Ohio Department of Mental Health

Community Mental Health Agency

Application for Certification and Deemed Status

5122-24 to 5122-29 of the Ohio Administrative Code

Please mail this application packet to:

ODMH, Office of Licensure and Certification
30 E. Broad St., Suite 742,
Columbus, Ohio 43215

Check One	Certification Number	National Provider Identifier
○ Initial ○ Renewal		

Legal Name of Agency and, if applicable, any fictitious (DBA) name			
Administrative Street Address for Legal Notice	City	State OH	Zip Code
County	Telephone Number	Fax Number	

○ Executive Director, ○ CEO, or ○ President (Please Specify)	E-Mail Address	
Contact Person and Title	Contact Person E-Mail Address	Contact Person Telephone

List each Board with which you have a contract.

Please check the box for each mental health service for which the applicant is applying to be certified. Each of the services listed below is described in Chapter 5122-29.

- ☐ Behavioral Health Counseling & Therapy [5122-29-03] *
- ☐ Mental Health Assessment [5122-29-04] *
- ☐ Pharmacologic Management [5122-29-05] *
- ☐ Partial Hospitalization [5122-29-06]
- ☐ Forensic Evaluation [5122-29-07]
- ☐ Behavioral Health Hotline [5122-29-08]
- ☐ Crisis Intervention Mental Health [5122-29-10]
- ☐ Employment/Vocational [5122-29-11]
- ☐ Adult Educational [5122-29-13]
- ☐ Social and Recreational [5122-29-14]
- ☐ Self Help/Peer Support [5122-29-15]
- ☐ Consumer Operated [5122-29-16]
- ☐ Community Psych Supportive Treatment (CPST) [5122-29-17] *
- ☐ Inpatient Psychiatric [5122-29-18]
- ☐ Consultation [5122-29-19]
- ☐ Prevention [5122-29-20]
- ☐ Mental Health Education [5122-29-21]
- ☐ Referral and Information [5122-29-22]
- ☐ Adjunctive Therapy [5122-29-23]
- ☐ Occupational Therapy [5122-29-24]
- ☐ School Psychology [5122-29-25]
- ☐ Other Mental Health [5122-29-27]
- ☐ Intensive Home Based Treatment (IHBT) [5122-29-28]
- ☐ Assertive Community Treatment (ACT) [5122-29-29]
- ☐ Health Home Service for Persons with Serious and Persistent Mental Illness [5122-29-33] **

*Required for Health Home Service 5122-29-33

**Supplemental Application form DMH-7010 is required

Name of Agency:

Place a check to indicate whether or not the agency uses the following Special Treatment and Safety measures in accordance with Rules 5122-26-16 through 5122-26-16.3		
☐ Yes	Agency policies and procedures **prohibit** the use of seclusion and all types of restraint (if checked, skip below to Declaration)	
☐ Yes	☐ No	Physical Restraint
☐ Yes	☐ No	Seclusion
☐ Yes	☐ No	Mechanical Restraint (If 'Yes', what types of Mechanical Restraint?)

DECLARATION

I understand that this application, including all attachments, for Certification and Deemed Status to provide Community Mental Health Services and activities in accordance with Ohio Administrative Code 5122-24 through 5122-29 represents our compliance with the requirements of the laws of the State of Ohio and the Ohio Administrative Code. Compliance includes the preparation and implementation of the required policies and procedures. I declare that the information given in this application, attachments and supporting documentation is true to the best of my knowledge and belief.

Name of Executive Director/CEO/President or Designee (Please Print)

Signature

Date

Name and Title of Applicant Governing Body Representative (Please Print)

Signature of Applicant Governing Body Representative (Optional)

Date

Name of Agency: _____

Attachment 1 DS

The Agency must submit all of the following documentation as part of the application. For each item please use a check to indicate that the documentation is attached or use N/A to indicate that an item is not applicable.

New Agencies

☐ Description of agency's Purpose, Mission, and Goals [5122-25-04(A)(1)(a)(vi)]

All Agencies

☐ Application for Certification and Deemed Status of Community Mental Health Agencies

☐ Attachment 1 DS, Application for Certification and Deemed Status of Community Mental Health Agencies

☐ Attachment 2 DS, Site Addresses for Mental Health Services

Yes	N/A	
☐	☐	Waiver and Variance documentation and request(s), if applicable [5122-25-04 (A)(1)(d)] and (5122-25-06)
☐	☐	Other Mental Health Services documentation, to include the name of the service(s), a brief description of the service(s), and a letter of approval from the community mental health board, if applicable [5122-25-04 (A)(1)(f) and 5122-29-27 (B)]

Please submit copies of the following documentation if your agency has not yet been granted deemed status for its current accreditation cycle.

Yes	N/A	
☐	☐	Certificate or license awarded by the accrediting body [5122-25-03 (B)(1)]
☐	☐	Accreditation award notification letter [5122-25-03 (B)(2)] *(CARF & COA: lists accredited programs/services & includes expiration date)* *(TJC: lists manual – Comprehensive Accreditation Manual for BHC & includes effective date)*
☐	☐	Each of the accrediting body's survey reports and any modifications made to the survey report [5122-25-03 (B)(3)]. *An agency is **not** required to submit its response to the survey report, e.g., Quality Improvement Plan (QIP), Pre-Commission Report Response, Measure of Success (MOS), and Evidence of Standards Compliance (ESC).* **Please use a check to indicate which of the following is/are attached:**

CARF	COA	TJC
☐ Final Survey Report (FSR)	☐ Pre-Commission Report (PCR) or evidence of expedited accreditation	☐ Final Survey Report (FSR)
☐ Modifications to FSR, if applicable	☐ Final Accreditation Report (FAR)	☐ Modifications to FSR, if applicable
	☐ Modifications to PCR or FAR, if applicable	

Ohio Department of Mental Health

Name of Agency:

Attachment 2 DS - Addresses and Mental Health Services

Please complete the following for each address at which the agency provides mental health services. Copy this form as needed. The agency may submit a computer printout if it contains all of the required information.

Street Address	City	Zip	County	Telephone No.	Is Site currently ODMH Certified?		Is Site currently Accredited?	
					Yes	No	Yes	No
1.					☐	☐	☐	☐
2.					☐	☐	☐	☐
3.					☐	☐	☐	☐
4.					☐	☐	☐	☐
5.					☐	☐	☐	☐
6.					☐	☐	☐	☐
7.					☐	☐	☐	☐
8.					☐	☐	☐	☐
9.					☐	☐	☐	☐
10.					☐	☐	☐	☐