DMHAS Contracted Mental Health Provider COVID-19 Update Form

DMHAS Contracted Mental Health providers are asked to complete this form and send to their program analyst (copy the Regional Coordinator) to provide updates on any COVID-19 related programmatic changes. Please note that Designated Screening Services and Affiliated Emergency Services do not need to complete this form. Guidance will be provided specific to these services.

Provider Agency

Contracted Service

Address of Service Location

Date Changes are Effective

Submitted by

Describe changes to the service, by type of service. Please complete a separate sheet for each contracted service. Please address the following as applicable, depending on the type of service provided:

- Any admission restrictions (provide rationale, and how priority populations will be prioritized)

- How consumers in need of prescription renewals and/or adjustments will be accommodated

- What provisions are being made for individuals who are due for an injectable medication during the time-frame that outpatient offices will be closed (if applicable)?

- What provisions does the agency/program have in place for individuals who are at risk or experiencing a psychiatric crisis?

- How will changes be communicated with the current consumer population?

- How will changes be communicated with agency stakeholders and referral sources?

- If technology (e.g. ZOOM, telephone contact, email, etc.) is being utilized to provide non-face-to-face interactions with consumers, please describe.

- If there are other areas in which significant changes are being made (e.g. open hours, staff adjustments, transportation), please give details of changes and impact on consumers.

- Anticipated duration of the change (if known)

Please provide e-mail and telephone numbers for contact person for each program:

Contact Name	Contact Email	Contact Phone Number