



## Agency Policy

Policy Name: Licensure Requirements and Operational Standards for Congregate Care Providers and Private Child Placing Agencies

Chapter: 12

Policy Number: 1.12.1

Effective Date: 20 DEC 2024

Dear Potential Partners:

Thank you for your interest in learning more about MDCPS and the Congregate Care and Child Placing Agencies Operational Standards. Here you will find all the information required to become a contracted service provider with MDCPS. Please note that our regulations have been updated as of 2024 and MDCPS has also updated its foster care maintenance payments to reflect additional service provisions.

As a contracted congregate care and child placing agency partner, you will become a significant part of the MDCPS Continuum of Care. The MDCPS Continuum of Care (CoC) serves as a network of partnering agencies that work collectively to ensure that children are protected and are provided with a wide range of family centered services that meet their needs at any level of involvement with the child protection system. Ultimately, the CoC network of partner providers spans the entire spectrum of child protection services to include prevention services, medical and legal support, licensed foster homes and residential treatment settings to include contracted partner providers.

In addition to adhering to all requirements set forth within the related standards, contracted partners will also be required to utilize evidence-based treatment models of care to be approved by MDCPS as well as actively engage in bi-annual MDCPS Congregate Care Provider Scorecard Reviews.

Thank you for your commitment to partnering with MDCPS to meet the needs of the children we serve and care so deeply about.

Sincerely,

Andrea Sanders, J.D., L.M.S.W.

Commissioner, MDCPS

**1.0 Purpose.** The purpose of this policy is to provide guidance for licensure requirements for congregate care providers and private child placing agencies. This policy is supported by seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met (see Appendix below in paragraph 6 for list of procedures and links to each).

## **2.0 History of the Agency**

### **A. History of the Agency**

1) The Division of Family and Children's Services (DFCS) was designated by the Mississippi Legislature as the licensing authority for the Department of Human Services on July 1, 2000.

2) In March 2004, the Olivia Y. lawsuit was filed against Mississippi, MDHS, and DFCS. This case alleged that Mississippi's foster care system was failing to adequately protect and provide services to children in its custody. The Olivia Y. lawsuit is still ongoing, and the Mississippi Department of Child Protection Services (MDCPS) is now the defendant. As this litigation is ongoing, these licensure standards may be impacted.

3) On May 13, 2016, the legislature created MDCPS, and authorized MDCPS to carry out various duties and responsibilities of DFCS including the licensing of family foster homes, child-caring agencies, and child-placing agencies.

4) On July 1, 2023, MDCPS became a standalone agency. The Mississippi legislature has declared that MDCPS shall be the licensing authority for foster family homes, child-caring agencies, and child-placing agencies.

### **B. History of the Standards**

1) These policies are based on the Licensing Standards for Residential Childcare Partner Providers reviewed and adopted by the State Welfare Board on March 14, 1988.

2) In revising these standards, the Mississippi Department of Child Protection Services has utilized input from Partner Providers, Partner Provider staff, MDCPS staff, and received assistance from knowledgeable persons in the field of residential childcare.

C. Rule Changes. All requests for rule changes should be sent via email to the Director of Congregate Care at [congregate.care@mdcps.ms.gov](mailto:congregate.care@mdcps.ms.gov).

**3.0 Responsible Parties.** Questions concerning this policy should be directed to the Deputy Commissioner for Clinical Support.

#### **4.0 Policy.**

A. Legal basis for Authority. MDCPS is endowed with the power to create rules and regulations regarding:

- 1) Approving, extending, denying, suspending and revoking licenses for foster homes, residential child-caring agencies and child-placing agencies.
- 2) Conditional licenses, variances from department rules and exclusions.
- 3) Basic health and safety standards for licensees; and
- 4) Minimum administration and financial requirements for licensees.

B. MDCPS is authorized to:

- 1) Define information that must be submitted to the agency with an application for a license.
- 2) Establish guidelines for the administration and maintenance of client and service records, including staff qualifications and staff to client ratios;
- 3) Issue licenses in accordance with this article.
- 4) Conduct surveys and inspections of licensees and facilities.
- 5) Establish and collect licensure fees.
- 6) Investigate complaints regarding any licensee or facility.
- 7) Have access to all records, correspondence and financial data required to be maintained by a licensee or facility.
- 8) Have authority to interview any client, family member of a client, employee or officer of a licensee or facility.
- 9) Have authority to revoke, suspend or extend any license issued by MDCPS; and
- 10) Require a reduction in the number of children or increase in staff dependent upon the individual needs of the children placed in the facility or if the agency is currently under a Corrective Action Plan (CAP).

C. A Partner Provider is considered an agency that has complied with the outlined licensing standards and has obtained licensing through the Mississippi Department of Child Protection Services. MDCPS policy requires that Partner Providers who offer therapeutic services must be certified through the Mississippi Department of Mental Health.

D. These standards apply to Private Child Placing Agencies and Congregate Care settings who will accept admissions twenty-four (24) hours a day seven (7) days a week:

- 1) Therapeutic group homes

- 2) Intake and Assessment Centers / Emergency Shelters
- 3) Traditional group homes
- 4) Therapeutic foster care / Traditional foster care
- 5) Qualified Residential Treatment Programs (QRTP)
- 6) Teen Maternity Homes
- 7) Supervised independent living
- 8) Specialized group care for minors who are victims of human trafficking

E. These standards do not apply to childcare Partner Providers that operate exclusively as:

- 1) A facility or program owned or operated by an agency of the State of Mississippi or United States government.
- 2) A facility or program operated by or under an exclusive contract with the Mississippi Department of Corrections.
- 3) Schools and educational programs and facilities whose primary purpose is to provide a regular course of study necessary for advancement to a higher educational level or completion of a prescribed course of study, and which may, incident to such educational purposes, provide boarding facilities to the students of such programs.
- 4) Any residential child-caring agency or child-placing agency operated or conducted under the auspices of a religious institution and meeting the requirements or conditions of this section is exempt from the licensure requirements of this article under the following conditions:
  - a) Such religious institutions must have a tax-exempt status as a non-profit religious institution in accordance with Section 501(c) of the Internal Revenue Code of 1954, as amended, or the real property owned and exclusively occupied by the religious institution must be exempt from location taxation; and
  - b) The agency must not be in violation of state law regarding the abuse or neglect of any child served by such home who has been adjudicated by the youth court as an abused or neglected child.
  - c) Nothing in this rule will prohibit a congregate care child-caring agency or child-placing agency operated by or conducted under the auspices of a religious institution from obtaining a license pursuant to this article.
- 5) Placement of custody under a power of attorney executed under Mississippi Law.

F. Providers must follow MDCPS policies and procedures as prescribed herein, incorporated by reference and meet all requirements contained in MDCPS Administrative

Code. Contracted providers will be required to be a part of the MDCPS Continuum of Care.

1) The MDCPS Continuum of Care (CoC) serves as a network of partnering agencies that work collectively to ensure that children are protected and are provided with a wide range of family centered services that meets their needs at any level of involvement with the child protection system. Ultimately, the CoC network of partner providers spans the entire spectrum of child protection services to include prevention services, medical and legal supports, licensed foster homes and residential treatment settings.

2) When out of home placements have been deemed in the best interest of the child, the CoC ensures that children and youth are provided with quality therapeutic foster homes that are safe, licensed, child and family centered, and trauma informed. Moreover, the CoC-purpose is to establish and maintain a robust statewide partnership consisting of organizations that serve children and youth in foster care that are committed to significantly decreasing overall placement disruptions, reducing congregate care placements and achieving permanency.

3) As a part of the Continuum of Care, each partnering agency commits to its designated service role (according to contract) within the CoC and is required to engage in evidenced based practices that promote physical and psychological safety, shared parenting, a culture of trauma awareness, and actively collaborate with MDCPS regarding youth admissions and discharge transitions. In addition, CoC members agree to work diligently to ensure that youth are not denied admission and/or discharge based upon agreed contract criteria. Ultimately, CoC members actively coordinate with MDCPS and other members of the CoC regarding referrals, admissions, discharges, placement transitions and aftercare recommendations / services.

4) The Continuum of Care statewide partnership is comprised of dedicated organizations that serve children and youth in the following settings:

- a) Intake and Assessment Center
- b) Traditional Group Home
- c) Therapeutic Group Home
- d) Permanency Assessment Center (PAC)
- e) Adolescent Diversion Unit (ADU)
- f) Qualified Residential Treatment Program (QRTP)
- g) Supervised Independent Living
- h) Teen Maternity Home
- i) Specialized Group Care (SGC) for minors who are victims of Human (Sex) Trafficking

j) \*Traditional Foster Care

k) \*Therapeutic Foster Care

l) \*Adoption

(\*Serves as the least restrictive environment and a priority goal for permanency.)

5) Contracted providers will also be required to actively participate in the Congregate Care Provider Scorecard Bi-Annual Review. The Congregate Care Provider Scorecard and narrative can be found in Appendix 6.

G. Prohibition Against discrimination. Any provider accepting referrals from MDCPS must be in compliance with all laws and regulations pertaining to non-discrimination in order to receive and retain a license. All providers must adhere to all non-discrimination laws in order to be licensed by MDCPS.

H. Confidentiality. All providers must have procedures that safeguard the confidentiality of the personal, financial, and child records. Failure to maintain confidentiality is a violation of state law and may result in revocation of license.

I. Public Record. Information received by MDCPS through reports, complaints, investigations and inspections of a provider must be classified as public in accordance with Title 25, Chapter 61, Mississippi Code of 1972, Mississippi Public Records Act.

J. Required Notification to MDCPS. The provider must report all significant events and changes to MDCPS. The following changes must be reported before they take place:

- 1) A change in ownership or sponsorship.
- 2) A change in location.
- 3) A change in the name of the Partner Provider.
- 4) Any change in the structure of the living units of the facility.
- 5) A change in ages of population served.
- 6) A change in capacity, services, population served, or geographic area served.

K. The Partner Provider must make a report to Mississippi Centralized Intake and Assessment (MCIA) in the event of the death, abuse, severe accident, illness, hospitalization, runaway, kidnapping, suicide attempts, injury, neglect, exploitation or emergency medical attention of a child in care (Regularly scheduled doctor's visits such as dental, vision and / or psychiatric appointments are excluded and shall be updated in the client's file accordingly).

1) MCIA reporting options:

- a) MCIA Hotline at 1-800-222-8000

b) Online Reporting Tool: [www.mdcpms.gov](http://www.mdcpms.gov)

2) Reporting timeframes. All reports to MCIA shall be made within eight (8) hours of becoming aware of the incident. Reports of elopement shall be made within one (1) hour of becoming aware of the elopement to the following partners:

a) Local law enforcement

b) MCIA Hotline (1-800-222-8000)

c) MDCPS Human Trafficking Coordinator –  
[MCI\\_HTIRNotifications@mdcpms.gov](mailto:MCI_HTIRNotifications@mdcpms.gov)

d) MBI Statewide Human Trafficking Coordinator  
([ReportHT@dps.ms.gov](mailto:ReportHT@dps.ms.gov))

3) After making the initial report to MCIA, the provider must submit a Serious Incident Report (SIR) to the Congregate Care Department within 24 hours of the incident.

4) A copy of any of the above must be kept in the child's file.

L. A provider must have written procedures for evacuation of the facility in case of fire, natural disaster, active shooter or any other evacuation event at the facility. The provider must notify MDCPS, by any means of communication possible, as soon as possible, but no later than twenty-four (24) hours, particularly if children are moved to another location.

## **5.0 Regulatory Requirements**

A. Section 501(c) of the Internal Revenue Code of 1954

B. Miss. Code Ann. §43-26-1 and §43-15-105

C. Miss. Code Ann. §43-26-1 and §43-15-10

D. Miss. Code Ann. §43-15-111 (2017)

E. Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990

G. Miss. Code Ann. §43-15-261

H. Miss. Code Ann. §43-15-109

I. Miss. Code Ann. §43-21-353

J. Miss. Code Ann. §43-26-1 and §43-15-105

K. Title 25, Chapter 61, Mississippi Code of 1972, Mississippi Public Records Act

## **6.0 Appendix.**

A. Link to Policy for Licensure Requirements for Congregate Care Providers (Esper #1.12.1): [MDCPS Policy for Licensure of Congregate Care Providers \(Esper 1.12.1\)](#)

B. Link to Licensure Requirements for Congregate Care Providers: Provider and Licensure Requirements - 4.1 Provider and 4.2 Licensure Requirements (ESPER #2.12.1): [Licensure Requirements for Congregate Care Providers \(Procedures 1 and 2\) Esper 2.12.1](#)

C. Link to Licensure Requirements for Congregate Care Providers: Personnel Functions / Qualifications and Record keeping - 4.3 Personnel Functions/Qualifications and 4.4 Record keeping (ESPER #2.12.2): [Licensure Requirements for Congregate Care Providers \(Procedures 3 and 4\) Esper 2.12.2](#)

D. Link to Licensure Requirements for Congregate Care Providers: Admission and Care and Services - 4.5 Admission and 4.6 Care and Services (ESPER #2.12.3): [Licensure Requirements for Congregate Care Providers \(Procedures 5 and 6\) Esper 2.12.3](#)

E. Link to Licensure Requirements for Congregate Care Providers: Physical Facility and Traditional Group Homes and Therapeutic Group Homes - 4.7 Physical Facility and 4.8 Traditional Group Homes and Therapeutic Group Home Requirements (ESPER #2.12.4): [Licensure Requirements for Congregate Care Providers \(Procedures 7 and 8\) Esper 2.12.4](#)

F. Link to Licensure Requirements for Congregate Care Providers: Qualified Residential Treatment Programs, Teen Maternity Home, Supervised Independent Living for Youth Ages 18 and Older - 4.9 Qualified Residential Treatment Programs, 4.10 Prenatal and Parenting Teen Homes, 4.11 Supervised Independent Living for Youth Ages 18 and Older (ESPER #2.12.5): [Licensure Requirements for Congregate Care Providers \(Procedures 9-10-11\) Esper 2.12.5](#)

G. Link to Licensure Requirements for Congregate Care Providers - 4.12 Requirements for Private Childcare Agencies (ESPER #2.12.6) [Licensure Requirements for Congregate Care Providers \(Procedure 12\) Esper 2.12.6](#)

H. Link to Licensure Requirements for Congregate Care Providers – Requirements for Adoption Services, Intake and Assessment Centers, Permanency Assessment Centers, Adolescent Diversion Units / Access Units - 4.13 Requirements for Adoption Services, 4.14 Intake and Assessment Centers, 4.15 Permanency Assessment Centers, 4.16 Adolescent Diversion Units/Access Units (ESPER #2.12.7) [License Requirements for Congregate Care Providers \(Procedures 13-14-15-16\) Esper 2.12.7](#)

I. Link to the “Draft” Congregate Care – Level of Care Structure / Foster Care Maintenance Payment (ESPER #4.12.1) [Congregate Care - Level of Care Structure / Foster Care Maintenance Payment \(Esper 4.12.1\)](#)



J. Link to the Bi-Annual Review / Congregate Care Provider Scorecard (Esper #4.12.2)  
[Congregate Care Provider Scorecard / Bi-Annual Review \(Esper #4.12.2\)](#)

K. Link to the Foster Care Maintenance Payment (ESPER #4.12.3): [2024 Foster Care Board Payment Chart \(Esper #4.12.3\)](#)

L. Link to the Initial Application for Foster Care License (Esper #4.12.4): [MDCPS Application for Licensure \(Esper #4.12.4\)](#)

M. Link to the Renewal Application for Foster Care License (Esper #4.12. 5): [MDCPS Renewal Application for Licensure \(Esper #4.12.5\)](#)

N. Link to the Serious Incident Forms (Esper #4.19.9): [MDCPS Serious Incident Forms \(Esper #4.19.9\)](#)