

Title 23: Division of Medicaid

Part 207: Institutional Long Term Care

Part 207 Chapter 4: Psychiatric Residential Treatment Facility

Rule 4.2 Provider Enrollment

Enrollment into the Medicaid program requires each provider to comply with the requirements outlined Part 200, Chapter 4, Rule 4.8, in addition to the following provider type specific requirements:

- A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES).
- B. Board of Director's (Commissioner's) Resolution form, letter of signature authority, or copy of minutes indicating signature authority.
- C. Written confirmation from the IRS confirming your tax identification number and legal business name.
- D. CLIA certificate and completed certification form.
- E. Accreditation by one of the following;
 - 1. Joint Commission on Accreditation of Health Care Organization (JCAHO),
 - 2. Council on Accreditation (COA) of Services for Families and Children,
 - 3. Commission on Accreditation of Rehabilitation Facilities, or
 - 4. Any other accrediting organization with comparable standards recognized by the state of Mississippi or by the state where services are provided that ensure the facility is in compliance with the federal Conditions of Participation (COPs).

Source: Miss. Code Ann. §§ 43-13-121; 43-13-117; 43-13-118; 43-13-129; 42 C.F.R. § 441, Subpart D; 42 C.F.R. § 441.151.

History: Revised eff. 12/01/2025.