

Standard Operating Procedure

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| Procedure Name: Licensure Requirements for Congregate Care - Provider and Licensure Requirements | Chapter: 12 |
| Procedure Number: 2.12.1 | Effective Date: 29 APR 2025 |

1.0 Purpose. The purpose of this procedure is to provide guidance for Partner Provider requirements, licensure requirements for congregate care Partner Providers, and private child placing agencies. This procedure is one of seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met to be a licensed Partner Provider.

2.0 Definitions.

3.0 Responsible Parties. Questions concerning this procedure should be directed to the Deputy Commissioners for Clinical Support. All requests for rule changes should be sent via email to the Director of Congregate Care at congregate.care@mdcps.ms.gov.

4.0 Procedure.

Procedure 4.1 - Partner Provider Requirements

A. Partner Provider Statement of Purpose. The Partner Provider must have a written statement of its philosophy, purpose, and program.

1) The statement must contain both a description of all the services the Partner Provider provides or expects to provide, the methods of service delivery, and a description of the geographical area it serves or intends to serve.

2) This statement will be available to MDCPS, referral sources, and other interested persons. The Partner Provider must adhere to all applicable MDCPS licensure requirements, which can be found in 4.2 Licensure Requirements below.

3) The services or programs must be provided under an organizational structure and treatment framework that involved understanding, recognizing, and responding to the effects of all types of traumas (to include complex trauma) in accordance with evidence-based principles of trauma specific interventions to address trauma's manifestations and facilitate healing.

B. Partner Provider Location. A Partner Provider must have an administrative office and staff located within the state. The location must provide adequate space for services. The Partner Provider must provide a room which offers privacy as a meeting place for adults and children to visit or prepare for adoptive or foster care placement.

C. Inspection of Partner Provider. A Partner Provider must allow MDCPS to inspect all aspects of a program and to interview any staff member or child at any time. MDCPS representatives must be admitted immediately and without delay and be given free access to all

areas of a facility, including the grounds. If any area of a facility is set aside for private use by the facility's owner, MDCPS representatives must verify that no children are present in that area and that the area is inaccessible to children. Any area to which children have or have had access to is presumed to be part of the facility and not the private area of the owner or operator.

D. Fees. If fees are charged, the Partner Provider must have a written policy on fees for services in keeping with the usual charges for similar services in the community. The fee policy must describe the relationship between fees and services provided and the conditions under which fees are charged or waived.

E. Events Requiring Written Notification. The Partner Provider must provide written notification to MDCPS within ten (10) calendar days of occurrences of the following:

- 1) A change in the Executive Director or Program Director.
- 2) Suspending or closing of any youth living facility.
- 3) Major remodeling, structure or maintenance changes.
- 4) Change in fees or charges for services.

F. Governance of Partner Provider. The Partner Provider must have a governing body which exercises authority over, and has responsibility for the operation, policy, and practices of the Partner Provider, and the Partner Provider must provide proof that they are in good standing with the Mississippi Secretary of State.

G. Responsibilities of Partner Provider Governing Body.

1) Conflicts of Interest.

a) The members of the governing body of non-profit organizations must refrain from direct administration or operation of the facility.

b) No employee of any public agency which regulates or purchases the services of a private Partner Provider or member of their immediate family may serve as a member of the Partner Provider's governing body.

c) The members of the governing body of non-profit organizations must have no direct or indirect financial interest in the assets, leases, business transactions or in current professional services of the Partner Provider.

2) Personnel.

a) The governing body must establish and utilize personnel practices for selection and retention of sufficient staff to operate the facility.

b) The governing body must ensure the employment of a qualified Executive Director and delegate responsibility to that person for the administration and operation of the Partner Provider.

c) The board must notify MDCPS when there is a change of the executive, or Chief Officer, of the board within three (3) business days of the change.

3) Administration.

a) The governing body must develop and follow policies for selection criteria of all members.

b) The governing body should meet as often as necessary with a minimum of two meetings a year. A quorum of its members must be present at all meetings. The quorum necessary to hold meetings should be defined in the by-laws but must be at least a majority of members of the governing body.

c) The governing body must establish and utilize policies and procedures for periodic evaluation of each of the Partner Provider's facilities and Partner Provider's services.

d) The board or its designee must obtain an amended license from MDCPS prior to:

i) Establishing a new childcare Partner Provider.

ii) Changing the purpose, goals or function of the basic program; or

iii) Extending services into additional program or geographic areas.

e) The board must ensure the establishment of written operating policies including, but not limited to:

i) Organizational structure.

ii) Administration of the organization.

iii) Personnel practices.

iv) Intake.

v) Discharge.

vi) Provision of services; and

vii) Behavior management practices.

f) The governing body must approve the annual budget of anticipated income and expenditures necessary to provide the services described in its statement of purpose. The governing body must also approve the annual financial audit report to ensure that the Partner Provider is adequately funded and fiscally sound by reviewing and approving the Partner Provider's annual budget or cost report.

4) Records

a) The governing body must maintain records in accordance with the Mississippi Secretary of State Non-Profit requirements:

i) Articles of Incorporation or another legal basis for existence.

ii) By-laws.

iii) Organizational structure.

iv) Name and position of person(s) authorized to sign agreements and submit official documents.

v) Board composition, including terms of membership.

vi) Purchase of service agreements and insurance coverage.

vii) Copies of investigation findings received from the office of the Director of the MDCPS Congregate Care Department; and

viii) Copies of any Corrective Action Plans created resulting from the investigation findings or licensure deficiency.

b) The governing body must maintain records of attendance and minutes of its meetings for five (5) years. This information must be made available to MDCPS upon request.

c) The governing body must retain a copy of all financial records and ledgers for a minimum of five (5) years. This information must be made available to MDCPS upon request.

d) The governing body must retain copies of all applicable accreditation and certification documents. This information must be made available to MDCPS upon request.

H. Partner Provider Finances.

1) The governing body and the Executive Director are responsible for the sensible use of the funds of the facility or Partner Provider. The Partner Provider must have the capital necessary for a six-month (6) period of operation. None of these funds may be direct state funds.

2) In order to receive state funding for service provision, the Partner Provider must be approved through the MDCPS Request for Proposal (RFP) process. The Partner Provider must prepare a written budget annually. Twenty-five percent (25%) of the projected budget resources must be in the Partner Provider's name and may not be direct state funds.

3) The Partner Provider must have financial records audited annually by an independent certified public accountant or by the appropriate government auditing authority.

Procedure 4.2 - Licensure.

A. Application for a Congregate Care License. Those interested in becoming licensed should contact the MDCPS Congregate Care Department. Upon receiving an inquiry, the MDCPS Congregate Care Department will send an application form and a copy of the current MDCPS requirements for Congregate Care Partner Providers within five business days.

1) Inquiries via email should be sent to: Congregate.Care@mdcps.ms.gov

2) Inquiries via mail should be addressed to:

Attention: Congregate Care Department
Mississippi Department of Child Protection Services
Post Office Box 352
Jackson, MS 39205-0352

B. An application for a Congregate Care license must be made on the forms provided by the Mississippi Department of Child Protection Services. Completed applications and accompanying materials must be sent via certified mail to:

Attention: Congregate Care Department
Mississippi Department of Child Protection Service
Post Office Box 352
Jackson, MS 39205-0352

C. Materials to Submit with Application. The following materials (to include a complete copy of the agency's policies) must accompany the initial application for a license:

1) Proof of good standing with the Formation of a Mississippi Nonprofit Corporation with the Mississippi Secretary of State.

- 2) For-profit Partner Provider-applicants must provide information on corporate structure, ownership and proprietary interest.
- 3) An original copy of the completed application form.
- 4) An original copy of the letter from the Partner Provider-applicant's Board of Directors authorizing the applicant to sign the application.
- 5) A list of the titles, names, and term expiration date of Board members.
- 6) A statement of purpose that specifies:
 - a) A description of the geographic area to be served.
 - b) The children to be accepted for placement or care (to include age range and gender(s);
 - c) A description of the services to be provided; and
 - d) The program goals and objectives.
- 7) Verification of six (6) months operating capital, which must not include state funds.
- 8) Current budget showing both expected expenses and sources of income.
- 9) Policies regarding fees and charges for services.
- 10) Staff organizational chart including names of all employees currently holding those positions.
- 11) A general description of each type of staff position proposed for the Partner Provider detailing qualification requirements, including any necessary credentials.
- 12) All organizational policy, including but not limited to, the personnel policies and admission/discharge policies.
- 13) Staff development and training plan that complies with the MDCPS training requirements.
- 14) Plan for providing care and services.

15) All forms that will be utilized by the Partner Provider, such as an intake application and placement agreement.

16) Certificate of compliance with the civil rights laws.

17) Most recent audit.

18) IRS Form 990.

19) A diagram of all structures of the facility showing compliance with square footage requirements and designated use of each room and location on grounds, any applicable building codes, and evidence of compliance with applicable codes.

20) Proof of fire, sanitation, and other hazardous condition inspections completed within the last three months.

21) Certification of occupancy requirements, elevator inspections, Occupational Safety and Health Administration codes, and all other applicable safety codes.

22) Current emergency policies and procedures for all natural or man-made disasters affecting the facility; and

23) Current insurance policy coverage including but not limited to:

a) Auto insurance for staff and volunteers who transport children.

b) Comprehensive general liability; and

c) Owner property insurance on the facility.

D. The applicant should retain the original copies of all materials submitted unless otherwise denoted above. The applicant should submit only copies of the requested documents unless otherwise denoted above. MDCPS will not be held responsible for loss of originals submitted with application.

E. Review of Initial Application

1) MDCPS will notify the applicant in writing within ten (10) calendar days acknowledging the receipt of the application. MDCPS will review the application and notify the applicant in writing of the results of the initial review within thirty (30) calendar days. If additional information or documents are needed for the application process, MDCPS will notify the applicant of the results of the initial review.

2) The applicant has thirty (30) calendar days to respond in writing to the additional information or documents requested by MDCPS to proceed with the application process. Ultimately, the applicant will have no more than two (2) opportunities to respond to the initial request for additional information. If there is no response by the applicant within the thirty (30) calendar days, MDCPS will proceed with closure of the application.

3) Within thirty (30) calendar days of confirmation of complete packet the on-site review will begin. This may include record reading, observation as well as other interviews.

F. Reapplication for a Congregate Care License. If an initial application for a license or application for renewal of a license is denied, a new application for licensure may not be filed for six (6) months from the date of denial. If a license is revoked, or applicant voluntarily requests closure, an application for a new license may not be filed for one (1) year from the date of revocation or closure. Any denials and/or revocation of a license may be appealed to the Director of Congregate Care Licensure in writing.

G. Renewal of a Congregate Care License

1) All Congregate Care settings shall be licensed for one (1) year, or annually. At least sixty (60) days before a congregate care license is set to expire, MDCPS should notify the Partner Provider and request completion of a license renewal application.

2) When the Partner Provider submits a timely application for renewal, the current license will remain in effect until the review is completed and MDCPS either issues a congregate care license or denies the application. Renewal must be accomplished prior to the expiration date of the current license. If the renewal application and all the required documents have not been received prior to the current license expiration date, the renewal license will be denied.

3) A renewal application must be sent with the following materials:

- a) A copy of the annual report published since the last license was issued.
- b) A list of names, titles, and term expiration of all Board members and specify the officers of the Board.
- c) The budget for the current fiscal year, which shows capital necessary for a twelve (12) month period of operation. The Partner Provider should provide proof that twenty-five percent (25%) of the current operating budget is available in the name of the Partner Provider, which must not include the MDCPS board payment.
- d) The most recent financial audit review is required for congregate care settings and the IRS Form 990 is required for child placing agencies.
- e) The names, classifications and qualifications of current staff and work schedule.
- f) Current staff organizational table, if changed since the last license was issued.

g) A description of any program review and evaluation, and changes in program content and purpose which have occurred since the last license was issued.

h) Any revisions in personnel policies that have been made since the last license was issued.

i) Current staff development and in-service training plan.

j) Program accreditation's, licenses with other states, and the licensure certificate.

k) For-profit Partner Providers must detail any changes in corporate structure, ownership or proprietary interest since the last license was issued.

l) A current copy of the required fire inspections performed in the last three (3) months.

m) Any changes in the diagram or designated use of any structure or room or locations on the campus of each Partner Provider.

n) A copy of current insurance policy coverage including but not limited to auto insurance for staff that transports children, comprehensive general liability, and owner property insurance on the facility;

o) A copy of policies regarding fees and charges for services to prospective adoptive parents (for adoption Partner Providers only).

H. Approval of an Application. The Congregate Care Department will issue a license only when the review shows the applicant substantially complies with all licensing regulations and requirements.

I. Denial of an Application

1) The Congregate Care Department must deny a license when the review shows that the applicant does not substantially comply with licensing regulations or requirements.

2) The Congregate Care Department will send written notice to the applicant giving the reasons for the denial of the license within thirty (30) days of denial.

3) Any denials and/or revocation of a license may be appealed to the Director of Congregate Care Licensure in writing. If an initial application for a license or application for renewal of a license is denied, a new application for licensure may not be filed for six (6) months from the date of denial.

J. Licensure Changes. All Partner Providers requesting licensure change must submit a request in writing to the Congregate Care Unit at congregate.care@mdcps.ms.gov at least sixty (60) days prior to the day the licensure change is needed. A new Partner Provider must be in operation for one (1) year before any changes can be made to the current license.

K. Provisions of the License

1) An initial license issued by MDCPS to a congregate care child caring placing agencies will be valid for two (2) years from the date of issuance unless revoked by MDCPS or voluntarily surrendered by the licensee.

2) Child placing agencies, licensing traditional and/or therapeutic foster homes, supervised independent living, and adoption agencies shall renew license every two (2) years.

3) For all congregate Care Licenses, the license must show the name of the Partner Provider and beginning and ending dates of the licensing period, the services provided under the license along with the facility capacity and ages of children approved.

4) For all Child Placing Agencies that license foster parents, the license must show the name of the Foster Parents, beginning and ending dates of the licensing period; the services provided under the license along with the license capacity and ages of children approved.

5) The number of children served, and the age range must not exceed the limits specified on the license.

6) A license is not transferable. The license applies only to the location and Partner Provider to whom it is issued, and the services approved. When a license is granted, it must be displayed in a prominent public place in the facility and congregate care child caring Partner Provider.

L. Allegations and Reports of Maltreatment in Care

1) All allegations of maltreatment in care, abuse, neglect, corporal punishment, must be reported to Mississippi Centralized Intake and Assessment (MCIA) 1-800-222-8000 or via the Online Reporting Tool (www.mdcps.ms.gov) regardless of whether the child is in the custody of MDCPS.

2) The Congregate Care Department will conduct a separate licensure investigation in all congregate care settings to determine whether the Partner Provider is in compliance with MDCPS's licensure standards within thirty (30) days following the safety investigation.

a) If any licensure standards violations are found, the Partner Provider must submit to MDCPS a Corrective Action Plan (CAP) within 10 days, including timeframes for undertaking the actions.

b) The Congregate Care Department will review the CAP and either approve it or return a request for revision. If the facility refuses to implement the CAP satisfactorily or fails to comply with the CAP and timeframes approved, MDCPS may revoke the license.

c) When a Partner Provider is placed on a CAP, the Congregate Care Department will monitor the facility for an identified timeframe to include announced or unannounced visits. These visits will occur at the discretion of the Congregate Care Department.

d) If the Partner Provider fails to comply with the CAP, MDCPS may revoke the Partner Provider's license.

e) In the event the allegation/investigation identifies an employee(s) involved in licensure violations and/or maltreatment, the employee may have no contact with children in MDCPS care pending the outcome of the investigation.

3) The child placing agency will conduct a separate investigation upon receipt of a child maltreatment report in the identified foster home to determine whether any foster home is at risk of harm, and any licensing standard related to child safety is not being met/violated within thirty (30) days of the independent investigation by the safety investigation. A copy of the investigation findings shall be provided to the MDCPS Congregate Care Unit.

a) The Congregate Care Director will send the MDCPS Partner Provider Licensure Investigation Form to any Child Placing Agency after receiving notification of an investigation. This must be completed and returned within thirty (30) days.

b) If any licensure standard violations are found, the Partner Provider must submit to MDCPS a Corrective Action Plan (CAP), including timeframes for undertaking the actions.

c) The Congregate Care Department will review the CAP and either approve it or return a request for revision. If the foster home refuses to implement the CAP satisfactorily or fails to comply with the CAP and approved timeframes, the Child Placing Agency may revoke the license. The MDCPS Congregate Care Unit may request copies of all documents within the file(s), including but not limited to criminal background, fingerprint, central registry and sex offender checks.

d) When a foster home is placed on a CAP, the Congregate Care Department and the Child Placing Agency will monitor the foster home for an identified timeframe to include announced or unannounced visits. These visits will occur at the discretion of the Child Placing Agency and the Congregate Care Department. Child Placing Agencies shall respond to all CAPs within ten (10) business days following receipt of CAP.

e) In the event that the allegation/investigation identifies a foster parent(s) or household member(s) involved in licensure violations and/or maltreatment, the Partner Provider shall submit a written safety plan accordingly to be approved by MDCPS.

M. Revocation of a License. The Partner Provider's license may be immediately revoked if the following occurs:

1) If evidence is found that a Partner Provider has provided false information to MDCPS (income, staff, documents, etc.).

- 2) If the renewal application and all the required documents for licensing have not been received prior to the current license expiration date.
- 3) If evidence of abuse, neglect, degrading punishment, corporal punishment, or other maltreatment of children in custody is found.
- 4) If the facility refuses to implement the CAP satisfactorily or fails to comply with the CAP and time frames approved.

N. On-Site Visits. MDCPS Congregate Care staff and/or other MDCPS staff may make scheduled or unannounced visits to a Partner Provider or foster home. During an on-site visit, MDCPS staff may interview youth placed at the facility or foster home and review all records pertaining to licensing.

O. Special Safety Review for Three or More Reports within Ninety (90) Days.

1) The Congregate Care Department may undertake a special safety review including an unannounced site visit, of all foster homes, group homes, and other congregate care facilities that house children in custody with ***three (3) or more repeated reports of maltreatment and/or licensure violations, including corporal punishment, within a ninety (90) time frame*** to determine whether any children placed in those settings are at risk of harm and any licensing standards related to child safety are not being met. Special safety reviews are in addition to any previous/current correction action plan(s).

2) The Congregate Care Department will schedule an initial meeting with the Partner Provider's Executive Director to develop plans to effectively mitigate any ongoing reports of maltreatment. The Congregate Care Department may also interview children at the home or facility as well as other residents and staff of the home or facility. It is imperative that the Partner Provider cooperate and not prevent access to the residents and/or employees that are currently residing and/or working in the facility.

3) Any necessary corrective actions will be identified, and the facility must have ten (10) days to submit a CAP to MDCPS that includes timeframes for undertaking the actions.

5.0 Regulatory Requirements

- A. Miss. Code Ann. §43-15-105(1)(d)
- B. Miss. Code Ann. §43-15-105(1)(d)
- C. Miss. Code Ann. §43-15-105
- D. Miss. Code Ann. §43-15-105(1)(d)
- E. Miss. Code Ann. §43-15-105

F. Miss. Code Ann. §43-15-105

G. Miss. Code Ann. §43-15-5(2) and §43-15-105

H. Miss. Code Ann. §43-15-105 and §Miss. Code Ann. 43-15-107

I. Miss. Code Ann. §43-15-105 and § 43-15-113

J. Miss. Code Ann. §43-15-105

K. Miss. Code Ann. §43-15-107, §43-15-113, §43-15-119, and §43-15-123

L. Miss. Code Ann. §43-15-115

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 \(Esper #4.19.9\)](#)