



Division of Community Behavioral Health

Mental Health Accreditation Application

Contact Information

Agency Name:
Address:
Telephone #:
Fax #:
E-mail Address:

Executive Director:
Address (if different from Agency):

Telephone # (if different from Agency):
Fax # (if different from Agency):
E-mail Address:

Designated Alternate to the Director (name and title):

Address (if different from Agency):

Telephone # (if different from Agency):
Fax # (if different from Agency):
E-mail Address:

Section I: Governance

Corporation Name of Applicant:
Federal Tax ID#:
DUNS #:
National Provider Identification (NPI):

Is the Agency a Business or Non-Profit ? (select one)

If making an application for a Non-Corporation, please identify the lines of authority:

1. Corporate Applicants: Provide a list of Board of Directors, including name, occupation, and any offices held on the Board.

Section II: Community Needs and Resource Assessment

(This needs to be completed only on new application agencies)

1. Provide a description of the community where services will be provided (proposed catchment area your agency will serve).
2. Provide the number of clients your agency could provide services to at any one point (including outpatient services, Child Youth and Family services, and CARE services).
3. Provide documentation that demonstrates that an adequate demand for services exists in the proposed catchment area.
4. Provide a list of existing community resources and other agencies providing similar services in the proposed area (include names and addresses of the agencies as well as names of your contacts within those agencies).
5. Include a description of the needs that still exist within the proposed catchment area, including gaps in services and how your agency would service to meet those needs or gaps in coordination with existing agencies in the area.
6. Provide letters of support from community members, agencies and referral sources.
7. Provide copies of any existing MOU's or cooperative agreements between your agency and other agencies within the proposed catchment area that provides similar services. Include a description of how your agency collaborates (formally and informally) with similar agencies in the community to provide comprehensive services to the community (for newly formed agencies discuss how your agency plans to establish these partnerships).

Section III: Personnel

1. Provide a list of current personnel indicating position held, qualifications, certifications/licensure (including expiration date), and percentage of time employed.
2. Provide Resumes for all supervisory staff as well as copies of certifications/licensure for all professional staff.

3. Provide an organization chart that reflects the agency's staffing requirements and lines of authority.

Section IV: Organization Guidelines

1. Provide a copy of the agency policy and procedures manual. (If previously provided only updated policies need to be sent)
2. Provide a copy of your strategic plan or action plan, which identifies goals and objectives, means with which to accomplish those goals, and staff involved.
3. If your agency has completed a self-assessment such as the COMPASS, please provide the date of the last self-assessment and a summary of findings from that assessment.

Section V: Budget and Finance

1. Provide a business plan that includes an executive summary, operations, marketing and financial management.
2. Provide a copy of the agency's annual report for the current fiscal year showing anticipated revenues and expenditures. The annual report should be an overview of the agency and include a summation of the services provided, program changes and goals accomplished.
3. Provide a copy of the agency's mental health services budget to include a cash flow sheet, income statement and a balance sheet. Anticipated revenues must be shown by source and expenditures must be shown by category. Newly formed agencies shall submit a report that includes start up costs, operating costs, sources of financial income, revenue projections and a monthly operating budget for the first year.
4. Existing agencies shall provide a copy of an annual entity-wide, independent financial audit and cost report. An auditor approved by the Auditor General to perform the audit shall conduct the audit in accordance with the Federal Office of Management and Budget (OMB) Circular A-133.
5. Provide a copy of the agency's Articles of Incorporation if required and the last corporate report filing required by the Secretary of state.
6. Provide a copy of current program fees and sliding fee schedule.
7. Provide documentation of insurance coverage, including professional liability insurance.

Section VI: Environment and Safety Report

1. For programs that are subject to the provisions of SDCL chapter 34-12, provide a copy of the agency's current license issued by the Department of Health, current environmental safety reports, and the National Fire Protection Association (NFPA) Life Safety Code inspection reports.
2. Provide copies of written policies for medication administration and control.

Section VII: Assurances

The applicant hereby signifies its intention and ability to comply with all applicable provisions of SDCL34-12 and 34-20-A and all rules adopted there under (Administrative Rules 46:20). The applicant gives assurances that it is in compliance with all applicable ordinances of the political subdivisions in which it is located. The applicant hereby agrees to provide access to the agency's premises, records and personnel to authorize representatives of the Department of Social Services for the purpose of determining compliance with standards or to investigate complaints brought against the applicant.

Authorized Signature

Date

Title of Position of Individual Signing

***Agencies must supply all information requested on the application. An incomplete application will be returned to the applicant and will not be considered until properly completed.**