



Mississippi Department of Mental Health

Provider Bulletin

Number PR0075

Subject: Required Annual Operational Plans for all DMH/C, DMH/D and DMH/P Providers

Issue Date: May 11, 2017

Effective Date: May 11, 2017

Scope

All DMH Certified Providers designated as a DMH/C, DMH/D or DMH/P Provider

Purpose

Inform all DMH/C, DMH/D and DMH/P Certified Providers of the requirements for submission of Annual Operational Plans and provide the format for submitted information

Background

The 2016 *Operational Standards for Mental Health, Intellectual and Developmental Disabilities and Substance Use Disorders Community Service Providers* Rule 8.5 requires all DMH/C, DMH/D and DMH/P providers to submit an Annual Operational Plan based on the DMH Operational Standards and the required services established by DMH for certification (i.e. core services). Included with this Provider Bulletin is the format that DMH is requesting that agencies utilize to report the services provided and the counties in which those services are provided.

Subject

Annual Operational Plans must be submitted by the Chairperson of the Regional Commission or Chairperson of the Governing Authority and the Executive Director of the agency to DMH by July 1, 2017 by all DMH/C Providers, DMH/D Providers, and DMH/P Providers.

Annual Operational Plans for DMH/C, DMH/D, and DMH/P Providers that provide all or components of the core services (as identified in Rule 3.1 for DMH/C and DMH/P) must address the following:

- The core services provided by the agency;
- The geographical area in which core services are provided. Identified by each service and county;
- Projected funding by major funding source (federal, state and local) for each core service;
- The core services that the agency does not intend to provide;
- Any other services outside of the core services being provided by the agency;
- The geographical area in which services outside of the core services are provided. Identified by each service and county; and
- Projected funding by major funding source (federal, state and local) for each service being provided outside of the core services.

DMH has included a format for reporting the required information. The Excel version of the format will be available on the DMH website under the Provider tab at www.dmh.ms.gov. Annual Operational Plans should be submitted to the following address:

Division of Certification
Department of Mental Health
239 North Lamar Suite 1101
Jackson, MS 39201
Kala.booth@dmh.ms.gov

DMH will approve or disapprove the submitted Annual Operational Plan based on required standards and core services established by the Department. DMH will notify the provider in writing of approval/disapproval of the Annual Operational Plan.

If DMH finds deficiencies in the plan based on standards and core services required for certification, DMH shall give the provider a six (6) month probationary period to bring practices and services up to the established standards and required core services.

If after the six (6) month probationary period, DMH determines the provider still does not meet the standards and required core services for certification, DMH may remove the certification of the provider. The provider will then be ineligible for state funds from Medicaid reimbursement or other funding sources for those services.

End of Provider Bulletin

CORE SERVICES SUMMARY - July 2017

Indicate the counties in which your agency will or will not provide the services identified as "Core Services" for DMH/C, DMH/D and DMH/P Providers in the current DMH Operational Standards. Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

ADULT MENTAL HEALTH SERVICES

Counties	(ex: Adams)					This space was intentionally left blank.	Projected Funding Source	Sliding Fee Scale Per Service
Individual Therapy								
Family Therapy								
Group Therapy								
Multi-Family Therapy								
Community Support								
Psychiatric/Physician								
Crisis Response								
Telephone Response								
Mobile Response								
Psychosocial Rehabilitation								
Pre-Evaluation Screening								
Peer Support								
Targeted Case Management								

Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.

OTHER SERVICES SUMMARY - July 2017

Indicate the counties in which your agency provides other DMH-certified services (outside of those identified as "core services"). Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each service.

ADULT MENTAL HEALTH SERVICES

Counties	(ex: Adams)					This space was intentionally left blank.	Projected Funding Source	Sliding Fee Scale Per Service
Crisis Stabilization Services - CSU								
Acute Partial Hospitalization								
Senior Psychosocial								
Alzheimer's Day Program								
Alzheimer's Respite Program								
Supported Employment								
Supervised Living								
Supported Living								
PACT Team								
Primary Health								
Adult MAP Team								

Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.

CORE SERVICES SUMMARY - July 2017

Indicate the counties in which your agency will or will not provide the services identified as "Core Services" for DMH/C, DMH/D and DMH/P providers in the current DMH Operational Standards. Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

CHILDREN/YOUTH MENTAL HEALTH SERVICES

Counties	(ex: Adams)						Projected Funding Source	Sliding Fee Scale Per Service
Individual Therapy								
Family Therapy								
Group Therapy								
Multi-Family Therapy								
Community Support								
Psychiatric/Physician								
Crisis Response								
Telephone Response								
Mobile Response								
Day Treatment								
Pre-Evaluation Screening								
Peer Support								
MAP Teams								
Targeted Case Management								

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Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.

OTHER SERVICES SUMMARY - July 2017

Indicate the counties in which your agency provides other DMH-certified services (outside of those identified as "core services"). Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

CHILDREN/YOUTH MENTAL HEALTH SERVICES

Counties	(ex: Adams)					This space was intentionally left blank.	Projected Funding Source	Sliding Fee Scale Per Service
Crisis Stabilization Services - CSU								
Intensive Outpatient Psychiatric for CY								
Acute Partial Hospitalization								
Therapeutic Foster Care								
Therapeutic Group Home								
Prevention/Early Intervention								
Family Support/Education								
Respite								
Wraparound Facilitation								

Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.

CORE SERVICES SUMMARY - July 2017

Indicate the counties in which your agency will or will not provide the services identified as "Core Services" for DMH/C, DMH/D and DMH/P providers in the current DMH Operational Standards. Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

SERVICES FOR SUBSTANCE USE DISORDERS

Counties	(ex: Adams)					This space was intentionally left blank.	Projected Funding Source	Sliding Fee Scale Per Service
Individual Therapy								
Family Therapy								
Group Therapy								
Multi-Family Therapy								
Crisis Response								
Telephone Response								
Mobile Response								
Prevention								
Peer Support								
Primary Residential								
DUI Assessment								
Recovery Support								

Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.

OTHER SERVICES SUMMARY - July 2017

Indicate the counties in which your agency provides other DMH-certified services (outside of those identified as "core services"). Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

SERVICES FOR SUBSTANCE USE DISORDERS

Counties	(ex: Adams)					Projected Funding Source	Sliding Fee Scale Per Service
Emergency/Crisis							
Telephone Response							
Mobile Response							
Crisis Stabilization Services - CSU							
Intensive Outpatient Adult							
Intensive Outpatient Adolescents							
Partial Hospitalization							
HIV/TB Risk Assessment & Testing							
HIV/TB/STD Education							
Services to Pregnant Women							
Withdrawal Management							
Transitional Residential							
Opioid Treatment Utilizing Methadone							



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CORE SERVICES SUMMARY - July 2017

Indicate the counties in which your agency will or will not provide the services identified as "Core Services" for DMH/C, DMH/D and DMH/P providers in the current DMH Operational Standards. Identify your response with "**P**" for provided or "**NP**" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

INTELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES

Counties	(ex: Adams)					This space was intentionally left blank.	Projected Funding Source	Sliding Fee Scale Per Service
Emergency/Crisis Services								
Telephone Response								
Mobile Response								

Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.

CORE SERVICES SUMMARY - July 2017

Indicate the counties in which your agency provides other DMH-certified services (outside of those identified as "core services"). Identify your response with "P" for provided or "NP" not provided for each county and each service. Include your agency's sliding fee scale amount for each core service.

INTELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES

Counties	(ex: Adams)					<div style="border: 1px solid black; padding: 10px; text-align: center;"> This space was intentionally left blank. </div>	Projected Funding Source	Sliding Fee Scale Per Service
Psychiatric/Physician								
Day Habilitation								
Day Services-Adult								
Community Respite								
Work Activity								
Prevocational								
Job Discovery								
Supported Employment								
Supervised Living								
Supported Living								
In-Home Nursing Respite								
Home and Community Support								
Behavior Support								
Transition Assistance								

Please note any special conditions regarding to service provision. For example, note if a service is only available in a certain county on specific days of the week.