Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
2.4.D.3.a	Opioid Treatment Services	Additional requirements for entities seeking certification	yes		In order to provide greater access to these facilities while still having the department weigh the benefits of a new or added facility against services in the immediate area, replace subsections 5, 6, and 7 with revised language, removing the letters of support	Acadia (New Approved Provider)		No revision. DMH believes that letters of support are crucial to verify local support for the potential program.
3.1	Core Services	Core Services for DMH/C and DMH/P	yes		Day treatment and Peer Support Services in particular, but also the other services may not be able to be provided in every county throughout the catchment area. This requirement is not equitable across CMHC providers, as some CMHC's contain as few as 2 counties, and some contain 9+. Also, it may not be fiscally or clinically feasible/necessary to operate day treatment and peer support programs in every county. Unless DMH can guarantee funding that will be provided to the CMHC to provide this service in every county, this requirement represents an unfunded mandate.	Region 12 (Donna English)		Revision. The word "provided" has been changed to "offer" or "made available". Day Treatment section uses the language "Offered".
5.1.B	General	Waiver Submission	no		Can a waiver letter be submitted from the department director rather than the executive director	Southern Healthcare (Leigh Horton)		No, Waivers must be submitted by the Ex Director
6.1	General	Suspensions or Terminations	no		Can a provider appeal a suspension or a freeze (new people cannot be referred to them for one reason or another)	Southern Healthcare (Leigh Horton)		No, This is not a certification action. This is a programmatic action. There will be no revision.
6.2.F	General	Appeals	yes		Can the DMH attorney request additional information too? Or just the Deputy Director?	Southern Healthcare (Leigh Horton)		Request for additional information will come from the Deputy Director
7.2	Technical Assistance	TA requests	yes		technical assistance to applicants…. Is this referring to new applicants or existing providers?	Southern Healthcare (Leigh Horton)		TA can only be requested by approved or certified providers.
8.1.B.4	Governing Authority	Make up of the Governing Authority	no		can the governing authority consist of any owners of the company? Or the president or vice-president?	Southern Healthcare (Leigh Horton)		The make up of the governing authority is only regulated for corporate non-profits, charitable or governmental boards/ commissions. Please reference Rule 8.1.B

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
9.A.2	Quality Management Committee	Responsible for oversight and collection of performance measures, written analysis of SIR, periodic analysis of client level data collection, review of Recovery/ Resiliency Activities and oversight of development and implementation of POC	yes		Not sure of the purpose of this committee. DMH already requires an annual operational plan and state reporting. Performance measures are addressed at the programmatic level, plans of compliance are reviewed by the Executive Director before submission, and serious incidents are monitored internally.	Region 6 (Phaedra Cole) and CMHC Association		Revision to remove the QA Committee requirement and add requirement to develop policies and procedures for quality assurance
9.A.2	Quality Management Committee	Responsible for oversight and collection of performance measures, written analysis of SIR, periodic analysis of client level data collection, review of Recovery/ Resiliency Activities and oversight of development and implementation of POC	yes		Refers to agency wide recovery and resiliency activities – does this apply to IDD providers as well?	Southern Healthcare (Leigh Horton)		Revision to remove the QA Committee requirement and add requirement to develop policies and procedures for quality assurance
11.2.E	Background Checks	Required for all employees and volunteers, completed at least every 5 years for employees hired after the effective date of the standards	yes		It is an administrative burden, costly and unnecessary to do repeat criminal background checks every 5 years for employees. Unless we have reason to suspect an individual has been convicted of a crime which may bar him or her from continuing employment with us (self-report of a conviction, unexplained lengthy absence, or other substantiated report or suspicion), there should be no reason to re-do criminal employee background checks during uninterrupted employment. Another alternative would be random background checks on 5% of the staff annually but only if other state agencies and private providers have similar requirements.	Region 12 (Donna English)		Revisions to include checks at hire and development of policies and procedures to ensure ongoing monitoring of incidents that may effect an employee's reported status.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
11.2.E	Personnel Records	Background Checks	yes		Please provide clarification about the steps to follow to comply with requirement due to FBI statements that providers do not have statutory authority to receive the CHRI	Region 7 (Karen Frye)		The has been no feedback from Department of Public Safety to date. DMH will not revise the requirement until concrete evidence has been received that current policies need updating. We will continue to work to resolve this issue.
11.2.D	Personnel Records	Copy of valid drivers license and insurance for all designated drivers	yes		what if the person is not being transported anywhere? Can we request a waiver or is this a hard requirement for all DSPs and nurses?	Southern Healthcare (Leigh Horton)		Driver's license and insurance are only required for designated drivers. Waivers can be requested if employee does not meet the requirement.
11.2.E	Background Checks	Required for all employees and volunteers, completed at least every 5 years for employees hired after the effective date of the standards	yes		Are institutions required to do background checks at any other time than at hire for the 8K DMH employees?	Region 12 (Jerry Mayo)		Revisions to include checks at hire and development of policies and procedures to ensure ongoing monitoring of incidents that may effect an employee's reported status.
11.2.E and 12.1.	Background Checks and Fingerprinting and General Orientation	Required for all employees and volunteers	yes		We frequently have requests from volunteers to help out for short periods of time. However, current regulations require that these individuals be drug screened, fingerprinted and attend all training required of new employees. Consequently, we do not utilize volunteers, who can be a valuable resource. It would be more practical to mandate that volunteers must be supervised at all times and shall never be utilized to replace an employee.	Region 6 (Phaedra Cole)		Revisions of language to cover supervision of volunteers that have not attended orientation or completed backgrounds. Volunteers must never be utilized to replace an employee.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
11.3.I	Qualifications of Staff	Therapy services	no		This requirement obliterates the opportunity to incorporate Master's level interns from qualified universities in the delivery of services and training of new therapists. This has resulted in a decrease in the number and availability of qualified therapists in an already limited workforce. Since universities work closely with CMHC's when placing interns working on their Master's degrees in psychology or a related field, we request that we be allowed to return to the practice of being able to obtain a waiver for the interns to provide therapy under the supervision of a licensed/certified CMHC staff and the University program.	Region 12 (Donna English)		No revision. Waivers can be submitted but DMH approval of a waiver does not waive a Medicaid requirements. Waivers can also be submitted to the Division of Medicaid.
11.3.R	Qualifications of Staff	In Home Respite	no		should in-home respite be included here since it doesn't have to be provided by a nurse?	Southern Healthcare (Leigh Horton)		This is not an exhaustive list
11.3.W	Qualifications of Staff	Family members are prohibited from providing services to another family member except HCS, In Home Respite and Host Home Services	yes		no waiver from DMH required for family members anymore?	Southern Healthcare (Leigh Horton)		Correct. Language has been added to address agency files for family members of HCS or In Home Respite
11.4.B	Qualifications of Staff	Behavior Support and Crisis Intervention; Behavior Interventionist.	yes		This standard should allow for reasonable accommodations due to temporary or permanent disabilities and allow for some direct support staff to hold the relational certification for Mandt but not have the ability and/or certification to perform restraints according to Mandt if the agency deems it appropriate and safe for clients and other staff to accommodate within a particular worksite/environment.	Region 12 (Donna English)		Yes, but the agency must have policies and procedures to provide staff coverage to meet the needs of the individual receiving services.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
12	Training and Staff Development	Training and Staff Development	yes		Training should be job specific and determined by CMHC leadership. As an example, IT and accounting personnel should not be required to be trained on abuse and neglect.	Region 12 (Donna English)		No revision. Only topics are required for General Orientation, agencies can customize the training itself or add to the list as needed. Staff Training Plans and Continuing Education Plans are determined by the provider and are job specific. DMH believes it is important for all provider staff to be trained on recognizing and reporting suspected abuse, neglect or exploitation in accordance with state law.
12.1.B. 12-13	General Orientation Requirements	General Orientation provided/ completed within 30 days of hire	yes		There has been some mention of adding principles of positive behavior support to General Orientation. Not all employees are direct care workers and have no need for this training. Also, individuals with a bachelor's or master's degree have covered this skill in their respective educational training. Supervisors can incorporate this training into continuing education plans as needed.	Region 6 (Phaedra Cole)		No revision. DMH believes that it is important for all provider staff to be trained on the basic principles of positive behavior support. These basic principles can be supported by educational training.
12.1	General Orientation Requirements	Basic standards of ethical and professional conduct	no		This is a burdensome and unnecessary requirement because all professionally licensed individuals receive training on basic standards of ethical and professional conduct both in their college programs as well as during clinical licensure supervision. They also must have it for continuing education purposes to renew their licensures, so it seems redundant for us to provide something during orientation when they must have it to get and maintain their licensures.	Region 12 (Donna English)		No revisions. DMH believes that staff can never receive too much training on ethical principles. Not all staff attending orientation have a professional license or a college degree but should understand ethical boundaries.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
12.1.C	General Orientation Requirements	Additional requirement for direct care staff to be certified in CPR	yes		Consider having 60 days to obtain the certification for new hires as long as other staff at the location are CPR certified	Region 7 (Karen Frye)		Revisions made to clarify direct service staff in Community Living Programs must have certification before service delivery, all other direct care staff within 30 days as long as other staff at the location are CPR certified.
12.3	Continuing Education Plans	Continuing Education Plans required minimum hours	no		30 hours of annual continuing education exceeds the number of CEUs mandated by independent licenses such as LPCs, who only require 24 hours per year. DMH requirements should not exceed those of independent licensures.	Region 6 (Phaedra Cole) and CMHC Association		No revision. Requirement is 30 hours every 2 years not annually
12.3.A	Continuing Education Plans	Continuing Education Plans required minimum hours	no		is there a certain amount of hours of continuing education that administrative assists and other staff must have? Personnel records person? Payroll?	Southern Healthcare (Leigh Horton)		Amount of continuing education is determined by the agency.
12.4	Continuing Education Plans	Continuing Education Plans specific to each position classification	yes		The content of continuing education plans need to be left to the discretion of the supervisor. Mandating certain components, such as Wraparound, every year prevents the supervisor from being able to tailor the training to specific needs of the employees	Region 6 (Phaedra Cole) and CMHC Association		No revision. Does not require that each component be addressed annually. Agencies can personalize plans to meet the needs of the staff.
12.4.A.1	Continuing Education Plans	Continuing Education Plans specific to each position classification	yes		crisis intervention and prevention – do staff not working directly with people need this training? Office staff where people are not receiving services	Southern Healthcare (Leigh Horton)		Revised language to apply to direct service staff only
13.2	Local Fire, Health and Safety Codes	Documentation that programs meet local fire, health and safety codes	no		Provider owned facilities, including residential facilities, should not have standards any different than other providers of similar housing and facilities. If DMH is providing the funding for the facilities, then perhaps there is merit but otherwise all owners, providers or otherwise, should have the same requirements.	Region 12 (Donna English)		No revision. Locations owned by the agency that are not certified by DMH or do not receive DMH grant funds do not have to adhere to standards. Certified programs or location must adhere to all applicable standards.

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13.2.A.1	Local Health Inspections	Documentation that programs meet local fire, health and safety codes	yes		Local Health Departments are refusing to conduct Health Inspections, stating they no longer provide this service.	Region 12 (Donna English)		No revision. Provider Bulletin PR 014 clarified the DMH requirements of inspections from the MS State Department of Health. Only programs certified as Crisis Stabilization Units providing Crisis Stabilization Services and programs certified as Primary Residential programs are required to be inspected by MSDH.
13.3.A	Exits	Diagrams of escape routes	yes		It seems overly burdensome from an administrative standpoint to train on exiting the facility and documenting on a quarterly basis. Upon admission and documentation of routine safety drills should suffice.	Region 12 (Donna English)		No revision. Fire drills can count as training.
13.3.G	Exterior Doors	Exterior doors with key operated locks	yes		Does this mean that an apartment/house door must remain unlocked if the resident is home but can be locked when they leave? So the best time to break-in to commit a crime is when the resident is at home. Really no break-in is required. You can just walk through the door. Of course, there is an exclusion if it is not provider owned, in which case the resident can lock it as they desire so anyone contemplating a crime must pick the best time to enter. Item 3 goes on to say that staff inside the building can have a key to a door that is not to be locked as specified in the …1 inch letters….sign mentioned in 1 above as long as the building is occupied. The staff is inside the building with a key to an unlocked door.	Region 12 (Donna English)		This standards excludes community living programs including Supported Living Services, Shared Supported Living, Supervised Living and Host Homes.
13.4.D	Safe and Sanitary Conditions	Safety reviews on a monthly basis	yes		This monthly review conflicts with the annual review required in 13.7.C extinguishers in vehicles	Hudspeth Regional Center		No revision. Monthly reviews are conducted by staff, annual reviews are conducted by certified entity such as state or local fire inspectors

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
13.4.D	Safe and Sanitary Conditions	Safety reviews on a monthly basis	yes		There are no floor plans or diagrams in apartments so where is this listed	Hudspeth Regional Center		Fire/ smoke detectors should be checked monthly and listed on the Safety Log
13.7.B.2	Transportation of Individuals	For IDD Services, at least one staff for every 6 individuals; additional staff for 7-12 individuals; additional staff required if individual utilize a wheelchair	no		Comment: We have long seen this Rule as very restrictive and not aiding in meeting the CMS Final Rule on Community. The experiences of citizens without intellectual disabilities who use a wheelchair for mobility would never include not being able to travel to a place of their chose without an additional person in the vehicle. The Rule would fit more in the restrictive environment of an institution. The survey we completed and letter sent requesting a review of the Rule is attached; Brandi's Hope Request for review of wheelchair transport rule". It addresses what other providers in Mississippi feel about the Rule and providers from several other states say about the Rule. The safety of the person is no less taken into consideration without the additional staff than with the additional staff. The provider would need to make a judgement on issue like a person being ill when being transported, but that would be the same consideration use for a person in our supports who does not use a wheelchair. One might argue that the wheelchair itself would come lose without the knowledge of the driver, but with the advent of better self-locking tie downs that is unlikely. The issue would be better addressed by training on transporting wheelchairs appropriately and locking them down than having additional staff to watch a chair that never comes unlocked.	Brandi's Hope (Danny Cowart)		Revision to remove ratio. Include statement of adequate staff to meet the needs of individuals being transported.

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13.7.F.6	Transportation of Individuals	Availability of additional staff to assist with transportation if the needs of the individual warrant additional assistance			All providers of community services nationwide face one crucial challenge; keeping quality DSPs. At a meeting in Washington D.C. with CMS, The State of Ohio Private Provider Association Rep asked the question “how many providers represented by the 40+ states in attendance are fully staffed”. No provider, out of hundreds in the room, raised their hands to signify they were. The Rule does not mention a particular service, so two DSPs would be needed to take a person to a job, to a movie and etc. in whatever service that person is receiving. Families/providers of HCS have a difficult task just finding one DSP for the service.	Brandi's Hope (Danny Cowart)		Revise to remove ratio. Include statement of adequate staff to meet the needs of individuals being transported.
13.8	Medication Control		yes		Request setting procedures for self administration; use of trained DSP (Medical technician). Rule needs to reflect what typical people do in true community settings	Brandi's Hope (Danny Cowart)		No revision. This issue is a requirement of Nurse Practice Act and not in the control of DMH. There is no allowance for trained DSPs as medical technicians. DMH continues to try to address this concern.
13.8.A	Medication Control		yes		Does this mean a nurse is now required to administer/ supervise our people taking medication? What happens to them self administering their medication	Hudspeth Regional Center		Administration refers to actually giving them medication. People take their medicine with staff assistance. This issue is a requirement of Nurse Practice Act and not in the control of DMH. DMH continues to try to address this concern.
14.1.A.19	Rights of Individuals	Right to visitors	yes		All residential facilities need visitation polices and times. Folks living in the community may desire and need broader policies but some guidance may still be warranted.	Region 12 (Donna English)		Agencies may develop internal policies and procedures to establish criteria for visitation.

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15	Serious Incidents	Serious Incidents	yes		The criteria for submitting serious incident reports are excessive. The review and actions, if any are required, should be managed at the CMHCs. The exception would be serious injury or death at a certified site which should be investigated by DMH.	Region 12 (Donna English)		No revisions. As the certifying agency, DMH must be made aware of all serious incidents as defined by the standards.
15.1.A.2	Serious Incidents	SIR reported within 24 hours	no		Consumers can come and go from day programs and outpatient offices before, during or after appointments and often do. This is not going to get you what you desire.	Region 12 (Donna English)		No revision. Only unexplained or unanticipated absences must be reported.
15.1.A.4	Serious Incidents	SIR for Emergency Room Treatment	yes		please consider an exception clause related to the submission of SIR for emergency room "Treatment" when non-emergency treatment is received in the ER due to inability to pay, outside of primary care hours, individual chooses services there.	Region 7 (Karen Frye)		Revision to remove the word "room" from #4 to clarify intent.
15.1.A.4	Serious Incidents	SIR for Emergency Room Treatment	yes		We will not be aware of every occasion of an individual receiving services receiving ER treatment. Does this mean if receiving services while physically at a facility, or while in the presence of staff providing services?	Region 12 (Donna English)		Yes.
15.2.A.3	Serious Incidents	Reporting within 8 hours to DMH suspicions of abuse or neglect	yes		Remove this rule; we are mandated by law to report to DHS immediately. It is redundant, adds unnecessary confusion about reporting procedures and may interfere/ compromise DHS's statutory authority to respond to reports	Region 7 (Karen Frye)		No revision. As the certifying agency, DMH must be made aware of all reports of suspicion of abuse or neglect or exploitation in addition to reporting to DHS.
15.3.P	Serious Incidents	Training on reporting Abuse or Neglect	yes		does there need to be training on reporting abuse and neglect in addition to what people get through the college of direct support?	Southern Healthcare (Leigh Horton)		No revisions. Documentation must be maintained that staff acknowledge receiving abuse, neglect or exploitation training

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16.2.B.3.c	Admissions to Services	IDD Waiver Services, additional referrals not made for agencies that deny services	yes		We were not of the impression that Support Coordination made referrals. It is our impression that the consumer/family choose from the providers available. The fact that one consumer can't be served does not preclude service to other consumers. Does this not limit the consumers' choices to the provider that might best meet their needs?	Region 12 (Donna English)		Revision to language to reflect that SC will not offer the agency as a choice if they are denying admission based on needed level of support
16.5.G	Service and Program Design	Service environments that are safe and conducive to positive learning and life experiences, dealing with disruptive behaviors	yes		says "behavioral issues of the individual and/or families/guardians" – what is this referring to? Isn't it just supposed to be a plan about the person?	Southern Healthcare (Leigh Horton)		No revision
16.5.N	? There is not an N		no		should the provider or providers collaborate with the person and SC on behavior issues or concerns?	Southern Healthcare (Leigh Horton)		This is addressed in 16.5.H

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16.8.G	Closing Cases	For AD records, cases must be closed when no contacts are recorded for 90 days	no		Clinical charts should be closed for clinical reasons. Often, cases are being closed by staff to prevent from having to complete the various updates/forms mandated for active clients. Clients frequently drop out of service only to return at a later time. Having to reopen the case and complete other paperwork only serves to restrict access and delay services. We should be able to resume services immediately and schedule that individual with their direct care worker. This is particularly true for the A&D population as they are the most likely to drop out of services only to show back up months later. The direct care worker can make note of any significant changes since the last appointment.	Region 6 (Phaedra Cole) and CMHC Association		No revision. BADS believes that no contact with an individual in substance abuse services for 90 day can drastically change the circumstances the individual is in and the planning for services and supports. Therefore the case must be closed and reopened when services are sought again. If Substance Abuse services are sought again before 1 year the provider can use the Readmission Assessment Update to re open the case. For MH and IDD records, no contact for 12 months will result in annual paperwork, including the Consent to Services, to expire and no longer be valid. the CDR also requires that individual information be updated at least every 365 days. Therefore, cases with no contact for 12 months must be closed.
16.9.A	Assessments	must be seen by licensed physician, etc. to certify that services are medically necessary; at least annually	no		This requirement is burdensome and difficult for most mental health centers to meet, due to a lack of licensed staff in this state. We request that this standard either be changed to allow licensed staff identified in the standard to review and sign off on ISPs that are prepared by master's level therapists (who. At a minimum, meet DMH certification requirements) or include DMH's CMHT credential as a professional who is able to meet this requirement and perform this duty.	Region 12 (Donna English)		No revision. Standard is based on law and Medicaid Administrative Code.

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16.9.G	Adult MH	Approved Functional Assessment within 30 days			We also would like the assessment for adults to be within 90 days, as opposed to 30 days.	Region 6 (Phaedra Cole) and CMHC Association		No revisions. The Functional Assessment should be used in planning for services and supports. An individual's ISP must be determined before the suggested 90 day mark.
16.9.H	CY MH	CAFAS Functional Assessment within 30 days and repeated every 6 months	yes		Service providers for children and adolescents are required to complete the CAFAS within 30 days and again every 6 months. A separate six month periodic assessment is also required. There is no need to do both every six months. The CAFAS could be done annually. Prior authorizations are being completed at a minimum every six months for most services. This authorization could take place of the 6 month periodic assessment. Also, the CAFAS is very time consuming, and it is all but impossible to meet the 30 day requirement without doing it at intake. The intake is already taking close to two hours (one hour of which we are not getting reimbursed). We suggest requiring it within 90 days or using it in place of the intake.	Region 6 (Phaedra Cole) and CMHC Association		No revision, Division of Children and Youth will provide guidance on incorporating and implementing the CAFAS in conjunction with the Initial Assessment and the Periodic Staffing in training. DMH has been working with DOM and their subcontractors to include the CAFAS as part of the prior authorization process.
17.2.C.2.i	Service Planning	Plan of Services and Supports	yes		won't the SC or TCM be the one to monitor the implementation of the PSS every time?	Southern Healthcare (Leigh Horton)		Will be addressed in training
17.2.F.4.aa.1	Service Planning	Plan of Services and Supports	yes		will all of this information be in the PSS or be attached in individual plans? How is a need identified and assessed? Is this referring to behaviors or actions? Or modifications? Who is responsible for this? Will the provider get a copy of it all? Unclear	Southern Healthcare (Leigh Horton)		Will be addressed in training
17.2.F.4.x and aa.7	Service Planning	Plan of Services and Supports	yes		aren't these basically the same?	Southern Healthcare (Leigh Horton)		Will be addressed in training
19.1-4	Crisis Response Services	Services, Staffing, Coordination and Documentation	yes		Additional standards for MCERT therapists have been proposed such as how to deal with inclement weather, that staff cannot drink or take drugs while on call, etc.. All of these standards are commonsense issues that do not need to put into the standards.	Region 6 (Phaedra Cole) and CMHC Association		The information referenced in the comment was included in recommendations from a Crisis Response Workgroup on Safety. It is not a standards requirement.

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19.6.X and Y	Crisis Stabilization	CSU Environment and Safety	yes		Is CSU a community living program? Is this requirement in the correct place? X an Y could be combined into one statement.	Region 12 (Donna English)		No, CSU is not a community living service, it is crisis residential services. Standards will be combined
19.8.R.1	Crisis Response Services	Crisis Intervention	no		what if the person is living in their family home and only receive in-home services?	Southern Healthcare (Leigh Horton)		No revision
20.1.D	Community Support Services	Priority Groups offered CSS within 14 days, provided unless refused	no		CSS services are only reimbursed by Medicaid, and require prior authorization from Medicaid's designee, Cenpatico. It is not appropriate to require that CSS services be offered to all individuals with SMI or SED when this service may not be reimbursed or seen as medically necessary by Medicaid/its designated decision makers.	Region 12 (Donna English)		No revision. CSS is only required to be offered within 14 days to the most high risk priority groups of individuals, not all SMI or SED.
21.1.A-B	Psychiatric/ Physician Services	Priority Groups must be provided P/P services within 14 day of Initial Assessment unless refused	yes		This standard is extremely burdensome to carry out. There is a paucity of available psychiatric time in this state (indeed, around the nation), and it is extremely difficult for an agency to guarantee that someone will be offered services within 14 days of intake. This standard does not reflect industry standards of operation. We request that the timeframe be extended on this requirement and that DMH work with Medicaid to increase the reimbursement rate for psychiatric/MD time, so that CMHC's are able to be more competitive in their ability to recruit and hire qualified psychiatrists/MDs.	Region 12 (Donna English)		No revision. Due to the high risk nature of the priority groups, these timelines can not be extended.
22.1.H	Outpatient Services	DMH/C providers of Outpatient Services to CY must offer at least one therapist in each public school district	no		While we work tirelessly to provide services within each school district, it is conceivable that school districts would agree to house a therapist, but there be no way to reimburse services. This standard needs to take into account how services will be reimbursed, so that the CMHC is not required to provide a service that cannot be adequately reimbursed.	Region 12 (Donna English)		Revision to add DMH/P providers to the requirement. Revision of the language to clarify therapy services be offered not a "therapist".

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22.4.C.1	Adolescent IOP	Group Therapy must be offered over the course of at least 10 weeks for 6.5 hours per week	yes		ASAM standard reflect 6 hours of group per week. The extra .5 time required in this standard does not meet national standards, and in the case of adolescents, adds to the challenge of being able to provide effective A/D services while insuring that the youth and his/her family are able to increase their ability to spend time together, function as a family unit, and carry out activities in the evenings/weekends that help them to be prosocial in their homes and their communities. We suggest this standard reflect ASAM standards and be set at 6 hours per week.	Region 12 (Donna English)		No revision. The 6.5 hour requirement is a reduction from the 10 hour requirement which was previously in effect. DMH consulted with both CARF and ASAM experts, both agreed that the state requirement should exceed the minimum ASAM or CARF standard with this difficult to treat population.
22.4.C.4	Adolescent IOP	Providers utilizing EBP must show verification of staff training	yes		This seems to discourage use of EBPs. There is no specification of what to use but if you use an EBP DMH is going to require more. This is an example of micromanagement and discounting the services we provide and the integrity of agency leadership.	Region 12 (Donna English)		No revision. In order for EBP to be implemented correctly and to fidelity agency staff must be trained.
24.1.B	Psychosocial Rehabilitation Services	Curriculum based interventions	no		Currently, paper and pencil curriculum based interventions are all that's allowed for PSR. A combination of the former "Clubhouse Model" along side the paper and pencil evidence based programs would be of the most benefit to the people that we serve, preventing them from feeling like they were "in school" all day in addition to promoting wellness activities and the development and preservation of adaptive daily living skills	Region 1 (Lisa Phelps)		This will be addressed in training
24.2.C	Senior PSR	All individuals in the program must voluntarily submit an application for the program	No		This verbiage seems unnecessary, as all PSR services are on a voluntary basis.	Region 12 (Donna English)		Removed standard

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
26.1.K	Day Treatment Services	DMH must be notified if programs are not running for over 30 days and certificate must be returned if not running for 60 days	no		Eliminate the rule that requires CMHCs to close day treatment programs that have not been running for 60 days. The primary reason that these programs are not running for that length of time is staff turnover. Once we find a suitable employee to take over the program, we have to wait for DMH staff to make an on-site visit to recertify the program. Nothing has changed about the program. It has simply been a matter of hiring another staff member. This policy delays services and creates unnecessary work and travel for DMH staff.	Region 6 (Phaedra Cole) and CMHC Association		No revision. Onsite review is not required before the program can start, they must submit an application if the program was closed and an Initial 90 Day Certification is issued within 30 days. DMH will consider extensions needed for staff turnover on a case by case basis. Waivers can be submitted if needed.
26.1.O	Day Treatment Services	Day Treatment Services must be separate from academic	no		In the overall treatment of children eligible for day treatment, an academic component to assist children in addressing their severe behavioral disturbances needs to be allowed to treat that child's entire scope of difficulties. This aspect has always been lacking and puts the CMHC in the position of displaying an apathetic attitude toward that child's academic success in the most restrictive outpatient environment. Further, a recreational component should also be allowed to treat the entire child's overall well being which research has proven over and over to be so important to mental health	Region 1 (Lisa Phelps)		No revision. DMH, DOM and the Department of Education feel strongly that therapeutic interventions be separate and distinct from educational activities. Limited recreational activities can be included if a component of the positive reinforcement program.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
26.1.R	Day Treatment Services	Day Treatment services must operate with a minimum of 4 and maximum of 10 children/youth	no		Clarification is needed regarding this standard. Does this standard indicate that a minimum of 4 children/youth must be on roll for the program? Or does it indicate that if less than 4 children/youth attend a program on one day (i.e., perhaps 6 are on roll, but 3 of the children/youth are ill on a particular day), CMHCs are unable to bill for the day treatment services they provided that day because less than 4 were in attendance (even if more than 4 are on a consistent roll)? Obviously, not being able to bill for the services provided when less than 4 children/youth attend can be very costly to CMHCs who are attempting to provide intensive services. We suggest that the standard reflect that at least 4 children/youth must be on a permanent roster.	Region 12 (Donna English)		No revision. DOM Administrative Code requires a minimum of 4 children/youth participate in Day Treatment Services to create a therapeutic milieu. The standards requires that the roll/roster not exceed 10. Billing questions should be directed to the Division of Medicaid.
27.1.C	IDD Day Services	Day Services- Adult	yes		Request that the group size for Community Inclusion Activity be up to (4) rather than (3).	Brandi's Hope (Danny Cowart)		No revision. This is a requirement of the CMS Waiver Ammendment.The request will be considered at the next CMS Waiver Submission.
27.1.E	IDD Day Services	Day Services- Adult	yes		could this sentence be re-worded to be more simple?	Southern Healthcare (Leigh Horton)		No revision
27.1.FF(?)	IDD Day Services	Day Services- Adult	yes		should community respite be included here?	Southern Healthcare (Leigh Horton)		No, no revision needed.
27.1.G	IDD Day Services	Day Services- Adult	no		“toileting and hygiene needs” – could this be “personal care needs”? this is in most of the IDD services	Southern Healthcare (Leigh Horton)		Revision made to the language.
27.2	IDD Day Services	Community Respite	yes		isn’t the number of hours of Community Respite based on the PSS or staff ratio based on ICAP score? Does an activity support plan need to be written for the service?	Southern Healthcare (Leigh Horton)		Revisions. The number of Community Respite hours is addressed on the PSS. Community Respite is a 2 staff to 8 individuals ratio. Community Respite does need an Activity Support Plan, this was clarified.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
27.2.	IDD Day Services	Community Respite	yes		is community integration a component of CR?	Southern Healthcare (Leigh Horton)		No.
27.3.H	IDD Day Services	Prevocational Services	yes		Community Job exploration must be offered to each person at least one time per month, and can be provided individually or in groups of three. If MIDD were to take 3 people on each job exploration it would take 13 trips each month. This would be very difficult given the staffing pattern and vehicles assigned to our workshops. Suggests once a quarter or once every other month	Hudspeth Regional Center		No revision. Community Job exploration is an important component of prevocational services.
27.3.K	IDD Day Services	Prevocational Services	yes		Annual orientation to inform individuals about Supported Employment opportunities. Orientation to SE is discussed at the PSS by the Support Coordinator. Could Pre voc staff, who would be at the PSS, document coverage of SE opportunities for their files. This could be outlined in p/p.	Hudspeth Regional Center		No Revision, this is a requirement of the CMS Waiver Amendment.
27.3.J	IDD Day Services	Prevocational Services	yes		does PV have an activity support plan? What is the "written plan"?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
27.3.Q	IDD Day Services	Prevocational Services	no		can't people receiving PV also receive Community Respite?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
27.3.R	IDD Day Services	Prevocational Services	yes		can't someone be 16 and go to PV?	Southern Healthcare (Leigh Horton)		No Revision. Individuals must be at least 18 and not enrolled in a public education program
27.3.T	IDD Day Services	Prevocational Services	yes		Community activities cannot be comprised of persons receiving PVS and persons from other services. If PVS and DSA can not ride together it creates an even greater difficulty to accomplish the monthly requirement mentioned above	Hudspeth Regional Center		No revision. Prevocational outings should be job exploration and DSA outings are community activities, so the intent of the outings are different. They can be combined if the intent of the activity is the same.
27.3.U	IDD Day Services	Prevocational Services	yes		maybe re-word	Southern Healthcare (Leigh Horton)		No revision
27.4.H	IDD Day Services	Job Discovery	yes		some of these items are repetitious; is the age 21 or 18??	Southern Healthcare (Leigh Horton)		Revision to clarify the language in #7

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
27.5.A	IDD Day Services	Supported Employment	yes		How can the SC determine how many persons a SE Specialist can adequately serve? This appears to remove the workshop staff from the decision making process	Hudspeth Regional Center		No revision. The referral process first involves referral to VR. After that process is complete, the workshop staff would respond to the SC referral in terms of ability to provide the service. Other service providers could be chosen by the person
27.5.T	IDD Day Services	Supported Employment	yes		"all staff involved" - who is this referring to?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
27.5.H.3	IDD Day Services	Supported Employment	yes		90 hours for how long?	Southern Healthcare (Leigh Horton)		90 hours per certification year. Revision to clarify the language.
27.5.J	IDD Day Services	Supported Employment	yes		"habilitation sites" – don't we call these "day program sites" now?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
27.5.J	IDD Day Services	Supported Employment	yes		Transportation will be provided by SE Specialist. Referencing the above concern, this could be a problem. If we are responsible, will HRC have to pay for transportation such as public transportation	Hudspeth Regional Center		Yes, the rate for Supported Employment includes transportation so the provider is responsible for transportation however it is provided. The individual can not be made to pay for transportation.
27.5.R	IDD Day Services	Supported Employment	no		why take out the "at the same time" phrase?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
27.5.T	IDD Day Services	Supported Employment	yes		doesn't this apply to all ID/DD Waiver Services???? Attending the PSS meeting	Southern Healthcare (Leigh Horton)		Revision. Standard was Remove
27.5	IDD Day Services	Supported Employment	yes		Are Supported Employment hours determined by the ICAP or PSS?	Southern Healthcare (Leigh Horton)		SE hours are determined by the person, the team, employer and recommendations from Voc Rehab.
27.6.H	IDD Day Services	Work Activity Services	no		Written statements from each pay period does not currently include hours worked. Can this be provided in a separate report per person (this would take a lot of time) or be available on request?	Hudspeth Regional Center		Revision. Requirement removed.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
27.6	IDD Day Services	Work Activity Services	yes		does work activity have an Activity Support Plan?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
30.1.F.7	IDD Supervised Living	Supervised Living written financial agreements	yes		Why would the provider be the entity responsible for the person's next living option if the person has been evicted from their current living arrangement? So, does this mean if the person has harmed another person in the home and the provider cannot arrange for another living option the person must remain in the home? The Rule has too much vagueness.	Brandi's Hope (Danny Cowart)		Revised wording to include collaborating with SC to arrange appropriate replacement living options
30.1.E.8	IDD Supervised Living	Individuals must be afforded rights outlined in the Landlord Tenant Laws of MS	yes		The Tenant laws of the State do not require that the landlord find someone an alternative living arrangement if evicted. We need to be assured that the resources are availed to us as provider to have the alternative living arrangements.	Brandi's Hope (Danny Cowart)		Revised wording to include collaborating with SC to arrange appropriate replacement living options
30.1.J	IDD Supervised Living	Required Supervision of IDD Waiver Supervised Living Homes	yes		Requesting clarification on term "location". How does this effect Apartment complexes with multiple SL homes at a single complex	Hudspeth Regional Center		Revision to clarify the language.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
30.1.J	IDD Supervised Living	Required Supervision of IDD Waiver Supervised Living Homes	yes		Supervisors may or may not be allowed to attend the Plan of Services and Supports. Then someone in our company is required to write the Activity Support Plans with notes written by a DSP who may or may not “know the person best”. And who may or may not have note taking skills. Or who may write notes in such a way to limit what they are required to do with the person. Someone from the State will then check on our Supervisors, which I thought was our Directors’ duty. Not only will the State now check on them, but have stated in this rule what they consider must be done in the practice to ensure that the tasks are done. We the company will be held accountable for the tasks being done, which we do not plan and may not know what communication has taken place with our DSPs let alone the persons we are supporting. Some of our best supervisors are not Bachelor Degree level personnel. The persons have exceptional commitment and competencies in the supervision of DSPs. We require completion of training in Supervisory Best Practice. This rule would make much more difficult to find committed supervisors for the weekends and nights shifts.	Brandi's Hope (Danny Cowart)		No revision. The required Supervision component over the 4 Supervised Living Homes in this standard requires a Bachelors Degree. Supervisors of DSP weekend or night shifts do not require a Bachelor's degree. These are two separate functions.
30.1.J	IDD Supervised Living	Required Supervision of IDD Waiver Supervised Living Homes	yes		Current program managers do not meet this requirement. What does 4 locations/sites/homes mean? Is it 4 apartments in a single apartment complex or 4 different apartment complexes? How will this impact Crosscreek? Can a manager be over both Supervised and Supported programs? If so then how are homes counted?	Hudspeth Regional Center		No revision. Supported Living programs do not have a supervision requirement. Regardless of other duries assigned, a supervisor can not manage more then 4 homes. DMH will work with programs transitioning from Supervised to Shared Supported Living.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
30.1.K	IDD Supervised Living	Individuals must have control over their personal resources	yes		The last line of this Rule would be impossible if you follow the first two lines of the Rule. CMS final rule could not possibly have at its final meaning to put the person at risk of being without food, clothing, housing or other basic needs. The Mississippi Office of the Social Security Administration has recognized this and wants a representative payee for accountability of the Social Security funds. It allows access to the funds for the person while balancing the need for oversight. If this Rule's interpretation is that the Providers of Supervised Living cannot be the person's Representative Payee, the Rule would be in conflict with what the Social Security Representative Payee personnel directed us to do. I have come to believe it is not possible to keep accurate records of a person's finances without being their payee.	Brandi's Hope (Danny Cowart)		No revision. DMH will seek an opinion from the Social Security Administration for resolution to this issue. However, at this time, the standard is not being revised.
30.1.M	IDD Waiver Services	IDD Supervised Living	yes		When will we get ICAP Scores so we will know where to move people?	Hudspeth Regional Center		Once all of the ICAP data is collected it will be released to providers, estimated for August or September.
30.2.DD	IDD Supervised Living	Lockable bedroom entrances	yes		Locked bedroom doors do not duplicate a home like environment. We would have to purchase 18 lockable handles to meet this standard.	Hudspeth Regional Center		No revision. Locks are not required to be key locks, can be normal residential door knobs.
30.2.EE	IDD Supervised Living	Choice of roommates	yes		Does this mean from here forward and if not how do we go back and offer this choice when roommates are already established	Hudspeth Regional Center		Both current (by asking if they are happy with current roommate) and going forward. If individual does not want to live with current roommate, efforts must be made to change to satisfy individual's desires.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
30.4.G	IDD Supported Living	Supports can not exceed 8 hours per 24 hour period	yes		What about hospital stays, special events out of town, and vacations? All may require more than 8 hours. What if they have more than one service provider? Does that mean 8 hours between the two providers or 8 hours each?	Hudspeth Regional Center		This will be addressed in training.
30.6.	IDD Shared Supported Living	Program Manager Supervision	yes		Does this mean 4 total with Supervised or Shared Supported and 4 Supervised?	Hudspeth Regional Center		No revision. Supervision requirement is only for Supervised Living, does not include Supported or Shared Supported.
44.2.G	IDD Waiver Services	Support Coordination	yes		aren't SCs responsible for ensuring each person on the planning team receive a copy of the entire PSS?	Southern Healthcare (Leigh Horton)		Yes
44.2.M	IDD Waiver Services	Support Coordination	yes		what if providers have issues with the PSS and the SC will not respond? Do we file a grievance too?	Southern Healthcare (Leigh Horton)		Yes
45.1	IDD Waiver Services	In Home Respite	yes		allowable activities – doesn't have a letter next to it; (9) addresses medication and says "In-Home Nursing Respite only" – why is this just not addressed in Chapter 43.3? Should in-home respite say the provider is not allowed to administer meds or perform any other medical treatment like HCS does?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
45.2	IDD Waiver Services	In Home Respite	yes		should only A, B, K and L be listed under the family member standard?	Southern Healthcare (Leigh Horton)		Revision to clarify the language.
48.1.d	IDD Transition Services	Transition Services	no		Is the intention that they have a specified period of time to use the full amount? Or is it a one time shopping trip	Hudspeth Regional Center		Not a one time trip but items are purchased to set up living arrangements so it should happen within a month or two of moving date
48.1.h	IDD Transition Services	Transition Services	no		Not all community living providers are DMH certified to provide Transition Assistance	Hudspeth Regional Center		Providers would need to be certified. The Transition Assistance belongs to the individual, not the service provider.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
48.1.j	IDD Transition Services	Transition Services	yes		Typically purchases are made on the day of the move or shortly after. There is concern with making purchases prior to the move and it is delayed or postponed	Hudspeth Regional Center		Purchases would be made in coordination with the move, with timing of such purchases to be discussed at PSS
51.3.B.3	Recovery Support Services	Requirements for random drug screening	yes		The new standard doesn't allow for the MHC to decide if or when the random drug screen should take place. It states we must perform random drug screens weekly. This is unrealistic and may cause the individual not to seek help. The philosophy of person-centered therapy guides the individual to appropriate his/her own goals to achieve in his/her life, which may or may not involve substance use.	Region 1 (Lisa Phelps)		No revision. This standard only applies to individuals receiving Substance Use Disorder Recovery Support Services.
54.4	Opioid Treatment Services	Requirement for the MD to be ASAM board certified	yes		Very limited number of doctors are ASAM certified in MS, almost none in more rural areas. Suggest ASAM or ABAM board certified; board certified psychiatrist, or have a current XDEA license for at least a prior to hire.	Acadia (New Approved Provider)		Revision to include comparable certifications approved by DMH
54.4.D.6	Opioid Treatment Services	Case load requirements for therapist	yes		Could case load requirements be calculated on a credit system to account for the frequency of contact with the individual and not just number of clients?	Acadia (New Approved Provider)		No revision. DMH will not increase the case load requirement or change the calculation at this time. DMH wishes to be conservative as we increase service provision in our state. However, we may reconsider at a future time.
N/A	IDD Services		no		Requesting addition to IDD standards regarding assistance with medication administration by non-licensed personnel for individuals who cannot completely self-administer. The addition of these standards will allow an increase in opportunities for those with IDD to live successfully in more integrated community settings.	Dr. Craig Escude		No revision. This issue is a requirement of Nurse Practice Act and not in the control of DMH. DMH continues to try to address this concern.

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Overall Document	All		yes		Record keeping and Assessment requirements have become overly burdensome. Countless rules and regulations are making it more difficult for clients to access services. Services are "bureaucracy centered". Clients seeking MH services should be treated in the same manner as an individual seeking physical healthcare.	Region 6 (Phaedra Cole) and CMHC Association		DMH has made every effort to take the provided public comments into consideration during the revision process. DMH has made significant changes to standards and documentation requirements based on public comment. DMH will continue to make changes and revisions as issues are resolved.
Overall Document	All		yes		There are too many standards with too much micromanagement. A CMHC should not be held to any standard a private practitioner(s) is/are not required to meet. Specifically, the standards for buildings, drills and training should be set by CMHC leadership	Region 12 (Donna English)		DMH has made every effort to take the provided public comments into consideration during the revision process. DMH has made significant changes to standards and documentation requirements based on public comment. DMH will continue to make changes and revisions as issues are resolved.
Overall Document	All		yes		A nationally recognized accreditation should exempt a CMHC from DMH oversight. Certification converts some of the minutiae' to actionable improvement of performance processes. It also requires the CMHC to accept responsibility for its management and performance minimizing the need for additional oversight.	Region 12 (Donna English)		DMH has made every effort to take the provided public comments into consideration during the revision process. DMH has made significant changes to standards and documentation requirements based on public comment. DMH will continue to make changes and revise
Program Manuals			yes		No need for separate program manuals. The information requested in the program manuals are answered within the standards.	Region 6 (Phaedra Cole) and CMHC Association		Separate program manual are not required. Handbooks are only required for Children/Youth and Substance Abuse community living services.

Rule	Service	Proposed Rule Summary	Change in this Revision		Comment	Commenting Entity		DMH Response
Unannounced Family Member Visits	IDD Services		yes		what if the family is not home or the provider is not there? What if the person and family member are on an outing? Who do we review the PSS and Service Notes with?	Southern Healthcare (Leigh Horton)		Provider should return when the family, provider and person are present
HCS and In-Home Respite	IDD Services		yes		What is the difference between HCS and In Home Respite?	Southern Healthcare (Leigh Horton)		Will be addressed in training