



MENTAL HEALTH CENTER ANNUAL REPORT FORM

Commonwealth of Massachusetts | Executive Office of Health and Human Services

Submit this Annual Report Form and all related documents via email to OBH.mailbox@mass.gov.
Satellite programs must submit separate, individualized Annual Report Forms and related documentation.

Mental Health Center (MHC) Name, including DBA:

Mental Health Center NPI:
(Satellite programs must submit separate, individualized related documentation. Please list satellite programs by NPI here.)

Primary Point of Contact for Clinical Operations
(This individual should be knowledgeable of the content of this report and available to respond to related questions.)

Name:	Title:
Email:	Phone:

Please list current administrative and clinical management MHC staff as outlined in 130 CMR 429.422(C), identifying the staff name, license number, type of license, and board certification, if applicable. In addition, the MHC must submit a list of the clinical supervisors for any unlicensed or not-independently licensed clinical staff. Please use the [Facility Staffing Pattern](#) to complete the staffing reports.

Please attach the following electronic documents for each site:

- (A) a statement affirming that the program has reviewed and updated, as necessary, its written policies and procedures during the reporting period;
- (B) a statement describing the role of the psychiatrist;
- (C) a statement describing the current language capacities, capacity to provide services to specialized populations, and use of evidenced-based modalities of the program; and
- (D) written attestation that the center is in compliance with 130 CMR 429.000.

The MassHealth agency may, at any time, request additional information including, but not limited to, written policies and procedures or staffing and personnel information.