



Eric Holcomb, Governor  
State of Indiana

***Division of Mental Health and Addiction***  
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## **REQUIREMENTS FOR RENEWAL AS A COMMUNITY MENTAL HEALTH CENTER 440 IAC 4.1**

A community mental health center (CMHC) means a program of services that is approved by the Division of Mental Health and Addiction; is organized for the purpose of providing multiple services for persons with mental illness or a chronic addictive disorder; and is operated by a governmental or municipal entity, a nonprofit corporation incorporated in Indiana or another state, or a university or college. (IC 12-7-2-38)

***Please submit the following documentation for renewal of your CMHC:***

1. Application for Certification, State Form 48161.
2. A copy of the medical services director's license as a physician licensed to practice in Indiana.
3. Direct Care Staff Report, State Form 5339. You do not need to submit copies of licenses.
4. List of all governing board members and the counties they represent. Please include a written, signed, and dated statement verifying consumer representation as required by 440 IAC 4.1- 2-2 (c) (2). Please do not include the name of the consumer representative.
5. A copy of the most recent annual audit and financial management letter prepared by an independent certified public accountant in accordance with general accounting principles. Agencies operated by a unit of government may submit a copy of the State Board of Accounts most recent audit and report.
6. Documentation of proof of general liability insurance in the minimum amount of \$500,000 for bodily injury and property damage.
7. Copy of procedures to ensure protection of client rights according to IC 12-27 and confidentiality (IC 16-39).
8. Full accreditation reports, including required written responses to the site survey recommendations, in compliance with 440 IAC 4.1-2-4 (f) through (h).
9. "Summary Sheet of Contracted Services" State Form 53365 for each agency providing contracting services. **Please provide copies of contracts.**
10. "Chart of Providers' Sites and Services—Applicant and Subcontractors," Sate Form 53360.
11. "Request for Approval to Subcontract with a For Profit Agency," State Form 53366—Please submit as applicable for each subcontract you have with a for profit agency to provide components of the continuum of care. **Please provide copies of each subcontract.**
11. Any and all existing waivers from DMHA

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