Mississippi Department of Mental Health

Supporting a Better Tomorrow...One Person at a Time

Mississippi Department of Mental Health
Provider Bulletin

Number IO0182

Subject: Proposed Revisions filed with the MS Secretary of State's Office for Public Comment

Issue Date: November 4, 2026

Effective Date: N/A

Scope

All DMH-Certified Providers

Purpose

The purpose of this bulletin is to inform all DMH Certified Providers that proposed revisions to the *2024 Mississippi Department of Mental Health (DMH) Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers* are available for public review and comment on the Mississippi Secretary of State's website.

Subject

The proposed revisions to the 2024 *DMH Operational Standards* are available for public review and comment through the Mississippi Secretary of State's website. For the ease of identifying revisions, both a clean copy and a redlined copy of the *DMH Operational Standards* identifying the proposed changes are included in a single document. To access the proposed revisions:

1. Follow this link to the Secretary of State's website: https://www.sos.ms.gov/index.php/regulation-enforcement/administrative-procedures
2. Click "Search Administrative Bulletin."
3. Utilize the drop-down menu under "Agency Search" and select "Title 24: Department of Mental Health."
4. Click on the "Search" button at the bottom of the Administrative Bulletin Search box.

The proposed revisions are designated as System Number 28991. Click "Full Text" on the right-hand side of the page to access the document containing both the clean and redlined versions.

DMH has also prepared a general summary highlighting selected substantive revisions by chapter to assist providers in reviewing the proposed changes. This summary is provided for informational purposes only and does not encompass all proposed revisions. Providers should review the complete proposed Standards to identify all changes.

The public comment period closes on Monday, November 30, 2026 at 5:00 p.m. All written comments should be received by this deadline and should be submitted to certification@dmh.ms.gov. Please include the rule number and the page number with each comment to assist DMH in reviewing the submissions.

End of Provider Bulletin

Mississippi Department of Mental Health (DMH)

DMH Operational Standards Revision – 2026

The following document provides a general overview of selected substantive revisions and updates to the 2026 Mississippi Department of Mental Health *Operational Standards*, organized by chapter for ease of reference. This summary is not exhaustive and does not include every change or revision made to the Standards. It is intended solely as an informational guide to assist in navigating the revisions and is not an official document or a substitute for the Standards themselves. Providers and other interested parties should carefully review the CLEAN and REDLINED versions of the revised Standards, available on the Mississippi Secretary of State's website, to identify and understand all changes, including those not reflected in this summary.

Summary of Substantive Revisions/Updates by Chapter

General/ Throughout Document	1) Replaced "DMH Addiction Therapist" with "DMH Substance Use Therapist." 2) Replaced "Crisis Stabilization Unit" with "Crisis Residential Unit." 3) Created a list of commonly used acronyms throughout the document.
Chapter 1	1) Rule 1.8.A.1: Revised minimum requirement for the Certification Review Committee.
Chapter 2	1) Rule 2.3.Q: Addressed interested providers' policies and procedures requirements. 2) Rule 2.3.S: Addressed an interested provider's use of a consultant during the Certification process. 3) Rule 2.8.G.7: Clarified that an Executive Director's resume may only be submitted once as part of an interested provider packet. 4) Rule 2.13.G: Addressed "repeat deficiencies" for certified providers. Definition of "repeat deficiencies" included in the Glossary.
Chapter 3	1) Rule 3.1.B: Added Mental Health Intensive Outpatient Program Services, Peer Operated Respite Services, Crisis Respite Services – Living Room Programs, and Emergency Psychiatric Assessment, Treatment, and Health (EmPATH) as available, certifiable Support/Programs. 2) Rule 3.2.A: Removed Supported Employment as a Required Service for DMH/Cs. 3) Rule 3.2.B: Included a bundle option for Day Treatment Required Services, which include Day Treatment Services, Intensive Community Outreach and Recovery Teams (ICORT), or Intensive Community Support Services (ICSS). 4) Rule 3.2.C: Removed DUI Assessment Services as a Required Service for DMH/Cs.
Chapter 4	1) Rule 4.2: Revised certified providers' process for receiving a renewed Certificate of Operation.
Chapter 6	1) Rule 6.1.A: Eliminated the following appealable actions for providers holding certification: Denial of a Renewal Application.
Chapter 7	1) Rule 7.3: Added health/safety violations received by a regulatory agency to list of Changes to be Reported to DMH.
Chapter 8	1) Rule 8.4: Clarified that policies and procedures documentation should not be an exact replica of the *DMH Operational Standards*. 2) Rule 8.5: Included the Annual Operational Plan Attestation Form as a requirement to accompany Annual Operational Plan submissions.
Chapter 11	1) Rule 11.2.B: Addressed Educational Waivers for Direct Support Personnel who do not meet the minimum requirements. 2) Rule 11.2.N: Clarified that if a certified agency provider enters into a contract, MOU, or other written agreement with another entity for the provision of a Required Service, the entity providing that service shall also be certified by DMH. Clarified that the certified agency provider remains responsible for ensuring compliance with all applicable *DMH Operational Standards* pursuant to any written agreement. 3) Rule. 11.4: Revised and clarified requirements for an agency provider's Executive Director and Executive Director Designee. Also revised specific Executive Director qualifications for DMH/IDD providers only.
Chapter 12	1) Rule 12.2.B: For IDD providers only, personnel must have successfully completed a DMH-approved training for medication assistance before assisting with medication usage. Also added Lift/Transfer procedures to list of General Orientation topics. 2) Rule 12.4: Added requirement that all employees complete an Annual Employee Acknowledgment form after completion of required training.
Chapter 13	1) Rule 13.6: Addressed sufficient staffing when transporting people receiving services. 2) Rule 13.7: Added colostomy, ileostomy, or other ostomy care to list of procedures

	requiring certain qualifications.
Chapter 14	1) Rule 14.7-14.10: Complaints and Grievances procedures moved to Chapter 15.
Chapter 15	1) Complaints and Grievances moved to Chapter 15. Revised chapter title from "Incident Reporting" to "Risk Management."
Chapter 16	1) Rule 16.5.J: Mandates that all providers authorized to serve an individual enrolled or in the process of enrolling in IDD Services be physically present and participate in the development of the individuals' Plan of Services and Supports. 2) Rule 16.7.A: For IDD providers, mandates that Plans of Services and Supports, the Behavior Support Plan, and Behavior Support data tracking be kept at each service location if the single record is at the provider's main office. 3) Rule 16.7.E: Addresses documentation when a late entry to a person's record is necessary. 4) Rule 16.7.I: Added requirement that a single case record must be maintained for all people served and contain specific data and information. 5) Rule 16.9: Added stipulation that all day treatment attendees shall receive therapeutic services in person.
Chapter 17	1) Chapter 17: Added a few provisions/clarification regarding Individual Plans.
Chapter 19	1) Chapter 19: Added Crisis Respite-Living Room Program (LRP) Services and Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) Services.
Chapter 21	1) Rule 21.1.D: Removed nursing assessment provision. 2) Rule 21.1.E: Added requirement that provider must request the records from the physician's office within 30 days of appointment if physician/psychiatric services are not provided on location. 3) Added Rule 21.2: Nursing Services.
Chapter 22	1) Chapter 22: Added Intensive Outpatient Programs for Adults with a Mental Health Disorder (MH-IOP) and Intensive Outpatient Programs for Adolescents with a Mental Health Disorder (MH-A-IOP) Services. 2) Rule 22.5: Removed provision related to Diversion Coordinators.
Chapter 23	1) Rule 23.1.F: Added requirement that APHP must operate under medical supervision as outlined in Chapter 11 and include certain requirements. 2) Rule 23.1.L: Added requirement that children and youth must be placed in appropriate age groups for group therapy. 3) Rule 23.1.M: Added that children and youth must have had acute/inpatient treatment prior to enrollment in APHP. Rule 23.1.P defines acceptable age groups as 6-9, 10-12, and 13-17.
Chapter 24	1) Rule 24.1.I: Specified that PSR must have dedicated space for group interventions, skills training, recovery planning, private staff consultation when needed, meals/snacks if provided, and safe movement throughout the program area. 2) Rule 24.1.K: Added that PSR supervision logs must include the time and date, topics discussed, and signatures of those present in supervision. 3) Rule 24.2.E: Added that documentation of therapeutic activities must be provided in weekly progress notes. 4) Rule 24.4: Revised staffing requirements for Supported Employment services.
Chapter 26	1) Rule 26.1.W: Added requirement that day treatment specialist/assistant both must be physically present during hours of operation. 2) Rule 26.1.X: Added provision regarding the review of transition plans.
Chapter 27	1) Rule 27.1: Added provisions regarding group and individual participation in activities and providing assistance. 2) Rule 27.4.N: Added if DSA, Job Discovery, and/or SE are combined, the services cannot exceed 6 hours per day/138 hours per month.
Chapter 29	1) Rule 29.3: Clarified that DMH does not dually certify Therapeutic Group Homes with another service and does not dually certify TGHs.
Chapter 30	1) Rule 30.1: Changes made regarding Supervised Living Services for IDD Service Components. 2) Rule 30.6: Changes made regarding Supported Living Services for IDD Service Components. 3) Rule 30.8: Changes made regarding Shared Supported Living Services for IDD Service Components.

Chapter 32	1) Rule 32.2: Added requirements for Programs of Assertive Community Treatment services and clarified that these requirements are not subject to a waiver under Chapter 5. 2) Rule 32.10: Removed requirement that ICORT must be provided in accordance with the Intensive Community Outreach fidelity measure, as determined by DMH. 3) Rule 32.18: Revised requirements and provisions related to Intensive Community Support Services (ICSS).
Chapter 42	1) Chapter 42: Added Peer Operated Respite Services (Rule 42.3). 2) Rule 42.1.B.4: Added that services shall not be provided directly to the child by the Parent/Caregiver CPSSP. 3) Rule 42.1.D: Added that the individual's decision to accept/decline Peer Support Services must be documented on the ISP. 4) Rule 42.1.L: Clarified CPSSPs' role during behavioral health crises. 5) Rule 42.1.P: Addressed CPSSP supervision expectations.
Chapter 45	1) Rule 45.1.A: Clarified that In-Home Respite is provided in the home of the person receiving services. 2) Rule 45.1.J: Addressed the *Qualifying Relative DCW Questionnaire* requirements. 3) Rule 45.2.B: Defined non-legally responsible relatives.
Chapter 46	1) Rule 46.1.A: Clarified general Behavior Support Services overview. 2) Rule 46.1.D: Removed the ratio requirement. 3) Rule 46.1.F: Clarified when the medical evaluation must be completed. 4) Rule 46.1.G: Addresses when the Behavior Consultant shall develop a Behavior Support Plan and what to include. 5) Rule 46.1.J: Stipulated that Behavior Support Services shall not be permitted via telehealth. 6) Rule 46.2.A: Added requirement that Behavior Consultants must also develop a data tracking method.
Chapter 47	1) Rule 47.1.M: Addressed the *Qualifying Relative DCW Questionnaire* requirements.
Chapter 53	1) Rule 53.5.L.5: Added clarification for every two (2) weeks.
Chapter 54	1) Rule 54.2: Changed the needs assessment and staffing update requirement from two to three years. 2) Rule 54.4.C: Addressed training alignment with CLAS and other requirements. 3) Rule 54.12.C: Removed reference source. 4) Rule 54.13.A-B: Removed note. 5) Rule 54.13.D.13: Added Maternal and Child Health providers to list of required organizations to develop partnerships with. 6) Rule 54.13.E-F: Removed note. 7) Rule 54.13.H: Removed note. 8) Rule 54.18.C: Remove reference source. 9) Rule 54.22.A.2: Removed reference source. 10) Rule 54.24.A: Removed reference source.
Chapter 55	1) Rule E: Clarified nine services for CCBHCs.

DMH Operational Standards Acronyms

ABA – Applied Behavior Analysis

ADA – Americans with Disabilities Act

ADL – Activities of Daily Living

A-IOP – Intensive Outpatient Programs for Adolescents

AMAP – Adult Making A Plan

ASAM – American Society of Addiction Medicine

BAA – Business Associate Agreement

BCBA – Board Certified Behavior Analyst

BCBA-D – Board Certified Behavior Analyst Doctoral

CARF – Commission on Accreditation of Rehabilitation Facilities

CCBHC – Certified Community Behavioral Health Center

CE – Continuing Education

CIDDT – Certified Intellectual and Developmental Disabilities Therapist

CIT – Crisis Intervention Team

CLAS – Culturally and Linguistically Appropriate Services

CMHC – Community Mental Health Center

CMHT – Certified Mental Health Therapist

CMS – Centers for Medicare and Medicaid Services

CPA – Certified Public Accountant

CPR – Cardiopulmonary Resuscitation Certification

CPS – MS Department of Child Protective Services

CPSSP – Certified Peer Support Specialist Professional

CPSSP-MH – Certified Peer Support Specialist – Mental Health

CPSSP-P – Certified Peer Support Specialist – Parent/Caregiver

CPSSP-SU – Certified Peer Support Specialist – Substance Use

CPSSP-Y – Certified Peer Support Specialist – Youth/Young Adult

CRC – Certification Review Committee

CRU – Crisis Residential Unit

CSAC – Certified Substance Abuse Counselor

CSAP – Center for Substance Abuse Prevention

CSP – Community Support Program

CSUT – Certified Substance Use Therapist
DCO – Designated Collaborating Organization
DMH – MS Department of Mental Health
DOE – MS Department of Education
DOM – Division of Medicaid
DSA – Day Services – Adult
DSM – Diagnostic and Statistical Manual of Mental Disorders
DUI – Driving Under the Influence
EmPATH – Emergency Psychiatric Assessment, Treatment and Healing
EBP – Evidence-Based Practices
FBA – Functional Behavior Assessment
FDA – Food and Drug Administration
GED – General Educational Development
HCBS – Home and Community-Based Services
HCS – Home and Community Supports
HHS – Department of Health and Human Services
HIPAA – Health Insurance Portability and Accountability Act
HIV/AIDS – Human Immunodeficiency Virus
ICAP – Inventory for Client and Agency Planning
ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disability
ICORT – Intensive Community Outreach and Recovery Team
ICSS – Intensive Community Support Services
IDD –Intellectual/Developmental Disabilities
IHNR – In-Home Nursing Respite
IHR – In-Home Respite
IOP – Intensive Outpatient Programs for Adults
IPS – Individual Placement and Support
ISP – Individual Service Plan
IV – Intravenous-Drugs
LBA – Licensed Behavior Analyst
LCSW – Licensed Clinical Social Worker
LEP – Limited English Proficiency
LMFT – Licensed Marriage and Family Therapist

LMSW – Licensed Master Social Worker
LOC – Level of Care
LPC – Licensed Professional Counselor
LPN – Licensed Practical Nurse
LRP – Living Room Program
MAP – Children and Youth Making A Plan
MAT – Medication Assisted Treatment
MCERT – Mobile Crisis Response Team
MD – Medical Doctor
MDAH – MS Department of Archives and History
MH – Mental Health
MOA – Memorandum of Agreement
MOU – Memorandum of Understanding
MYPAC – Mississippi Youth Programs Around the Clock
OBOT – Office-Based Opioid Treatment
OTP – Opioid Treatment Program
OUD – Opioid Use Disorder
PACT – Programs of Assertive Community Treatment
PDMP – Prescription Drug Monitoring Program
PHP – Partial Hospitalization Programs
P-LPC – Provisional-Licensed Professional Counselor
PORS – Peer Operated Respite Services
PRN – As needed basis
PSR – Psychosocial Rehabilitation
RN – Registered Nurse
SAMHSA – Substance Abuse and Mental Health Services Administration
SC – Support Coordinator
SE – Supported Employment
SED – Serious Emotional Disorder
SMI – Serious Mental Illness
SOTA – State Opioid Treatment Authority
SPSR – Senior Psychosocial Rehabilitation
STD – Sexually Transmitted Disease

SU – Substance Use

SUD – Substance Use Disorder

TA – Technical Assistance

TB - Tuberculosis

TCM – Targeted Case Manager

TFC – Therapeutic Foster Care

TGH – Therapeutic Group Home

TJC – The Joint Commission

UDS – Urine Drug Screen

VR – MS Department of Rehabilitation Services/Office of Vocational Rehabilitation

WM – Withdrawal Management Services