

Mississippi Department of Mental Health (DMH)
 DMH Operational Standards Revision – 2024

Listed below is a summary and overview of substantive revisions/updates included in the *Mississippi Department of Mental Health (DMH) Operational Standards* document, arranged by chapter. (*This is not an exhaustive list of changes.*) The markup documents on the Secretary of State’s website should be utilized to track all specific changes.

Summary of Substantive Revisions/Updates by Chapter

<p>General/ Throughout Document</p>	<ol style="list-style-type: none"> 1) Changed “core” services terminology to required services. 2) Referred to regional community mental health centers (CMHCs) as local mental health authorities (LMHAs).
<p>Chapter 1 (General Information)</p>	<ol style="list-style-type: none"> 1) Rules 1.2.B and 1.2.D – Listed program types for which DMH certification is primarily designed and categories for which DMH certification is not available. 2) Rule 1.2.E – Included definition of “community-based” provider, as it pertains to DMH provider certification. 3) Rule 1.2.F – Added provider’s assurances. 4) Rule 1.3 – Added Jurisdictional Scope and Limitations of the DMH Operational Standards. 5) Rule 1.4 – Added rules regarding how to access to DMH Operational Standards and Updates. 6) Rule 1.5 – Included general nondiscrimination and Americans with Disabilities Act. 7) Rules 1.6-1.10 – Added descriptions of the Division of Certification, Certification Review Committee, DMH Chief Legal Counsel, DMH Deputy Executive Directors and Executive Director, and DMH State Board of Mental Health.
<p>Chapter 2</p>	<ol style="list-style-type: none"> 1) Rule 2.1 – Clarified certified provider types, including addition of CCBHC. 2) Rule 2.1.A.1.b – Clarified CMHCs must have the capacity to offer all services/supports/programs for all counties in their catchment areas. 3) Rule 2.1.A.2 – Outlined CCBHC provider type. 4) Rule 2.1.A.3 – Clarified that DMH/P providers must provide each required service for the population(s) the agency serves for each county where the DMH/P provider is certified. 5) Rule 2.2.B – Outlined the three (3) certification components. 6) Rule 2.3.C – Clarified that good standing with the MS Secretary of State’s Office is required throughout the duration of DMH certification. 7) Rule 2.4 – Added requirements for Interested Provider Application fees, initial Certificates of Operation, and Certification Renewal Applications. Eliminated that DMH may charge fees for visits per DMH employee per day. 8) Rule 2.5 – Outlined certification phases. 9) Rule 2.6 – Outlined the application review process and possible review outcomes. 10) Rules 2.8 and 2.9 – Outlined the application process for interested agency providers, including application components and timelines. 11) Rule 2.10 – Outlined the application process for certified providers desiring to apply to add a new service/support or program/program type and added application timelines. Removed Application to Modify Services/Supports. 12) Rule 2.12 – Outlined provider data submission requirements and methods. 13) Rule 2.12.B – Added DMH/P to this list. 14) Rules 2.13 and 2.14 – Outlined the new Compliance Review and Compliance Report processes, including the different types of provider reviews conducted by DMH and the indication that Compliance Reports may be data-driven and score-based. Indicated that for the purpose of DMH compliance reviews only, providers should maintain records from the review for at least four (4) years following the compliance report release. 15) Rules 2.15 and 2.16 – Included probationary status for noncompliant certified providers; listed sanctions which may be imposed on noncompliant certified providers. 16) Rule 2.17 – Listed and defined provider certification status categories.
<p>Chapter 3</p>	<ol style="list-style-type: none"> 1) Rule 3.1.B 1-39 – Listed the services/supports and programs for which DMH currently offers certification. 2) Rule 3.1.D – Provided description of Certified Community Behavioral Health Clinics (CCBHCs) and listed corresponding CCBHC required services.

	<ol style="list-style-type: none"> 3) Rule 3.2 – DMH/Ps are no longer required to provide day treatment or PSR services. 4) Rule 3.2.A – Listed required Adult Mental Health services for CMHCs. 5) Rule 3.2.B – Listed required Children and Youth services for CMHCs. 6) Rule 3.2.C – Listed the required substance use disorder (SUD) services/supports and/or programs for CMHCs (for adults, except for substance use prevention services). 7) Rule 3.2.D – Stipulated that CMHCs must provide Mobile Crisis and Crisis Response Services to people with IDD. 8) Rule 3.2.E – Stipulated that CMHCs certified as CCBHCs must also provide all CMHC-required services. 9) Rule 3.2.F – Listed required Adult Mental Health Services for DMH/P providers. 10) Rule 3.2.G – Listed the required Children/Youth Mental Health services for DMH/P providers. 11) Rule 3.2.H – Stipulated that DMH/P providers must provide Crisis Response Services to people with IDD. 12) Rule 3.2.I – Listed the required SUD services for DMH/O (for adult, except for substance use prevention services.).
Chapter 4	<ol style="list-style-type: none"> 1) Rule 4.2 – Outlined certification renewal process. 2) Rule 4.3 – Provided listing of provider certification information which DMH may share with the public.
Chapter 5	<ol style="list-style-type: none"> 1) Rule 5.1.D.2 – Implemented standardized provider rule waiver request form. 2) Rules 5.2.A-B – Stipulated that DMH waivers should not be construed as guarantee of any third-party payer source.
Chapter 6	<ol style="list-style-type: none"> 1) Rule 6.1.A – Eliminated the following appealable actions for providers holding certification: Denial of a Plan of Compliance; Denial of a Waiver Request. 2) Rule 6.1.B – Outlined appealable actions for providers <i>applying for</i> certification. 3) Rule 6.2.J – Added that the Executive Director’s decision is final for interested providers appealing initial application certification. 4) Rule 6.2.L – Stipulated that only agency providers holding certification may appeal to the Board of Mental Health.
Chapter 7	<ol style="list-style-type: none"> 1) Rule 7.1.C – Added DMH providers which receive funds from/through DMH (unless a DMH-operated provider) must submit a Business Associate Agreement to the Division of Audits/Grants.
Chapter 8	<ol style="list-style-type: none"> 1) Rule 8.4.B.3 – Removed that Policies and Procedures Manual must be made available to the public. 2) Rule 8.5 – Eliminated the requirement that DMH-operated community-based providers must submit an Annual Operational Plan and clarified the reporting period for Annual Operational Plans. 3) Rule 8.5.B – Added that CMHCs must submit with their Annual Operational Plans Executive Director and other threshold-meeting staff salary information and information on cash balances. 4) Rule 8.5.B.7-8 – Removed the requirement for CMHCs to report the annual salary and fringe benefits and cash balances in the AOP.
Chapter 9	<ol style="list-style-type: none"> 1) Rule 9.1.A.4 – Added ensure that IDD Services are designed to provide Person-Centered Practices that support individual rights and must comply with the Home and Community-Based Services (HCBS) Final Rule. Any restriction or limitation to any requirement of the HCBS Final Rule. 2) Rule 9.1.B-F – Added requirements regarding quality management strategies, providers receiving funding from/through DMH, DMH-approved Consumer Satisfaction Survey, needs assessments and performance indicators.
Chapter 10	<ol style="list-style-type: none"> 1) Rule 10.1 – Addition for DMH to request all source documents related to budget and financial systems. 2) Rule 10.3 – Changed \$100,000 to \$1,000,000.
Chapter 11	<ol style="list-style-type: none"> 1) Throughout Chapter 11, when degrees <u>and</u> professional licenses or DMH credentials are listed as requirements, the requirement was changed to just list the license or credential required. 2) Rule 11.2.E – Defined acceptable proof of background checks for compliance. 3) Rule 11.2.F – Removed requirement for documentation of at least (2) references in employee personnel files. 4) Rule 11.3 – Added a General Requirements section to outline general Human

	<p>Services requirements.</p> <ol style="list-style-type: none"> 5) Rule 11.3.F – Addition of appropriate size and composition of staff based on services provision, and for community mental health centers and DMH/P providers, staffing plan based on community needs assessments. Rule 11.3.F – Moved this section to Chapter 54 (CCBHC). 6) Rule 11.3.G – Addition of stipulation that all DMH certified providers who furnish services directly or via contractual providers must do so in accordance with federal, state, and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable Medicaid billing regulations or policies. 7) Rule 11.3.H – Addition of provision that DMH does not have a supervisor signatory requirement for DMH provisional credentials; applies only to purview of DMH credentials and rule does not guarantee third-party payment. 8) Rule 11.4.A – Changed the qualification for agency provider executive directors. Added an option to designate a person on-site with proper qualifications. 9) Rule 11.4 – Eliminated one (1) year experience requirement for Therapeutic Foster Care Directors and Therapeutic Foster Care Specialists. 10) Rule 11.4.Q – Defined “direct support personnel/direct support professional.” Added this sentence: “Direct Support personnel activities should be individualized depending upon the needs, preferences, and choices of the people they support as well as what is included in the Plan of Services and Supports.” 11) Rule 11.4.V – Change of Targeted Case Management for IDD Qualification. 12) Rule 11.4.W – Clarified ID/DD Waiver Support Coordination and Transition Coordinator requirement. 13) Rule 11.4.X – Added certified peer support specialist. 14) Rule 11.4.Z – Added the requirement for Court Liaisons. 15) Rule 11.4.AA. – Added the requirement for Diversion Coordinators. 16) Rule 11.5.A.1 – Added requirement for ID/DD Waiver Behavior Consultants with LPC or LCSW. 17) Rule 11.5.A.2 – Changed name of ID/DD Waiver Behavior Interventionists and added clarification of degree. 18) Rule 11.5.B.1 – ID/DD Waiver Crisis Intervention professional must meet the same qualifications as an ID/DD Waiver Behavior Consultant. 19) Rule 11.5.B.2 – The position of ID/DD Waiver Behavior Specialists (and requirements therein) replaces QIDP as a position on the ID/DD Waiver Crisis Intervention Team. 20) Rule 11.5.B.3 – Added ID/DD Waiver Crisis Intervention Team clarification for the Team Direct support personnel/professionals experience. 21) Rule 11.6 – Deletion of one (1) year of sustained recovery employment requirement throughout. 22) Rule 11.6.A – For Directors/Coordinators of substance use treatment or prevention services, added position requirements. 23) Rule 11.6.D – Clarified the requirements of a Peer Support Specialist/Recovery Support Personnel working in substance use services. 24) Rule 11.6 – Deletion of credential requirement exemption for Residential Service Therapists hired before September 1, 2020. 25) Rules 11.8 and 11.9 – Removed the age requirement for clerical staff. 26) Rule 11.10.G – Children’s mental health supervisor requirement for CMHC and DMH/P providers: elimination of degree requirement and addition of credentialing requirement. 27) Rule 11.10.H – CMHC and DMH/P providers, added requirement of a designated full-time Crisis Coordinator.
<p>Chapter 12</p>	<ol style="list-style-type: none"> 1) Rules 12.2 and 12.4 – Added additional training requirements in General Orientation and annual Staff Development Plan. 2) Rule 12.2.D.3 – Referred to addendum for recommended best practices for nationally recognized and DMH-approved training for suicide prevention. 3) Rule 12.3.E. – Removed this language: “The agency provider must regularly assess the skills and competency of staff providing services and must have a written policy/procedure for describing its method(s) of assessing competency, which is included in the agency’s annual Staff Development Plan.” 4) Rule 12.3.G – Included stipulations that the annual Staff Development Plan must

	<p>satisfy and include requirements of and any accreditation standards on training required by federal and other state authorities.</p> <p>5) Rule 12.4.B – Removed this language: “Moreover, the educational activity provided by the agency area to fulfill each required content area must be a minimum of one (1) hour (50- 60 consecutive minutes of training). However, if one (1) hour is insufficient to cover adequately the subject matter, then the minimum length of the educational activity is the amount of time needed for coverage of the material.” Clarified that this education does not have to be provided by the agency provided, but can be a part of continuing education hours.</p> <p>6) Rule 12.4.C.4 – Removed this language: “Administrative/support personnel (i.e., e.g., office manager, medical records technician, accounting personnel) - at least six (6) hours of position-specific training per year.”</p>
<p>Chapter 13</p>	<p>1) Rule 13.1.B – Clarification that providers must comply with all local, state, and/or federal health, environment, and safety codes and laws, in addition to the requirements outlined in this document, for health, safety and environment rules.</p> <p>2) Rule 13.1.C – Rule that DMH will conduct on-site health, environment, and safety inspections as part of initial provider certification and, thereafter, on a schedule as determined by DMH. Following initial certification, and that thereafter, the Executive Director (or other top-level administrator on file with DMH) of the DMH fully certified provider will submit to DMH, on a schedule determined by DMH, but no less often than annually, a signed statement of assurance that the provider is in compliance with the Health, Environment, and Safety rules as outlined in the Rules document as well as with any other current health/environment/safety requirements as may be promulgated in current local, state and/or federal codes/laws and which may apply to the provider type. and on a schedule as determined by DMH.</p> <p>3) Rule 13.1.D – Notice that health, environment, and safety rules, codes and laws violations may result in enforcement action on a DMH provider’s certificate(s) of operation, as outlined in Chapter Two.</p> <p>4) Rule 13.2.B – Clarification for Food Service requirement for programs who prepare food on-site or have prepared food delivered to the program.</p> <p>5) Rule 13.3.B – Change from requirement of two (2) means of egress to sufficient egress, per service area, and based on applicable building codes and which are ADA compliant.</p> <p>6) Rule 13.4.C – Require Monthly Safety Review in place of Safety Log requirement.</p> <p>7) Rule 13.6.B – Rather than provide the ratio of employees per number of people being transferred, clarified that the certified provider must furnish sufficient employees, in addition to the driver, and as determined by DMH, for the transport.</p> <p>8) Rule 13.6.C – Clarification of the requirements of the vehicle First Aid Kit.</p> <p>9) Rule 13.6.G – Additional requirements for use of private vehicles to transport persons served. Removed #2: “Regular, documented assessment of vehicle’s safety and operation.” Changed #3 to say: “Current insurance coverage as required by state law.”</p> <p>10) Rule 13.7.A.1 – Clarified that the administration of all prescription drugs and/or other medical procedures must be directed and supervised by the appropriate licensed/credentialed medical/health professional, as per the current scope of practice.</p> <p>11) Rule 13.7.B – Clarified the requirements of the First Aid Kit.</p> <p>12) Rule 13.7.C – Clarified and updated examples of assistance with medication usage which can be performed via non-licensed personnel.</p> <p>13) Rule 13.13 – Combined Emergency/Disaster Response Plan and Continuity of Operations Plan into one (1) plan – “Emergency and Continuity of Operations Response Plan”; clarified the requirements of provider Emergency and Continuity of Operations Response Plans and made requirements analogous with CCBHC requirements; included in these plans the addressing of Health Information Technology systems security/ransomware protection and backup and access to these Information Technology systems</p>
<p>Chapter 14</p>	<p>1) Rule 14.1.A – Defined the Rights of People Receiving Services.</p> <p>2) Rule 14.4 – Clarified that an unannounced search may be conducted if there is a risk of imminent harm to self or others; Clarified that agency providers should have a process for determining the need for law enforcement involvement.</p> <p>3) Rule 14.5 – Defined Ethical Conduct and added examples of breaches of ethical or moral conduct.</p>

	<ul style="list-style-type: none"> 4) Rule 14.6.C – Defined cultural competency. 5) Rule 14.7 – Defined Grievances and Complaints. 6) Rule 14.9-10 – Added the process for filed grievances and investigations and complaints and investigations. 7) Rule 14.10.K – Changed the notice requirement from 120 days to 10 business days.
Chapter 15	<ul style="list-style-type: none"> 1) Rule 15.1.A – Added CMS and HHS definition of a critical incident. 2) Rule 15.1.B – Added provision that if there is suspected abuse, neglect, or exploitation of a person receiving services, then the provider must identify the proper person/entity responsible for investigating the incident. 3) Rule 15.2.B – Clarified that incident reporting to DMH does not replace other legally mandated reporting to regulatory or licensing/accreditation agencies. 4) Rule 15.2.C – Added information which must be included in incident reports. 5) Rule 15.3.D – Added requirement that on the first day of every month, hospitals and nursing homes shall make a report of all deaths occurring in or enroute to the institution during the preceding month to the Office of Vital Records on forms prescribed and furnished by the MS State Department of Health. If there were no deaths during the month, a report shall be filed to this effect. A copy of this report shall be sent to DMH. 6) Rule 15.4.B – Added that the use of physical, mechanical, or chemical restraints in any setting is not allowed. 7) Rule 15.5 – Eliminated the Written Analyses of All Reportable Incidents by the provider governing authority or committee. 8) Rule 15.6 – Added Incidents that Require Follow-Up and stipulations. 9) Rule 15.7 – Added stipulation that copies of the reporting requirement as set out in the Mississippi Vulnerable Person Act shall be posted prominently at all agency providers unless it violates the HCBS Final Rule.
Chapter 16	<ul style="list-style-type: none"> 1) Rule 16.2.C – Referred providers to the timelines located in the appropriate manual. 2) Rule 16.3 – Added policies and procedures for discharge or termination. 3) Rule 16.3.E – Clarified that an individual has the option to select a provider to receive services. 4) Rule 16.6.C.4 – Revised procedures for release and disclosure of Protected Health Information. 5) Rule 16.7.G – Added an option to place a case in an inactive status; clarified timeline to close a case for substance use caseloads and mental health caseloads. 6) Rule 16.7.H – Added a record retention/disposal provision. 7) Rule 16.8.E & F – Changed 30 to 60. 8) Rule 16.8.H – Added timelines per Provider Bulletin PR00071. 9) Rule 16.9 – Clarified Telehealth language. 10) Rule 16.10 – Addition of Care Coordination definition
Chapter 17	<ul style="list-style-type: none"> 1) Rule 17.1 – Clarified that the individual plan may be signed off on instead of seen.
Chapter 18	<ul style="list-style-type: none"> 1) Rule 18.3 – Added Target Case Management Required Components
Chapter 19	<ul style="list-style-type: none"> 1) Rule 19.1 – Added Crisis Response Services components pertaining to on-site/provider-based crisis response and crisis response hotlines. 2) Rule 19.3.E – Added the assessment of the person’s risk and acuity must be complete using the Columbia-Suicide Severity Rating Scale or the Ask Suicide-Screening Questions or another DMH-approved assessment tool. 3) Rule 19.3.G – Added the two (2) levels of response intensity for Mobile Crisis Response. 4) Rule 19.4 – Made changes to the Mobile Crisis Response Team staffing requirements. 5) Rule 19.4.A.2 – Removed requirement for at least 6 months of documented work experience and training in crisis response. 6) Rule 19.4.B – Clarified that response teams should be a team of 2 members. 7) Rule 19.5 – Added requirements to the Mobile Crisis Response Team. 8) Rule 19.5.B.1 – Clarified that Mobile Crisis Response must offer training of emergency room personnel on resources offered by the MCERT and CMHCs in handling mental health emergencies. 9) Rule 19.5.D – Clarified that CMHCs will offer mental health crisis response/intervention resources and technical assistance to every law enforcement agency in their catchment area instead of being responsible for training. 10) Rule 19.5.H – Removed the requirement that MCERT must be dispatched immediately

	<p>to dispatch when necessary.</p> <p>11) Rule 19.5.I – Clarified that it is reasonable to respond with law enforcement if there is a safety concern.</p> <p>12) Rule 19.6.C – Added requests to serve a person whose age falls outside of the Crisis Residential Unit’s stipulated population must be submitted to DMH for approval prior to admission.</p> <p>13) Rule 19.6.D – Removed the word “any.”</p> <p>14) Rule 19.6.G – Changed the minimum requirements of Direct services.</p> <p>15) Rule 19.6.O – Added a description of when and how time-out may be used for people under the age of 18.</p>
Chapter 20	1) Rule 20.1.E – Removed “and/or an intellectual/developmental disability.”
Chapter 21	1) No substantive changes
Chapter 22	<p>1) Rule 22.1 – Clarified that therapy can come from a DMH Mental Health Therapist, IDD Therapist, or Addictions Therapist Credential.</p> <p>2) Rule 22.2 – Added established criteria for Level 0.5 Early Intervention Services and Outpatient Programs for people with a substance use disorder.</p> <p>3) Rule 22.3 – Added objective and duties for Court Liaisons and Diversion Coordinators.</p> <p>4) Rule 22.3.B.9 – Changed “coordinate” to “consider.”</p> <p>5) Rule 22.3.B.14 – Removed Court Liaison Monthly Reporting Requirements.</p>
Chapter 23	<p>1) Rule 23.1.H – Added persons served must receive a minimum of 20 hours of service per week.</p> <p>2) Rule 23.1.I – Added people must be assessed every seven (7) days for appropriateness and length of stay will be determined based on the results of an ASAM LOC Assessment.</p>
Chapter 24	<p>1) Rule 24.2.C – Added without prior approval from DMH.</p> <p>2) Rule 24.5.E – Removed the requirement of maintaining an active updated Local Employer Inventory.</p> <p>3) Rule 24.2.H – Removed “systematic curriculum based.”</p> <p>4) Rule 24.5.I – Changed wording that a Supported Employment Specialist must “collaborate” to “communicate” with the MS Department of Rehabilitation Services.</p>
Chapter 25	1) No substantive changes
Chapter 26	<p>1) Rule 26.1.B – Removed DMH/P.</p> <p>2) Rule 26.1.K & M – Clarified the language from “is expired” to “becomes inactive.”</p> <p>3) Rule 26.1.N – Added children and youth participating in Day Treatment Services must be provided intensive mental health services at least once a week during summer vacation or breaks of one (1) week or longer.</p>
Chapter 27	<p>1) Rule 27.4.I – Updated the number of people in groups for community job exploration activities from up to three (3) to four (4).</p> <p>2) Rule 27.5.D – Added specific training for Job Discovery staff.</p> <p>3) Rule 27.6.R – Added “GED equivalent” as another option.</p>
Chapter 28	<p>1) Rule 28.2 – Moved Supervised Living environment and safety for SMI to Chapter 13.</p> <p>2) Rule 28.4 – Moved Supported Living environment and safety for SMI to Chapter 13.</p>
Chapter 29	<p>1) Rule 29.1.D&E – Changed “Supervised” to “Community” Living.</p> <p>2) Rule 29.1.H – Added “therapeutic” foster homes.</p> <p>3) Rule 29.2.G – Removed “Community Support Specialist.”</p> <p>4) Rule 29.2.J – Added an annual comprehensive mental health assessment may be conducted by specified practitioners in lieu of the annual psychiatric evaluation.</p> <p>5) Rule 29.3.C.2 – Added “At least one (1) employee (which can be a direct support worker or house parent) must be assigned to direct service responsibilities for the children/youth during all hours.”</p>
Chapter 30	<p>1) Rule 30.4 – Moved Supervised Living environment and safety for IDD to Chapter 13.</p> <p>2) Rule 30.7 – Moved Supported Living environment and safety for IDD to Chapter 13.</p> <p>3) Rule 30.9 – Moved Shared Supported Living environment and safety for IDD to Chapter 13.</p>
Chapter 31	<p>1) Rule 31.1 – Name clarification of Residential Services for people with substance use disorders.</p> <p>2) Rule 31.3 – Moved Community Living Services environment and safety for people with substance use disorders to Chapter 13.</p> <p>3) Rule 31.4-8 – Added criteria for Level 3.1 Clinically Managed Low-Intensity Residential</p>

	Program, Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services, Clinically Managed High-Intensity Residential Services, Level 3.5 Clinically Managed Medium-Intensive Residential Services (Adolescent), and Medically Monitored Intensive Inpatient Services (Adults).
Chapter 32	<ol style="list-style-type: none"> 1) Rule 32.2.C.2 – Added clarification with a formula: “the number of hours required are determined by the following formula: (.4 x # on caseload) = hours required for psychiatrist/psychiatric nurse practitioner per week.” 2) Rule 32.5 – Added PACT Fidelity Review. 3) Rule 32.6 – Removed description of services required. 4) Rule 32.8 – Removed stakeholder advisory group and added SAMHSA Toolkit is to be utilized. 5) Rule 32.10 – Removed entirely. 6) Rule 32.12.E – Changed “week” to “month.” 7) Rule 32.17.H – Changed requirement of 3 years to 2 years of mental health direct care experience. 8) Rule 32.17.I.5 – Added this sentence: “Attendance should only be required if a person on their caseload is being reviewed by the MAP/AMAP Team.” 9) Rule 32.19.G.4.f, 32.19.G.10.d and 32.19.G.12 – Removed “if applicable” or “if taking/has taken psychotropic medication” because the Record Guide requires this form for all individuals.
Chapter 33	<ol style="list-style-type: none"> 1) Rule 33.1.A – Added clarification for individuals who “are at risk” of inpatient psychiatric services.
Chapter 34	<ol style="list-style-type: none"> 1) Rule 34.2 – Clarified Pre-Affidavit Screening and Civil Commitment.
Chapter 35	<ol style="list-style-type: none"> 1) Rule 35.1 – Clarified Designated Mental Health Holding Facilities. 2) Rule 35.2.C – Defined acceptable proof of background checks for compliance and updated criminal background checks.
Chapter 36	<ol style="list-style-type: none"> 1) No substantive changes
Chapter 37	<ol style="list-style-type: none"> 1) No substantive changes
Chapter 38	<ol style="list-style-type: none"> 1) No substantive changes
Chapter 39	<ol style="list-style-type: none"> 1) Rule 39.1.D – Added an agency representative must be designated to participate and attend monthly Making A Plan Team meetings.
Chapter 40	<ol style="list-style-type: none"> 1) Rule 40.4 – Added Case Records of Children/Youth Receiving Respite Services.
Chapter 41	<ol style="list-style-type: none"> 1) No substantive changes
Chapter 42	<ol style="list-style-type: none"> 1) Rule 42.1.A-B – Updated Service Design and Designations for Peer Support Services. 2) Rule 42.3 – Removed Recovery.
Chapter 43	<ol style="list-style-type: none"> 1) No substantive changes
Chapter 44	<ol style="list-style-type: none"> 1) Rule 44.1 – Added General information for ID/IDD Waiver Support Coordination and IDD Targeted Case Management Services. 2) Rule 44.2 – Updated responsibilities of Support Coordinators and Targeted Case Managers.
Chapter 45	<ol style="list-style-type: none"> 1) Rule 45.1.C – Added maximum number of hours not to exceed four (4) hours per 24-hour period for the IDD Community Support Program. 2) Rule 45.2.A-B – Updated the definition of legally responsible relatives and non-legally responsible relatives. 3) 3) Rule 45.2.C – Updated the documentation required in staff’s personnel record.
Chapter 46	<ol style="list-style-type: none"> 1) Chapter 46.3 – Changed Behavior Interventionist to Behavior Specialist
Chapter 47	<ol style="list-style-type: none"> 1) Rule 47.2.A-B – Updated the definition of legally responsible relatives and non-legally responsible relatives. 2) Rule 47.2.C – Updated the documentation required in staff’s personnel record.
Chapter 48	<ol style="list-style-type: none"> 1) Rule 48.1.D – Changed the lifetime maximum from \$800 to be determined by Division of Medicaid.
Chapter 49	<ol style="list-style-type: none"> 1) Rule 49.1.C – Added the electronic Bed Registry portal requirements. 2) Rule 49.1.G – Added high-priority populations. 3) Rule 49.2.A – Added admission requirements for persons with HIV and TB. 4) Rule 49.5 – Added services to parenting women and/or men with dependent children (PPWMDC)
Chapter 50	<ol style="list-style-type: none"> 1) Rule 50.2.A – Added staffing requirements and risks and benefits of Level 2-WM.

Chapter 51	<ol style="list-style-type: none"> 1) Rule 51.1.C – Changed the number of strategies that must be implemented from at least three (3) to one (1). 2) Rule 51.1.E – Added a back-up prevention services employee must be designated to ensure there is no break in the provision of prevention services and results for failure to render prevention services.
Chapter 52	<ol style="list-style-type: none"> 1) No substantive changes
Chapter 53	<ol style="list-style-type: none"> 1) Rule 53.2.F – Added office-based Opioid Treatment (OBOT). 2) Rule 53.3.A.3.c – Removed requirement that the person has been addicted to opioids for at least one year prior to admission. 3) Rule 53.5.F – Changed initial does of methadone from 30 to 50 mg and the total daily dose of methadone from 40 to 60 mg. 4) Rule 53.9-11 – Added general information, staffing and requirements related to office-based Opioid Treatment (OBOT). 5) Rule 53.12 – Added Substance Use Care Coordinator provider qualifications.
Chapter 54	<ol style="list-style-type: none"> 1) Chapter 54 – Added Certified Community Behavioral Health Clinic (CCBHC).
Chapter 55	<ol style="list-style-type: none"> 1) Chapter 55 – Added and revised multiple definitions.