



The Picklist

Directions for adding or removing counties of service for HAB, FST,& Respite Providers.



DMHA encourages our service providers to offer their services (at most) in the county in which they live and surrounding counties.





Why?



Here are some things to consider.



1) This cuts down on travel time and provides easier access to our CMHW participants, thus promoting consistent and dependable services.





- 2) Counties closer to you are easier to access especially under winter conditions.
- 3) Consider the difficulty involved between AM & PM appointments if they're too far apart.



- 4) DMHA receives complaints due to providers turning down services because the location is "too far away."
- 5) Agencies who plan to hire staff to provide services in other parts of the State should wait until the staff has been hired before requesting those counties.



- 6) Finally, as you review your <u>current</u> counties of enrollment, ask yourself:
 - Have I ever received a call from this county for service?
 - Have I or any of my staff turned down a job for this county?

If so, consider removing that county from your services.



Now, let's review the DMHA application procedure for adding or removing counties of service.



The first thing you will need to do is print your provider summary. You can do this through the Incident Reporting and Complaint portal:

https://dmhareport.fssa.in.gov/





State of Indiana
DIVISION OF MENTAL HEALTH AND ADDICTION



User Guide
Initial Incident Report
Follow-Up to Initial
Incident Report

Incident Report

Complaint Report

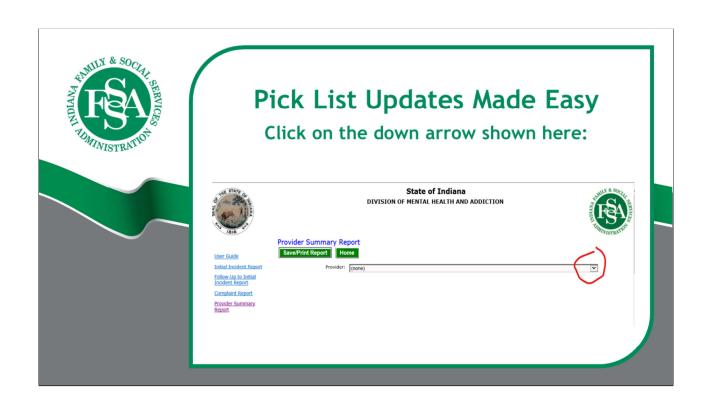
Provider Summary
Report

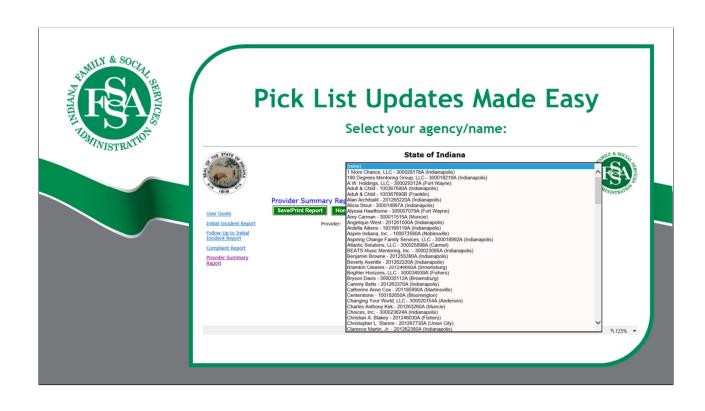
Welcome to the DMHA Incident, Follow-Up and Complaint Reporting website

NOTICE TO USERS: Please be advised, the Indiana Office of Technology (10T) only supports Internet Explorer. If you access this site via Mozilla (Firefox), Safari, Chrome or some other agent, errors may occur. Thank you.

This website is for filing appropriate initial incident, follow-up and complaint reports as required by the State of Indiana Division of Mental Health and Addiction. Providers MUST use this form to initiate DMIA's investigation into your complaint. Youth and family members may use this form or may also file a complaint by contacting the Consumer Service Line at 1-80-90-91-1133.

This site is maintained by the Division of Mental Health and Addiction. Please report any technical problems with the website by sending an e-mail to DMHA.Admin@fssa.in.gov. Please direct policy related questions to DMHAyouthservices@fssa.in.gov.







This will enable you to find your record. Your provider summary reflects exactly what services you are offering under the counties you've selected. Always check for accuracy and keep for your records.



Have this summary ready and proceed to the next part of the process ->



On the provider summary, each staff will be listed with the service and county on individual lines.

Draw a single line, like this, through any county/service lines you want removed. We need to be able to see the county of service to be removed to avoid mistakes.



Next, you will need an application cover sheet. You can download the Application Cover Sheet from the Provider Information web page:

https://www.in.gov/fssa/dmha/ 2764.htm



Complete the top portion of the application cover sheet.

Under Application Type, find "Change demographic Information" and check the box.



The following is an example of a request on the application cover sheet:





Complete this as a cover sheet.

Add the provider summary changes/updates.

You are now ready to submit your changes to DMHA.



You may submit the application cover sheet with your county removals/additions via email to:

Olga.Murray@fssa.IN.gov and Sheila.Crawford@fssa.in.gov

All facility based respite providers will work with Julie Bandy. Please sent questions to <u>Julie.Bandy@fssa.in.gov</u>



Helpful tips: Follow these tips to avoid <u>losing track</u> of the counties you're on the picklist for and to prevent time-wasting <u>duplicate</u> requests.



- ☐ Keep copies of <u>all</u> requests submitted to DMHA.
- □ Keep a master copy of the counties you serve for your reference.