

**DIVISION OF BEHAVIORAL HEALTH SERVICES
RSPMI SERVICES AND RESOURCE SUMMARY
FOR
ADDITIONAL SITES SINCE LAST CERTIFICATION
State Fiscal Year 2008: 7/01/2008 Through 6/30/2009**

To be submitted when a provider opens a new service site.

AGENCY NAME :
CORPORATE COMPLIANCE OFFICER (or equivalent) :
ADDRESS:

PHONE NUMBER:
Email:

FAX NUMBER:

NEW SITE PHYSICAL ADDRESS:

DATE SITE OPENED:

PHONE NUMBER:
Email:

FAX NUMBER:

Executive Director Certification: By my signature I certify that I have reviewed this report and attachments and to the best of my knowledge it represents an accurate report of agency services and resources.

Executive Director: Printed Name: _____

Signature: _____ Date _____

<u>PERSONNEL RESOURCES FOR NEW SITE ONLY</u> (as of the date this report is submitted, whole numbers or rounded to nearest tenth)	SFY 08
1. Total FTE Mental Health Professional (MHP) Psychiatrists	
2. Total FTE MHP non-psychiatrist Physicians	
3. Total FTE MHP Psychologists	
4. Total FTE MHP Psychological Examiners	
5. Total FTE MHP Psychological Examiners, Independent	
6. Total FTE MHP Master of Social Work	
7. Total FTE MHP Registered Nurses	
8. Total FTE MHP Licensed Professional Counselors	
9. Total FTE MHP in Related Professions	
10. Total FTE Mental Health Professionals (Sum of lines 1 through 9)	
11. Total FTE Mental Health Paraprofessionals	
12. Total FTE all other staff not included above	

13. Total FTE staff (Sum of lines 9, 10 and 12)	
14. Total FTE mental health professional case managers	
15. Total FTE mental health paraprofessional case managers	
16. Total FTE providing employment services (Other than assessment as part of routine evaluations)	
17. Total FTE providing psychosocial rehabilitative day services	
18. Total FTE providing acute day treatment services	
PROGRAM RESOURCES FOR NEW SITE ONLY (round to nearest whole number)	
19. Number of counties in service area	
20. Number of counties in service area in which agency operates a service site	
21. Number of sites at which a psychosocial rehabilitative day program is operated	
22. Total daily capacity of all psychosocial rehabilitative day programs combined	
23. Total projected daily average attendance at all psychosocial day sites combined	
24. Number of sites at which day treatment is operated	
25. Total daily capacity of all day treatment	
26. Total projected daily average attendance at all day treatment	
27. Number of school based sites that service site projects to operate	
28. Total projected daily average of clients in all school based sites combined	
29. Total projected number of clients served in the out patient clinic	
30. Please list other mental health services provided by the organization and provide capacity information, as appropriate (i.e. residential beds, crisis beds, inpatient beds, housing, therapeutic foster care, etc.)	
30.A.	
30.B.	
30.C	
30.D	
If more room is needed, please list on a separate page and attach to this report.	
FINANCIAL RESOURCES – PROJECTED MEDICAID/MEDICARE INCOME FOR NEW SITE ONLY	
	SFY08
	SFY09
31. Total Medicaid revenues	
32. Total Medicare revenues	
CONTACT INFORMATION	
33. Contact person regarding this report	
34. Telephone number of contact person for this report	
35. E-mail address of contact person for this report	

PERSONNEL QUALIFICATIONS & RESOURCES

1. Attach administrative structure for the new site/s for which extension of certification is being requested.
2. Attach licenses or certifications and resumes of all administrators of the new site. Include the medical director or consulting psychiatrist information if different from the main office site.

3. Attach any contracts with consulting professionals specific to the new site only if additional to the original certification.

PHYSICAL PLANT

1. Attach a list of all new service delivery sites including each site's address (street, city & county), telephone number, fax number, the name of the designated contact person, for each site and that person's email address, the geographic area served by each site and the RSPMI services available at each site.
2. Attach a photograph of each service delivery site for which you are requesting a certification extension.

SERVICE DELIVERY PLAN THAT IS CURRENTLY IN PLACE FOR EACH NEW SITE

In a narrative report, describe the agency's plan for the provision of services including all requested information in compliance with RSPMI Certification Policy, June 1, 2008 and RSPMI Medicaid Manual. Please utilize the format below:

- I. Type of services available at additional site/s, hours of operation and type of clients served (i.e. children, adults, Seriously Mentally Ill, Seriously Emotionally Disturbed, Juvenile Justice population, etc.)
- II. Provide any information that is specific to the site/s for which certification is being requested that is different from those agency sites already certified by DBHS.
- III. Description of agency's crisis services plan that is available at the new site including the policy and procedures for provision of crisis services 24 hours a day 7 days a week.

ACCREDITATION INFORMATION

I. Attach documentation notifying your accrediting organization of the site/s addition/s and the accrediting organization's acknowledgement of the accreditation extension. Certification extension **WILL NOT BE GRANTED until you have the accrediting organization's documentation.**

II. Include dates of current accreditation cycle.

This RSPMI Service Resource Summary and Plan of Services covers SFY 08. If you have any questions, please contact Charlotte Carlson, Director of Policy & Certification, Division of Behavioral Health Services at (501) 683-6903 or e-mail charlotte.carlson@arkansas.gov.

Please send this form with your application to be certified by DBHS as an RSPMI Provider to the following address:

Attn. Charlotte Carlson
Division of Behavioral Health Services
305 South Palm
Little Rock, AR 72205