants to hold and maintain professional certification may submit a written/email request to the Review Board requesting Relinquished Status. The Review Board may verify the circumstances surrounding the request. Once approved for Relinquished Status, the individual no longer holds the credential. The individual's certificate is null and void.

CERTIFICATION REINSTATEMENT

A Case Management Professional whose full certification has expired within the past three years, as determined by the Division's records (Relinquished, Retired or Lapsed Status) and who expired in good standing, may reactivate his/her certification by requesting reinstatement, paying the reinstatement fee, paying past renewal fees (including late charges) and submitting documentation of continuing education credit as determined by the Division or Review Board. Reinstatement of certification is determined on a case-by-case basis, at the discretion of the Division and the Review Board. Individuals interested in reinstatement should contact the Division for additional information. Fees are subject to change. Reinstatement is not available to provisionally-certified individuals.

During a renewal year, an individual desiring reinstatement must wait six months before applying for reinstatement.

Beyond three years, post-expiration, total reapplication is required.

CREDENTIAL VERIFICATION & REPORTING

Upon request, the Division reports specific information about DMH-credentialed individuals. The fields of information which may be shared with individuals making inquiry are:

- Name;
- Type of certification;
- Certificate number;
- Date of issuance;
- Date of expiration;
- Credential status; and,
- Whether or not formal disciplinary action has been taken against the individual.

During renewal season, the Division reserves the right to hold such verification requests until all credentialing records are up-to-date, post renewal.

DMH PRINCIPLES OF ETHICAL AND PROFESSIONAL CONDUCT

All applicants, Provisionally Certified Case Management Professionals and Certified Case Management Professionals shall comply with ethical standards/principles as established by the PLACE Review Board and the Department of Mental Health.

A. Introduction

The State Legislature granted Statutory Authority for Mississippi Department of Mental Health certification/licensure programs in 1996. As a result, the Division of Professional Licensure and Certification was created to develop and implement the programs. Having been amended by the State Legislature in 1997, Section 41-4-7 of the *Mississippi Code of 1972, Annotated* currently includes a provision authorizing the State Board of Mental Health to certify/license case managers, mental health therapists, mental retardation [IDD] therapists, mental health/retardation [IDD] administrators, addiction counselors and others as deemed appropriate by the State Board of Mental Health. The Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE) Review Board serves as the governing body for the everyday professional conduct of DMH-credentialed individuals. Individuals credentialed through the DMH may identify with different professional associations and are often certified by other groups with promulgated codes of ethics.

The safety, health, welfare and best interest of the individuals and families receiving services, and the public at large, are the primary guiding principles for appropriate professional conduct of all individuals holding a DMH professional certification. Individuals holding a DMH professional certification should adhere to all parts of the *DMH Principles of Ethical and Professional Conduct* listed below.

Applicable federal and state laws, the principles, program policies and any other pertinent rules must be observed when conducting business as a DMH-credentialed professional. Alleged violations of the principles may be subject to disciplinary action if the Review Board finds that a person is guilty of any violation of the principles. Information on disciplinary action is covered in Chapter 10.

The *DMH Principles of Ethical and Professional Conduct* herein referred to as “the principles,” provide a minimal ethical standard for the professional behavior of all individuals credentialed through DMH. The principles provide a level of expectation for ethical practice from all who hold a DMH credential. In addition, the principles provide an enforceable standard for all DMH-credentialed individuals and facilitate an avenue for recourse in case of a perceived ethical violation. While the principles cannot guarantee ethical practice by all DMH-credentialed individuals or resolve all issues, the intent of the principles is to provide guidelines for individuals who, in good faith, seek to make reliable ethical judgments. Six general principles of ethical and professional conduct follow.

B. Principle I: Competence

- 1) Individuals holding a current credential from the Mississippi Department of Mental Health (DMH) must be employed by a program that receives funding from or is certified or operated by the DMH.
- 2) Individuals who hold a DMH professional credential must notify the Division of Professional Licensure and Certification upon any change affecting credential status, especially a change in employment.
- 3) Individuals holding a DMH professional credential must represent themselves as competent only within the boundaries of their education, training, license, certification, supervised experience or other relevant professional experience.

- 4) Individuals holding a DMH professional credential must provide services only within the boundaries of their education, training, license, certification, supervised experience or other relevant professional experience. Services provided must be based on the most current information and knowledge available within the scope of services of the DMH.
- 5) Individuals who hold another professional credential shall abide by all principles contained herein.
- 6) The principles do not alleviate the individual's responsibility to other ethical, programmatic or professional guidelines. Rather, the principles must be adhered to in addition to other applicable ethical, programmatic and professional criteria.
- 7) Individuals holding a DMH professional credential must comply with all applicable sections of the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*, as appropriate (including, but not limited to, the *Operational Standards'* sections pertaining to confidentiality and the rights of individuals receiving services).

C. Principle II: Confidentiality

- 1) Individuals holding a credential from DMH have an obligation to respect the confidentiality rights of the individuals with whom they work and must take reasonable precautions to preserve confidentiality.
- 2) Members of a treatment team or those collaborating on the care of an individual shall maintain confidentiality within the parameters of the treatment setting.
- 3) Confidential information may only be disclosed with appropriate valid consent from the individual receiving services or a person legally authorized to consent on behalf of the individual.
- 4) All information collected for the purpose of service delivery must be kept confidential and released only when authorized by redisclosure consent or state (or federal) law.
- 5) Individuals involved in family, couples, marital or group counseling must be informed of their individual right to confidentiality.
- 6) DMH-credentialed individuals must preserve the confidentiality of information shared by others, as well as agency policy concerning the disclosure of confidential information and must explain such policy to the individual receiving services.
- 7) When consulting with colleagues, DMH-credentialed individuals do not share confidential information that could lead to the identification of an individual who is receiving services with whom they have a confidential relationship unless they have obtained the prior consent of the person. Information may only be shared to the extent necessary to achieve the purposes of consultation.
- 8) Permission for the use of electronic recording of interviews must be secured, prior to the interview, from the individual receiving services or a person legally authorized to consent on behalf of the individual receiving services.
- 9) Confidentiality may be waived if disclosure is necessary to prevent serious, foreseeable, and imminent harm to oneself or other identifiable person or when laws or regulations require disclosure without an individual's consent.
- 10) The confidentiality privilege for the individual receiving services is waived if the individual brings charges against a DMH-credentialed individual.
- 11) Confidentiality may be waived in compliance with appropriate statutes.
- 12) In all instances, individuals who hold a credential from the DMH should disclose the least amount of confidential information necessary to achieve the desired purpose.

D. Principle III: Respect for People's Rights and Dignity

- 1) Individuals who hold a credential from DMH have a primary responsibility to the individual to whom they provide services. The respect of the fundamental rights, dignity and worth of all people is of the utmost importance.
- 2) DMH-credentialed individuals must be aware of and accept the cultural, individual and role differences that occur in the service delivery environment.
- 3) DMH-credentialed individuals do not discriminate against any individual because of race, color, creed, gender, religion, national origin, age, disability or political affiliation.
- 4) DMH-credentialed individuals actively work to eliminate the effect of bias on service provision, and they do not knowingly participate in or condone discriminatory practices.
- 5) Individuals holding a DMH credential who witness or have knowledge of unethical or discriminatory practices of other individuals who hold a DMH credential are obligated to report such practices to the Division of Professional Licensure and Certification.
- 6) DMH-credentialed individuals must be respectful of and responsive to individuals with cultural needs.
- 7) DMH-credentialed individuals must practice appropriate, relevant and sensitive interventions which enable effective work in cross-cultural situations.
- 8) DMH-credentialed individuals must maintain a fundamental respect for the beliefs, customs, institutions and ethnic heritages of all individuals served.

E. Principle IV: Reporting Abuse

DMH-credentialed individuals must meet reporting requirements as outlined by the Vulnerable Adults Act and the child abuse reporting statutes.

F. Principle V: Sexual Harassment/Misconduct

Sexual harassment/misconduct is considered to be any unwelcome solicitation, physical advance or verbal or nonverbal conduct that is sexual in nature. Sexual harassment/misconduct can consist of a single onerous act or multiple persistent or pervasive acts.

- 1) Individuals who hold a credential from DMH will not knowingly engage in behavior that is sexually harassing or demeaning to persons with whom they interact within the service delivery environment.
- 2) Any behavior that could be construed as sexual harassment during the DMH-credentialed individual's function of providing services for a program that is funded/certified/administered through the DMH, shall be subject to disciplinary action.

G. Principle VI: Drug Free Workplace

The Department of Mental Health adopted written policy in Section 71-7-1 through 71-7-31 of the *Mississippi Code of 1972, Annotated* which outlines state policy regarding a Drug Free Workplace. Programs funded/certified/administered and individuals who hold a credential through the Mississippi Department of Mental Health will be expected to abide by this provision.

Chapter 10 – Complaints & Disciplinary Action

GROUNDS FOR DISCIPLINARY ACTION

Individuals holding provisional or full certification must conduct their activities and services in accordance with applicable federal and state laws, these *Standards & Requirements*, the *DMH Principles of Ethical and Professional Conduct*, and any other applicable rules/regulations.

An individual holding provisional or full certification may be subject to disciplinary action if the Review Board finds that he/she is guilty of any of the following or has knowledge of the following and has not reported such to the Division of PLACE. Grounds for disciplinary action include, but are not limited to:

- 1) Negligence in the practice or performance of professional services or activities;
- 2) Engaging in dishonorable, unethical, unprofessional conduct of a character likely to deceive, defraud, or cause harm in the course of professional services or activities;
- 3) Engaging in lewd conduct in connection with professional services or activities;
- 4) Obtaining a Department of Mental Health certificate or renewal certificate by fraud, deceit, material deception or other misrepresentation;
- 5) Perpetrating or cooperating in fraud or material deception in obtaining or renewing professional credentialing or attempting the same;
- 6) Being convicted of any crime which has a substantial relationship to the professionally credentialed individual's activities and services or an essential element of which is misstatement, fraud, or dishonesty;
- 7) Being convicted of any crime which is a felony under federal or state law;
- 8) Engaging in or permitting the performance of unacceptable services personally or by assistants working under the credentialed individual's supervision due to the credentialed individual's deliberate or grossly negligent act or failure to act, regardless of whether actual damage is established;
- 9) Treating any person differently or detrimentally because of race, color, creed, age, gender, religion, national origin, disability or political affiliation;
- 10) Engaging in false or misleading advertising;
- 11) Revealing confidential information except as may be required by law;
- 12) Failing to inform a client of the fact that the client no longer needs the services of the credentialed individual;
- 13) Performing services for compensation or representing oneself as a DMH-credentialed professional while holding a certificate in Defaulted, Lapsed, Relinquished, Suspended, Surrendered, or Revoked Status;
- 14) Attempting to utilize the certificate issued by the Department of Mental Health for private practice or for services outside the scope of practice;
- 15) Engaging in any conduct considered by the Review Board to be detrimental to the profession; and/or,
- 16) Engaging in any conduct considered by the Review Board to be in violation of the *DMH Principles of Ethical and Professional Conduct*.

COMPLAINTS & INVESTIGATION

All complaints concerning a DMH-credentialed individual's professional service or activities must be received by the Division of PLACE.

All complaints concerning a DMH-credentialed individual must be submitted in writing, signed by the individual making the complaint, and notarized. The individual lodging the complaint should also include his/her contact information. The complaint should include the charges set forth with such clarity as to inform the Division, the PLACE Review Board and the certified individual of the issue involved. Complaints lodged with insufficient information may be unable to be addressed by the Review Board.

The Division of PLACE will log each complaint by recording the following information:

- 1) The DMH-credentialed individual's name;
- 2) The name and contact information of the complaining party;
- 3) The date of the complaint;
- 4) A brief statement of the complaint; and,
- 5) Disposition or attempts at settlement.

Substantial, jurisdictionally-appropriate complaints, as determined by the PLACE Review Board, will be investigated and evaluated by the Review Board, with consult, as needed, with the DMH Legal Division. A copy of all communications pertaining to complaints/investigations will be forwarded to the DMH attorney. The Review Board, with DMH Legal Division consult, as needed, will determine the necessity of a disciplinary hearing.

NOTICE OF COMPLAINT & DISCIPLINARY HEARING

Upon determination that a hearing is needed, the Review Board will notify the DMH-credentialed individual that a complaint has been received and that a disciplinary hearing will be held.

The DMH-credentialed individual shall be notified at least 30 calendar days before the date of the disciplinary hearing. Notification will be considered to have been given if the notice was personally received by the DMH-credentialed individual or if the notice was mailed "certified, return receipt requested" to the last known address as listed with the Division of PLACE.

The notice will inform the DMH-credentialed individual of the facts which are the basis of the complaint and which are specific enough to enable the credentialed individual to defend against the complaints. The notice of the complaint and the disciplinary hearing shall also inform the credentialed individual of the following:

- 1) The date, time and location of the disciplinary hearing;
- 2) That the DMH-credentialed individual may appear personally at the disciplinary hearing and may be represented by counsel;
- 3) That the DMH-credentialed individual shall have the right to produce witnesses and evidence on his/her behalf and shall have the right to cross-examine adverse witnesses and evidence;
- 4) That the Rules of Evidence do not apply;
- 5) That the disciplinary hearing could result in sanctions being taken against the DMH-credentialed individual;
- 6) That the Review Board will, in writing, advise the DMH-credentialed individual of any sanction(s) to be imposed and the basis for the Review Board's action; and,
- 7) That disposition of any formal complaint may be made by consent order or stipulation between the Review Board and the DMH-credentialed individual.

The disciplinary hearing will be an informal hearing and will be presided over by the Review Board Chairperson.

The Review Board will provide written notification to the DMH-credentialed individual as to any sanction(s) being imposed and the basis for the Review Board's action. This notification will be considered to have been given if the notice was personally received by the DMH-credentialed individual or if the notice was mailed "certified, return receipt requested" to the last known address as listed with the Division of PLACE.

If disciplinary action is taken against an individual, his/her employer (along with any applicable third party) will be notified by DMH.

All disciplinary hearing procedures are matters of public record and shall be preserved pursuant to state law. The final disposition of any disciplinary hearing will be recorded in Board minutes.

SANCTIONS

The Review Board may impose any of the following sanctions, singly or in combination, when it finds that a DMH-credentialed individual is guilty of any of the offenses referred to in the "Grounds For Disciplinary Action" section of this chapter:

- 1) Issuance of a letter of official reprimand to the DMH-credentialed individual;
- 2) Refusal to renew a certificate;
- 3) Restriction or limitation of the individual's scope of practice;
- 4) Suspension of the certificate for any period of time;
- 5) Revocation of the certificate;
- 6) Approval of the individual's request for surrender of professional credential; and/or,
- 7) Assessment of reasonable costs for inquiries, disciplinary hearing(s) and/or complaint resolution.

DISCIPLINARY STATUS CATEGORIES

Disciplinary status categories are applicable to individuals holding any level of credentialing available through the DMH Case Management Professional Certification Program.

Limited

- 1) The Review Board, as a result of disciplinary action as defined in this chapter, may choose to restrict or limit a certified individual's practice.
- 2) To return to Current Status, an individual in Limited Status would be required to meet all requirements as determined to be necessary by the Review Board and/or DMH Executive Director.

Suspended

The Review Board, as a result of disciplinary action as defined in this chapter, may choose to invalidate an individual's certification for any period of time.

An individual's certification may also be suspended due to noncompliance with the CE renewal requirement, as determined by the audit process described in Chapter Seven.

- 1) The individual's certificate shall be turned over to the Division for the period of suspension.
- 2) To return to Current Status, an individual in Suspended Status would be required to meet all requirements as determined to be necessary by the Review Board and/or DMH Executive Director.

Surrendered

- 1) The Review Board, as a result of disciplinary action as defined in this chapter, may choose to request the surrender of an individual's certificate.
- 2) In addition, the certified individual may request Surrendered Status. However, the certified individual's request for Surrendered Status is subject to the approval of the Review Board and/or DMH Executive Director.
- 3) The surrendered certificate shall be turned over to the Division.
- 4) To return to Current Status, an individual in Surrendered Status would be required to meet all requirements as determined to be necessary by the Review Board and/or DMH Executive Director.

Revoked

- 1) The Review Board, as a result of disciplinary action as defined in this chapter, may revoke an individual's certification.
- 2) Once professional certification is revoked, the individual must return his/her certificate to the Division.
- 3) Following the period of revocation established by the Review Board, the individual may reapply for certification by repeating the application process, meeting all current professional certification requirements, in addition to any additional requirements determined to be necessary by the Review Board and/or DMH Executive Director.

DISCIPLINARY APPEAL

Following a disciplinary hearing, a DMH-credentialed individual aggrieved by a decision of the Review Board related to the disciplinary action/sanctions shall have the right to appeal to the DMH Executive Director. The credentialed individual must notify the Division of PLACE within 15 calendar days of the mailing of the written notification of the Review Board's action. The DMH Executive Director shall review the DMH-credentialed individual's case and notify the credentialed individual of the results of this review within 30 days.

A DMH-credentialed individual aggrieved by the DMH Executive Director's decision regarding the appeal may then appeal to the State Board of Mental Health. Appeals to the State Board of Mental Health must be made within 30 calendar days of the mailing of the DMH Executive Director's final decision; the appeal must be made and conducted in accordance with established Board policy.

Glossary

The following **terms and definitions** apply to the DMH Case Management Professional credentialing program:

- **Applicant:** An individual who has submitted a complete application packet for DMH professional credentialing
- **Approved Educational Institution:** An institution of higher learning which is accredited by a regional accrediting body
- **Audit:** Random selection of renewed individuals for the purpose of determining compliance with the continuing education (CE) renewal requirement
- **Board:** The Mississippi State Board of Mental Health
- **Case Management:** Case management services as described in the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*; case management generally refers to the provision and coordination of services that are an integral part of helping individuals access needed medical, social, educational, and other services in order to attain their highest level of independent functioning.
- **Case Management Orientation:** A case management-related training/corresponding exam which was previously administered by the DMH; one of two options for meeting the DMH Case Management Professional credentialing program Exam/Training requirement
- **Certificate:** The document issued by DMH attesting to an individual's DMH professional credential
- **Certification Period:** Individuals holding full certification are on a four-year certification schedule, referred to as the "certification period." Qualified CCMPs and CCMP-IIs renew every four years by the renewal deadline.
- **Certified Case Management Professional (CCMP):** An individual who obtains and maintains the CCMP credential through the Mississippi Department of Mental Health; this credential was formerly known as CCMP-I.
- **Certified Case Management Professional-II (CCMP-II):** An individual who obtained and maintains the CCMP-II credential through the Mississippi Department of Mental Health; (This level of credentialing was discontinued effective January 2009. Though no longer available to new applicants, those who obtained the CCMP-II credential prior to its discontinuance may continue to renew it as long as renewal requirements are met.)
- **Continuing Education (CE) Hours:** Educational/training activities required for renewal which are designed to increase the professional proficiency of an individual holding a DMH professional credential; one Continuing Education Hour (CE) consists of 50-60 consecutive minutes of training
- **Credential(ing):** A generic term referring to any or all levels of DMH professional certification
- **Director of Case Management Services:** The Director of Case Management Services provides direct oversight of a case manager's work and is the individual(s) at each Mississippi state mental health system program designated to verify the case management work experience requirement for full certification.
- **Division/Division of PLACE:** The Department of Mental Health, Division of Professional Licensure and Certification (PLACE)
- **DMH:** The Mississippi Department of Mental Health

- **DMH Executive Director:** The Executive Director of the Mississippi Department of Mental Health
- **DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers:** Manual published by the Mississippi Department of Mental Health which establishes and promulgates required operational standards for programs receiving DMH certification
- **PLACE Review Board/Review Board:** The Professional Licensure and Certification (PLACE) Review Board
- **Provisional Certification Period:** The Provisional Certification Period is the time period an individual holds provisional certification (PCCMP). The Provisional Certification Period begins on the day the PCCMP credential is issued and can last for a maximum of 24 consecutive months. Provisional certification is temporary and nonrenewable. By the end of the Provisional Certification Period, the PCCMP is expected to have completed all requirements to upgrade to full certification.
- **Provisionally Certified Case Management Professional (PCCMP):** An individual who obtains the PCCMP credential through the Mississippi Department of Mental Health. PCCMP is a temporary, nonrenewable certification. PCCMPs work towards full certification as a Certified Case Management Professional (CCMP).
- **Staff Development Officer (SDO):** State mental health system program employee(s) who is responsible for maintaining staff development records and assisting in the verification of ongoing continuing education for renewal applicants. The SDO also serves as a liaison between the program and the Division and as a resource to his/her program concerning DMH professional credentialing. The SDO is appointed by the Program Director; a record of SDO appointments is maintained on file by the Division.
- **State Mental Health System:** The network of programs in Mississippi which receive funding and/or programmatic certification by the Mississippi Department of Mental Health and/or programs certified/licensed by the Mississippi State Department of Health that are operated by the state mental health system (i.e., Mississippi Department of Mental Health)
- **Upgrade:** Progression (i.e., moving) from provisional (temporary) certification (PCCMP) to full certification (CCMP)
- **Web-based Training Component:** A customized collection of e-learning courses (and corresponding exams) designed to address basic case management knowledge; one of two options for meeting the DMH Case Management Professional credentialing program Exam/Training requirement

DMH Case Management Professional Application Forms

PCCMP & CCMP

Effective January 1, 2011

Contact Information:

Mississippi Department of Mental Health (DMH)
Division of Professional Licensure & Certification (PLACE)
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
601-359-1288 (DMH Main #)
601-359-6295 (Fax)
www.dmh.ms.gov

601-359-5360 (PLACE Main #)
place@dmh.state.ms.us (PLACE email)

PLACE Staff:

Stephanie Foster, Director
stephanie.foster@dmh.state.ms.us

Nancy Luke, Credentialing Coordinator
nancy.luke@dmh.state.ms.us

Patricia Cummings, Administrative Assistant
patricia.cummings@dmh.state.ms.us

Provisionally Certified Case Management Professional (PCCMP)

Application Directions, Checklist & Forms

The information below includes:

- Overview of PCCMP Requirements;
- PCCMP General Application Directions;
- PCCMP Application Checklist; and,
- PCCMP Application Forms.

Before submitting an application, be sure to review the complete description of PCCMP requirements and the complete application process for PCCMP located in Chapters 1 through 10.

PCCMP - General Requirements Overview

Requirements to apply for PCCMP	Description
Employment	<ul style="list-style-type: none"> • Must be <u>currently</u> employed in Mississippi's "state mental health system," as defined in Chapter One. • If you are not sure you meet this requirement, please check with your Personnel Office. • Must have responsibility for providing or supervising case management services as outlined in Chapter Three.
Education	<ul style="list-style-type: none"> • Refer to the Education Requirement for certification listed in Chapter Three. • If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program's Director of Case Management Services and/or program Staff Development Officer (SDO).
Ethics	<ul style="list-style-type: none"> • All applicants must read and abide by the <i>DMH Principles of Ethical and Professional Conduct</i> located in Chapter Nine. It is the applicant's responsibility to read these principles before signing and submitting the application.
Criminal Background Checks	<ul style="list-style-type: none"> • As part of the application process, PLACE ensures that employers have conducted background checks on individuals applying for DMH professional credentials. No one will be credentialed without proof of background checks.
Experience	<ul style="list-style-type: none"> • NONE - No experience is required to apply for Provisionally Certified Case Management Professional (PCCMP). • Experience is required to apply for/upgrade to full certification - Certified Case Management Professional (CCMP). The experience requirement for full certification (CCMP) is listed in Chapter Three.

PCCMP – General Application Directions

General Application Directions

- Applicants should read all directions and application materials before beginning the application process. **Each application form has specific directions which must be followed.**
- Certain application forms must bear original signatures, as indicated on the form. Copies or faxes are not accepted.
- Please print or type the information requested on the application forms; typing is preferred. Be sure to provide all information requested. Every blank should have a response, even if it is “Not Applicable.”
- With the exception of the official transcript, all application materials must be submitted together in one application packet. The official transcript can either be included in the application packet or sent to the DMH Division of PLACE directly from the college/university. This is the only application piece which may be submitted separately.
- The official transcript must be submitted in a sealed college/university envelope and document that the educational requirement has been met. If sent to you, **do not open it** before placing it in your application packet.
- If you currently hold another DMH professional credential, and the DMH Division of PLACE already has an official copy of your transcript on file, you should designate this information in the appropriate space on the Application Form. If this is the case, submitting another official transcript is not necessary.
- All submission deadlines reflect the date received by the DMH Division of PLACE, not postmarked dates.
- The PLACE Review Board only considers complete applications; all application deficiencies must be resolved.
- Only forms prescribed by the DMH Division of PLACE may be utilized to apply for certification. Application forms may be changed without prior notice. The most current version should be utilized.
- Once submitted, all application materials become the property of DMH. Application materials will not be returned; the applicant should keep a copy of the application materials, except those under seal.
- All fees pertaining to DMH professional credentialing are nonrefundable and nontransferable. If an application or other credentialing fee is submitted in error, it will not be refunded.
- **The PCCMP Application Fee is \$30.00.** Fees must be paid in full by check or money order made payable to the Mississippi Department of Mental Health. **Cash is not accepted.**
- No application is considered complete without the required fees.
- Processing of an application will cease upon return of a check due to insufficient funds.

PCCMP – Application Packet Checklist

To apply for **temporary certification as a PCCMP**, an individual should submit an **application packet** which contains the following materials; **utilize this checklist to ensure that you have included all required application materials:**

PCCMP Application Form – Pages 53, 54 and 55

- Must be properly notarized (includes both applicant **and** notary signatures)

PCCMP Verification of Employment Form – Page 56

- Must be completed by the Personnel Office at the applicant's current place of employment and placed in a signed/sealed envelope, according to the directions on the form
- Must show proof of current employment in Mississippi's "State Mental Health System"
- Must show designation of applicant having responsibility for providing or supervising case management services (or appropriate explanation)
- Must show proof that Criminal Background Checks have been conducted

Official Transcript

- Include an official copy of your transcript(s) in your application packet **OR**
- Have the college or university submit the official transcript(s) directly to the DMH Division of PLACE **OR**
- Designate on your Application Form that the DMH Division of PLACE already has your official transcript(s) on file

Application Fee – \$30.00

- Payable by check or money order to the "Mississippi Department of Mental Health"
- **Cash is not accepted.**
- Application fees are nonrefundable and nontransferable.

Mail your **complete** application packet to:

Mississippi Department of Mental Health
Division of Professional Licensure and Certification (PLACE)
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201

APPLICATION FORM for Provisionally Certified Case Management Professional (PCCMP)

ATTENTION: (This is the Application Form for **PROVISIONAL** Certification.)

Directions: This form is to be completed by the Applicant. Type or print **ALL INFORMATION**; fill in every blank and/or check the appropriate boxes. The application **MUST BE** properly notarized.

Personal Information

1. a. Name: Mr. _____
 Ms. _____
 Dr. _____ (Type or Print name EXACTLY as it should appear on the certificate.)

b. Name(s) used on Transcripts/Records if different from above: _____

2. Social Security Number: _____ - _____ - _____ 3. Gender: Male Female
This is the only place your complete SSN is required. Everywhere else, indicate only the last four digits of your SSN.

4. Date of Birth: _____ / _____ / _____

5.

<u>Home Street Address</u>	Street Address:		
City, State, Zip	City:	State:	Zip:
<u>County of Residence</u>			
Home /Cell Telephone Numbers	Home Number:	Cell Number:	
Email Address (REQUIRED)			

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **a functional email address is mandatory.**

Employment Information

6.

<u>CURRENT</u> Place of Employment			
Employer's <u>Street Address</u>			
City, State, Zip	City:	State:	Zip:
Office Telephone Number			

Applicant's Name _____
 (Please type or print)

SSN: XXX-XX-_____
 (Last 4 Digits)

DMH Professional Credentialing Information

7.

Do you currently hold (or have you ever held) any DMH professional credential?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes," please list the type(s) of DMH Professional Credential(s) held, along with the credential expiration date(s) (if known)	Credential Type(s)	
	Expiration Date(s)	

Educational/Official Transcript Information

8.

List all earned Degree(s) Title(s) & Major(s) <i>(for example B.S. in Psychology)</i>	
Date Degree(s) Awarded/Conferred (Month/Year)	
List the name(s) of <u>ALL</u> College/Universities from which you are submitting <u>official</u> transcripts to show <u>education requirement is met.</u>	
My official transcript(s) is/are included in this application packet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
My official transcript(s) is/are being mailed directly to PLACE by the educational institution.	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE already has an <u>official</u> copy of my transcript(s) on file.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Experience Assurance

I, the Applicant, acknowledge that no Case Management experience is required to apply for provisional certification. I also acknowledge that I must have at least one year of full-time supervised case management work experience in Mississippi's "state mental health system" (either providing or supervising Case Management services) to meet the experience requirement to upgrade to full certification (CCMP) as outlined in the *DMH Case Management Professional Standards & Requirements* booklet. I further acknowledge that this experience must have been accrued by the end of my Provisional Certification Period. **My signature in the notary section indicates this understanding.**

APPLICATION MUST BE NOTARIZED on pg. 55

Applicant's Name _____
(Please type or print)

SSN: XXX-XX-_____
(Last 4 Digits)

- AFFIDAVIT -

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; **that he/she has read the *DMH Case Management Professional Standards & Requirements* document and the *DMH Principles of Ethical & Professional Conduct* and will conform to these *Standards & Requirements* and *Principles***; that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned; and, that he/she understands that the application fee is nonrefundable/nontransferable.

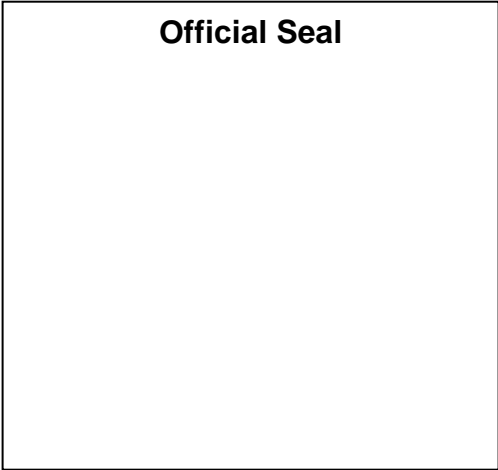
Applicant's Signature

Subscribed and sworn to before me this _____

Day of _____, 20_____.

Signature of Notary Public

My commission expires on _____.



VERIFICATION OF EMPLOYMENT FORM (PCCMP)

*Attention: (This is the Verification of Employment Form for **PROVISIONAL** certification.)*

Directions: This form is to be completed by the **Personnel Officer** at the Applicant's **current** place of employment. Please type or print **ALL INFORMATION**; fill in every blank or check the appropriate boxes. Upon completion, **the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal.** The signature on the envelope should match the signature on the enclosed form. The Personnel Officer should then **return the sealed envelope to the Applicant** for submission to the Division.

1. Employment:

Applicant/Employee's Name & SSN	Applicant/Employee Name:
	Social Security Number: XXX-XX-_____ (Last 4 Digits)
Applicant/Employee's Place of Employment	Overall Agency/Organization/Facility Name:
	Applicant/Employee's Specific Programmatic Area:
Applicant/Employee's Date of Hire	
Applicant/Employee's Job Title	
Does the Applicant/Employee have responsibility for providing or supervising Case Management Services (or Support Coordination Services – for ID/DD Waiver providers only)?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation: _____

2. Background Check: (No one will be credentialed without proof of criminal background checks.)

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? YES NO (Provide explanation)

Explanation: _____

3. State Mental Health System Qualification: (Check the appropriate qualification).

- a. The applicant/employee **currently** works for an agency/organization **and** in a programmatic area which is **funded and/or certified** by the Mississippi Department of Mental Health. YES NO

- b. This applicant/employee **currently** works for a facility/organization which is **operated by** the Mississippi Department of Mental Health. YES NO

4. Personnel Officer Phone #: _____ Email: _____

Signature of Personnel Officer

Date

Certified Case Management Professional (CCMP)

Application Directions, Checklist & Forms

The information below includes:

- Overview of CCMP Requirements;
- CCMP General Application Directions;
- CCMP Application Checklist; and,
- CCMP Application Forms.

Before submitting an application, be sure to review the complete description of CCMP requirements and the complete application process for CCMP located in Chapters 1 through 10.

CCMP - General Requirements Overview

Requirements to apply for CCMP	Description
Employment	<ul style="list-style-type: none"> • Must be currently employed in Mississippi’s “state mental health system,” as defined in Chapter One. • If you are not sure you meet this requirement, please check with your Personnel Office. • Initial applicants (those applying <u>directly</u> for CCMP) must have responsibility for providing or supervising case management services as outlined in Chapter Three.
Education	<ul style="list-style-type: none"> • Refer to the Education Requirement for certification listed in Chapter Three. • If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program’s Director of Case Management Services and/or program Staff Development Officer (SDO).
Ethics	<ul style="list-style-type: none"> • All applicants must read and abide by the <i>DMH Principles of Ethical and Professional Conduct</i> located in Chapter Nine. It is the applicant’s responsibility to read these principles before signing and submitting the application.
Criminal Background Checks	<ul style="list-style-type: none"> • As part of the application process, PLACE ensures that employers have conducted background checks on individuals applying for DMH professional credentials. No one will be credentialed without proof of background checks.
Experience	<ul style="list-style-type: none"> • A minimum of one full year (12 months or its full-time equivalent) of supervised case management experience at a Mississippi state mental health system program is required. This experience may either be the provision or supervision of case management services. • Refer to Chapter Three for additional information.
Exam/Training	<ul style="list-style-type: none"> • Refer to Chapter Three for detailed information regarding the Exam/Training requirement.

CCMP – General Application Directions

General Application Directions

- Applicants should read all directions and application materials before beginning the application process. **Each application form has specific directions which must be followed.**
- Certain application forms must bear original signatures, as indicated on the form. Copies or faxes are not accepted.
- Please print or type the information requested on the application forms; typing is preferred. Be sure to provide all information requested. Every blank should have a response, even if it is “Not Applicable.”
- With the exception of the official transcript, all application materials must be submitted together in one application packet. The official transcript can either be included in the application packet or sent to the DMH Division of PLACE directly from the college/university. This is the only application piece which may be submitted separately.
- The official transcript must be submitted in a sealed college/university envelope and document that the educational requirement has been met. If sent to you, **do not open it** before placing it in your application packet.
- If you currently hold another DMH professional credential, and the DMH Division of PLACE already has an official copy of your transcript on file, you should designate this information in the appropriate space on the Application Form. If this is the case, submitting another official transcript is not necessary.
- All submission deadlines reflect the date received by the DMH Division of PLACE, not postmarked dates.
- The PLACE Review Board only considers complete applications; all application deficiencies must be resolved.
- Only forms prescribed by the DMH Division of PLACE may be utilized to apply for certification. Application forms may be changed without prior notice. The most current version should be utilized.
- Once submitted, all application materials become the property of DMH. Application materials will not be returned; the applicant should keep a copy of the application materials, except those under seal.
- All fees pertaining to DMH professional credentialing are nonrefundable and nontransferable. If an application or other credentialing fee is submitted in error, it will not be refunded.
- **Individuals who paid the application fee when applying for PCCMP DO NOT PAY this fee again when applying to UPGRADE to CCMP. However, individuals applying directly for CCMP (thus skipping PCCMP) must pay this one-time fee.** Refer to Chapters Four and Eight for additional information.
- No application is considered complete without the required fees.
- Processing of an application will cease upon return of a check due to insufficient funds.

CCMP – Application Packet Checklist

Before submitting your complete **CCMP** application packet (upgrade OR direct application), utilize this checklist to ensure that you have included all required application materials:

The **CCMP** application packet, at a minimum, must contain the following:

- CCMP Application Form – Pages 61, 62 and 63**
 - Must be properly notarized (includes both applicant **and** notary signatures)

- CCMP Verification of Employment Form – Page 64**
 - Must be completed by the Personnel Office at the applicant's current place of employment and placed in a signed/sealed envelope, according to the form's directions
 - Must show proof of current employment in Mississippi's "State Mental Health System"
 - **Initial applicants** (those applying directly for CCMP) - Must show designation of applicant having responsibility for providing or supervising case management services (or appropriate explanation)
 - Must show proof that Criminal Background Checks have been conducted

- CCMP Verification of Work Experience Form – Pages 65 and 66**
 - Must be completed by a qualified supervisor – refer to page 65; Item # 1
 - Must be placed in a signed/sealed envelope, according to the form's directions, and returned to the Applicant for inclusion with the CCMP application packet.

Depending on the CCMP applicant's situation, the following additional items may also be required; the inclusion of the following items will vary depending on the Applicant's need to pay the application fee and/or show proof of meeting the exam/training requirement:

- Official Transcript**
 - **If UPGRADING from PCCMP**, no additional transcript is required.
 - **IF applying DIRECTLY for CCMP (not upgrade):**
 - Include an official copy of your transcript(s) in your application packet **OR**
 - Have the college or university submit the official transcript(s) directly to the Division of PLACE **OR**
 - Designate on your Application Form that the Division of PLACE already has your official transcript(s) on file

- Application Fee (IF applying directly for CCMP, not upgrade from PCCMP) - \$30.00**
 - **If upgrading from PCCMP**, no application fee is required.
 - Individuals who paid the application fee when applying for PCCMP **DO NOT PAY** this fee again.
 - DO NOT pay the application fee twice; application fees are nonrefundable and nontransferable.

- **IF applying directly for CCMP (thus skipping PCCMP)**, you must pay the application fee.
 - Payable by check or money order to the “Mississippi Department of Mental Health”
 - **Cash is not accepted.**
 - Application fees are nonrefundable and nontransferable.

DMH Case Management Orientation Certificate/Record (if applicable) – EXAM/TRAINING OPTION ONE

- **DMH Case Management Orientation:** If the CCMP applicant is utilizing DMH Case Management Orientation to satisfy the Exam/Training requirement, a copy of the certificate/record documenting successful completion must be included in the CCMP application packet;
- **Submission of this information is the applicant’s responsibility.**

OR

Web-based Exam/Training Record (if applicable) – EXAM/TRAINING OPTION TWO

- **Web-based Exam/Training Component:**
- If the CCMP applicant is utilizing the **web-based exam/training component** to satisfy the Exam/Training requirement and he/she completed this training through DMH, no documentation is necessary; the Division maintains this information.
- Applicants who complete the web-based exam/training component **through a venue other than DMH** may be able to count it to satisfy the Exam/Training requirement; in this instance, the individual must provide satisfactory proof of successful completion, which is subject to PLACE Review Board approval.

Mail your complete application packet to:

Mississippi Department of Mental Health
 Division of Professional Licensure and Certification (PLACE)
 1101 Robert E. Lee Building
 239 North Lamar Street
 Jackson, MS 39201

APPLICATION FORM for Certified Case Management Professional (CCMP)

ATTENTION: (This is the Application Form for **FULL** Certification.)

Directions: This form is to be completed by the Applicant. Type or print **ALL INFORMATION**; fill in every blank and/or check the appropriate boxes. The application **MUST BE** properly notarized.

Check the appropriate box:

Initial Application - (Applicant is applying directly for full certification.)

OR

Upgrade Application - (Applicant is applying to upgrade from provisional to full certification.)

Personal Information

Mr.

1. a. Name: Ms. _____
 Dr. (Type or Print name EXACTLY as it should appear on the certificate.)

b. Name(s) used on Transcripts/Records if different from above: _____

2. Social Security Number: _____ - _____ - _____ 3. Gender: Male Female
(This is the only place your complete SSN is required. Everywhere else, indicate only the last four digits of your SSN.)

4. Date of Birth: ____/____/____

5.

<u>Home Street Address</u>	Street Address:		
<u>City, State, Zip</u>	City:	State:	Zip:
<u>County of Residence</u>			
<u>Home /Cell Telephone Numbers</u>	Home Number:	Cell Number:	
<u>Email Address (REQUIRED)</u>			

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **a functional email address is mandatory.**

Employment Information

6.

<u>CURRENT Place of Employment</u>			
<u>Employer's Street Address</u>	Street Address:		
<u>City, State, Zip</u>	City:	State:	Zip:
<u>Office Telephone Number</u>			

Applicant's Printed Name _____
 (Please type or print)

SSN: XXX-XX-_____
 (Last 4 Digits)

DMH Professional Credentialing Information

7.

Do you currently hold (or have you ever held) any DMH professional credential?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes," please list the type(s) of DMH Professional Credential(s) held, along with the credential expiration date(s) (if known)	Credential Type(s)	Expiration Date(s)

Educational/Official Transcript Information

Directions FOR THIS SECTION ONLY:
 If this is an **INITIAL APPLICATION**, you **MUST Complete** the Educational/Transcript Information below.
 If this is an **UPGRADE APPLICATION**, you **MAY Omit** the Educational/Transcript Information below.

8.

List all earned Degree(s) Title(s) & Major(s) (for example B.S. in Psychology)	
Date Degree(s) Awarded/Conferred (Month/Year)	
List the name(s) of <u>ALL</u> College/Universities from which you are submitting <u>official transcripts to show education requirement is met.</u>	
My official transcript(s) is/are included in this application packet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
My official transcript(s) is/are being mailed directly to PLACE by the educational institution.	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE already has an <u>official</u> copy of my transcript(s) on file.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Required Work Experience

A minimum of one full year (12 months or its full-time equivalent) of supervised case management experience in Mississippi's "state mental health system," which includes either the provision or supervision of case management services, as outlined in the *DMH Case Management Professional Standards & Requirements* document is required. **I have included Verification of Work Experience Form(s) from the following supervisor(s) to document my experience.**

<p>9. List the name(s) of each Supervisor who completed a Verification of Work Experience Form(s) for you.</p> <p>You may submit more than one Verification of Work Experience Form, if needed; list each supervisor's name separately.</p>	<p>Supervisor's Name(s):</p>
--	-------------------------------------

Applicant's Printed Name _____
(Please type or print)

SSN: XXX-XX-_____
(Last 4 Digits)

Exam/Training Component

10.

Which Exam/Training Component option did you complete?	<input type="checkbox"/> DMH Case Management Orientation (Option One) OR <input type="checkbox"/> Web-based Exam/Training Component (Option Two)
If you completed DMH Case Management Orientation (Exam/Training Option One), a copy of your DMH Case Management Orientation certificate/record of completion must be included.	A copy of my DMH Case Management Orientation Certificate/Record is included. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/> I completed the web-based Exam/Training Component.

APPLICATION MUST BE NOTARIZED BELOW:

-AFFIDAVIT-

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; that he/she has read the **DMH Case Management Professional Standards & Requirements** document and the **DMH Principles of Ethical & Professional Conduct** and will conform to these **Standards & Requirements and Principles**; that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned; and, that he/she understands that the application fee is nonrefundable/nontransferable.

Applicant's Signature

Subscribed and sworn to before me this _____

Day of _____, 20_____.

Signature of Notary Public

My commission expires on _____.



VERIFICATION OF EMPLOYMENT FORM (CCMP)

*Attention: (This is the Verification of Employment Form for **FULL** certification.)*

Directions: This form is to be completed by the **Personnel Officer** at the Applicant's **current** place of employment. Please type or print **ALL INFORMATION**; fill in every blank or check the appropriate boxes. Upon completion, **the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal.** The signature on the envelope should match the signature on the enclosed form. The Personnel Officer should then **return the sealed envelope to the Applicant** for submission to the Division.

1. Employment:

Applicant/Employee's Name & SSN	Applicant/Employee Name:
	Social Security Number: XXX-XX-_____ (Last 4 Digits)
Applicant/Employee's Place of Employment	Overall Agency/Organization/Facility Name:
	Applicant/Employee's Specific Programmatic Area:
Applicant/Employee's Date of Hire	
Applicant/Employee's Job Title	
Does the Applicant/Employee have responsibility for providing or supervising Case Management Services (or Support Coordination Services – for ID/DD Waiver providers only)?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation: _____
	This form is part of the applicant/employee's CCMP upgrade application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure

2. Background Check: (No one will be credentialed without proof of criminal background checks.)

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? YES NO (Provide explanation)

Explanation: _____

3. State Mental Health System Qualification: (Check the appropriate qualification).

a. The applicant/employee **currently** works for an agency/organization **and** in a programmatic area which is **funded and/or certified** by the Mississippi Department of Mental Health. YES NO

b. This applicant/employee **currently** works for a facility/organization which is **operated by** the Mississippi Department of Mental Health. YES NO

4. Personnel Officer Phone #: _____ Email: _____

Signature of Personnel Officer

Date

VERIFICATION OF WORK EXPERIENCE FORM for Certified Case Management Professional (CCMP)

GENERAL DIRECTIONS: Please type or print clearly ALL INFORMATION; fill in every blank and/or check the appropriate boxes. Specific Applicant and Supervisor instructions are listed below.

PART ONE – APPLICANT

Applicant’s Name: _____ **Social Security Number: XXX-XX-**_____ (Last 4 Digits)

Applicant Instructions:

- Complete your name and SSN above.
- Submit this form (**pages 65 and 66**) to your supervisor.
- If you have more than one supervisor under whom you completed your required work experience, submit a separate form for each supervisor.
- Once the form is completed by your supervisor, retrieve the form in a signed/sealed envelope from your supervisor and include in your application packet. **Do NOT open the sealed envelope.**

PART TWO- SUPERVISOR

Supervisor Instructions:

- Verify that you meet the supervisor qualifications to complete and sign this form; otherwise, return this form to the applicant.
- Complete ALL information below. If you make an error, mark through it, write the correction above or beside the error and initial the correction.
- Sign and date the form. Enclose the form (**pages 65 and 66**) in a sealed envelope; sign your name over the envelope’s seal. The form will not be accepted unless it is submitted in a signed/sealed envelope with the signature on the form matching the signature on the seal.
- This information will be kept confidential by the Division, although the Applicant may be informed as to whether the evaluation is generally favorable or unfavorable.
- **Return the completed form in a signed/sealed envelope to the applicant.**

1. SUPERVISOR’S Current Information:

<u>Supervisor’s</u> Name/Job Title	Supervisor Name:		
	Supervisor Job Title:		
<u>Supervisor’s</u> Qualification (Check One)	<input type="checkbox"/> Program’s Director of Case Management Services <i>(or Director of Support Coordination - for ID/DD Waiver providers only)</i> <input type="checkbox"/> Program’s Executive Director Designee allowed to verify Case Management Experience <i>(or Support Coordination Experience - for ID/DD Waiver providers only)</i> - This information must be on file with the Division of PLACE. <input type="checkbox"/> Program’s Executive Director		
<u>Supervisor’s</u> Place of Employment	Overall Agency/Organization/Facility Name:		
	Programmatic Area:		
<u>Business Street Address</u>			
City, State, Zip	City:	State:	Zip:
Business Contact Information	Phone:	Email:	

2. APPLICANT'S Information & Work Experience under the Supervisor:

Applicant's Name	
Dates When You Supervised the Applicant's Work Experience (Do not use "Current")	From _____ / _____ to _____ / _____ (Month/Year) (Month/Year)
Agency/Organization/Facility AND Programmatic Area where you supervised the Applicant's Work Experience	<input type="checkbox"/> Same as "Supervisor's Place of Employment" Listed in Item #1 on previous page OR <input type="checkbox"/> Different from "Supervisor's Place of Employment" Listed in Item #1 on previous page; List Agency & Programmatic Area Name/Address Here: Is this agency and programmatic area certified, funded and/or operated by the Mississippi Department of Mental Health? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure
Applicant's Job Title at the time of supervision	Job Title:
At the time of supervision, the Applicant was: (Check only one)	<input type="checkbox"/> A full-time employee (40 hours/week) <input type="checkbox"/> A part-time employee at _____%
Did the Applicant's duties include either the provision OR supervision of Case Management Services (and/or Support Coordination Services)?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation:
Describe the professional duties, including the <u>Case Management (and/or Support Coordination) duties</u> , the Applicant performed under your supervision. (Write on the back or add an attachment if needed.)	_____ _____ _____ _____ _____ _____

3. Supervisor Recommendation

Check ONLY ONE of the following statements; attach an explanation if you select the second or third option.

- I recommend**, without reservation, that the Applicant be considered for certification.

- As described in the attached explanation, **I recommend with some reservations**, that the Applicant be considered for certification. Explanation Attached

- As described in the attached explanation, **I do not recommend** that the Applicant be considered for certification. Explanation Attached

I acknowledge that I AM NOT a member of the applicant's family. I have read the foregoing statements and any document(s) attached, and to the best of my knowledge, the information contained in this form is true and correct.

Supervisor's Signature
DMH CMP Standards & Requirements

Date
Effective – January 1, 2011

