

*Supporting a Better
Tomorrow...Today*

**Children/Youth Services
and Adult Services
Providers Operational
Standards and Record
Guide Training**

August 11, 2016



Purpose of Today's Meeting

- Provide overview of the following:
 - How Final Documents were determined
 - Applying for Certification of New Services
 - Recovery and Resiliency Training
 - Additions, Changes or Deletions in the 2016 Operational Standards
 - Additions, Changes or Deletions in the 2016 Record Guide
 - Technical Assistance Requests

Road to the Final Documents:

- Proposed Versions filed with Secretary of State's Office (March 2016)
- Public Comments
- Work Group Meeting
- DMH Board Approval (May 2016)
- July 1, 2016 Effective Date
- DMH monitoring for compliance with the new documents to begin in January 2017

How to Apply for Certification of New Services

- Application to Add a New Service
- Application to Add a New Program
- Application to Modify and Existing Program

Recovery and Resiliency Training

- August 23, 2016 Jackson
- September 13, 2016 Tupelo
- January 12, 2017 Gulfport



2016 Operational Standards for Mental Health, Intellectual/ Developmental Disabilities, and Substance Use Disorders Community Service Providers



General Updates to the Standards

- Updating the language
- Incorporation of Previous DMH Grant requirements
- Inclusion of new services available for certification
- Removal of standards and certification of Day Support Services, Drop In Centers and FASD



Chapter 1

Certification Responsibilities of the MS Department of Mental Health

Rule 1.2.C

As described in Senate Bill 2829 of Regular Session 2014, regional commissions can create and operate a primary care health clinic to treat (a) its patient; (b) its patients' family members related within the third degree; and (c) its patients' household members or caregivers. Regional commissions operating a primary care health clinic must satisfy applicable state and federal laws and regulations regarding the administration and operation of a primary health care clinic. DMH does not have the statutory authority to license, certify or monitor primary care health clinics.



Chapter 3

Service Options

Rule 3.1.A

Community Mental Health Centers operated under the authority of regional commissions established under MCA Section 41-19-31 et seq. and other community mental health service providers operated by entities other than the DMH that meet DMH requirements of and are determined necessary by DMH to be a designated and approved mental health center must offer the following core services in each county in the CMHC's entire catchment area and in each county identified by DMH/P providers:

Chapter 6

Appeals

Rule 6.2 Procedures for Appeal

- Clarification that Appeals must be submitted by the Executive Director or the Governing Authority
- Change appeal process to start with the Deputy Director, proceed to the Executive Director and then to the Board of Mental Health for final decision



Chapter 9

Quality Assurance

Rule 9.A.2

Develop and implement policies and procedures for the oversight of collection and reporting of DMH required performance measures, analysis of serious incidents, periodic analysis of DMH required client level data collection, review of agency wide Recovery and Resiliency Activities and oversight for the development and implementation of DMH required plans of compliance.

Rule 9.A.3

Collect demographic data to monitor and evaluate cultural competency and the need for Limited English Proficiency services.

Chapter 11

Human Resources

Personnel Records

Rule 11.1.B.9

Ongoing monitoring of incidents that may affect an employees' reported background check status or child registry check status and require the agency to run additional checks.

Rule 11.1.D.3

Assurance that volunteers (not regularly scheduled) that have not completed background checks and fingerprinting requirements and have not attended orientation will never be alone with individuals receiving services unsupervised by program staff;

Rule 11.1.D.4

Assurance that volunteers will never be utilized to replace an employee.



Chapter 11

Human Resources

Personnel Records

Rule 11.2.E

Criminal Records background checks and child registry checks must be completed at hire and as required by the provider's policies and procedures while the staff is employed with the agency.

Rule 11.2.H

Job Description

Rule 11.2.I

Date of Hire

Chapter 11

Human Resources

Personnel Records

Rule 11.2.J

If contractual services are provided by a certified provider, or obtained by a certified provider, there must be a current written contractual agreement in place that addresses, at minimum, the following:

1. Roles and responsibilities of both parties identified in the agreement
2. Procedures for obtaining necessary informed consent, including consent for release and sharing of information
3. Assurances that DMH Operational Standards will be met by both parties identified in the agreement.
4. An annual written review of the contractual agreement by both parties.

Chapter 11

Human Resources

Qualifications

- Removal of CSS qualifications specific to AOP
- Peer Support requirements for transition age youth
- Removal of requirement for 6 month in self-directed recovery for Certified Peer Support Specialist
- Requirement of a Bachelor's Degree for Wraparound Facilitation in line with the Wraparound Institute and Medicaid State Plan Amendment (Rehab Option)



Chapter 11

Human Resources

Qualifications

- Supported Employment Services to SMI qualifications
- Removal of Rule 11.3.S outlining education and experience requirements for support staff responsible for indirect services



Chapter 11

Human Resources

Multidisciplinary Requirements

- Multidisciplinary staff requirements added for DMH/P
- Clarification that psychologist required in multidisciplinary staffing is not required to be certified to perform Civil Commitment Exams

Peer Support

- Removal of repeated Peer Support qualifications and moved the Peer Support training requirements to the Peer Support Chapter



Chapter 12

Training/ Staff Development

General Orientation

- Inclusion of training on reporting requirements of suspected abuse/neglect
- Inclusion of training on principles of positive behavior support and procedures of behavior support (physical and verbal)
- Removal of CDR data elements training
- Inclusion of language to cover supervision of volunteers that have not completed General Orientation



Chapter 12

Training/ Staff Development

Staff Training and Continuing Education

- Requirement for CPR certification of all direct service staff.
 - Community Living staff certified before service delivery and all other staff within 30 days if certified personnel are also on site



Chapter 12

Training/ Staff Development

Staff Training and Continuing Education

- Clarification of population specific requirements for components of staff training plans and continuing education plans for direct service staff
- Inclusion of requirement for all staff working in residential community living programs and all day programs to receive training and certification in techniques for managing aggressive or risk-to-self behaviors



Chapter 12

Training/ Staff Development

Staff Training and Continuing Education

- Clarification that certificates of completion are acceptable as documentation for DMH approved on-line training.
- Removal of requirement for learning objective in other training documentation



Chapter 13

Health and Safety

- Exclusions for Supported Living and Supervised Living
- Clarification that for apartment complexes the provider must show documentation that the complex provides pest control



Chapter 13

Health and Safety

- Consolidation of fire safety inspection requirements into one standard with a single Safety Review Log requirement and consistent timelines
- In lieu of posted exit signs, documented training at admission and quarterly
- Alternative emergency lighting for community living programs



Chapter 13

Health and Safety

- Removal of 90 minute test for emergency lights
- All new construction or renovations of existing locations must meet ADA requirements



Chapter 13

Health and Safety

- Removal of inspection requirement for vehicles
- Clarification for documentation of the COOP drill
- Clarification that the supplies in the disaster/ emergency kit must be kept in one place



Chapter 14

Rights of Individuals Receiving Services

Rights

- The right to services regardless of cultural barriers or limited English proficiency
- Right to have visitors to the greatest extent possible
- Right to daily private communication

Chapter 14

Rights of Individuals Receiving Services

Staff Roles

- Opportunity to develop self-advocacy skills
- Addition of staff roles in affording individuals the same access to the community as individuals without SMI, SED, IDD or SUD

Chapter 14

Rights of Individuals Receiving Services

Ethical Conduct

Inclusion of failure to report suspected or confirmed abuse or neglect according to state laws

Cultural Competency/ Limited English Proficiency

- Responsibilities to provide Limited English Proficiency Services
- Cultural Competency requirements

Chapter 14

Rights of Individuals Receiving Services

Grievance Procedures

Inclusion of requirement that individuals and/or parents/ legal representative are informed of procedures for reporting suspicions of abuse or neglect according to state law

Chapter 14

Rights of Individuals Receiving Services

Restraints

- Clarification that physical restraint can only be used in emergency situations to protect individuals from injuring themselves or others
- Restriction that individuals cannot be restrained for more than 15 minutes instead of 60. Clarification that they must be released after 15 minutes and that face to face assessment takes place as the individual is restrained

Chapter 14

Rights of Individuals Receiving Services

Restraints

- Change of “Behavior Management Plan” to “Behavior Support Plan”
- Addition of requirement that policies be developed to address situations in which staff is unable to manage behavior, including additional options available



Chapter 14

Rights of Individuals Receiving Services

Search and Seizure

Requirement to develop search, seizure and screening policies and procedures



Chapter 15

Serious Incidents

- Clarification that Serious Incident Reports are reported to the Office of Incident Management
- Clarification of examples of Serious Incidents that must be reported to DMH within 24 hours
- Inclusions of suspicion of abuse or neglect to be reported to DMH within 8 hours of discovery or notification

Chapter 15

Serious Incidents

- Serious Incidents should be submitted:

- By phone #1-877-210-8513
- By fax #601-359-9570
- Email bqmos@dmh.ms.gov

SIR Training

- Randy Foster randy.foster@dmh.ms.gov

Chapter 16

Service Organization

Admission

Rule 16.2.A

The provider must implement written policies and procedures for providing appointments for individuals being discharged from inpatient care that:

1. Provide a phone number where contact can be made to arrange for an appointment;
2. Assure the person requesting services only has to make one call to arrange an appointment.



Chapter 16

Service Organization

Admission

Rule 16.2.B.12

Describe procedures for disbursing funds on behalf of individuals receiving services.

Chapter 16

Service Organization

Program Posting

Rule 16.4.A

Program rules posted in a location highly visible to individuals (Exception: Supervised Living, Shared Supported Living, Supported Living and Host Homes).

Rule 16.4.B

Programs must post emergency contact number(s) in a conspicuous location.

Chapter 16

Service Organization

Program Posting

Rule 16.4.C

For day programs of all types, community living programs of all types, and Crisis Stabilization Units, the contact information should be kept securely at the program/service location and available to all staff:

1. Family member(s) or other contacts
2. Targeted Case Manager, Community Support Specialist, therapist, and/or Support Coordinator for individuals.

Chapter 16

Service Organization

Service and Program Design

Rule16.5.C

Services and programs must be designed to promote and allow independent decision making by the individual and encourage independent living, without compromising the health and safety of the individuals being served.

Rule16.5.D

Providers must present information in a manner understandable to the individual so that he/she can make informed choices regarding service delivery and design, available providers and activities which comprise a meaningful day for him/her.

Chapter 16

Service Organization

Service and Program Design

Rule 16.5.G.

All efforts must be implemented to design an environment that is safe and conducive to positive learning. Persons whose behaviors are significantly disruptive to others must be afforded the opportunity and assistance to change those behaviors through a support plan. Persons may not be discharged from a service/program due to disruptive behaviors unless they pose a risk for harm to others. Efforts to keep an individual enrolled in the service or program must be included in the plan and documented in the record.



Chapter 16

Service Organization

Service and Program Design

Rule 16.5.K

Service and plan development must reflect cultural considerations of the individual and be conducted by providing information in a plain language and in a manner that is accessible to the individuals and persons who have limited English proficiency.

Chapter 16

Service Organization

Confidentiality

Rule 16.7.E.

All paper case records must be marked “confidential” or bear a similar cautionary statement; all electronic health records or digital filing must be privacy protected and contain a statement of confidentiality or similar cautionary statement.

Chapter 16

Service Organization

Case Records

Rule 16.8.A

A single case record must be maintained for each individual receiving services (exception: A/D Prevention Services, Consultation and Education Services and Family Support and Education Services) from each provider agency.

Rule 16.8.F

No information in an individual's record shall contain the whole name or other identifiable information of another individual receiving service.

Chapter 16

Service Organization

Assessments

Rule 16.9.C

For all individuals receiving mental health services and/or substance abuse services, the initial biopsychosocial assessment and subsequent assessments are the face-to-face securing of information from the individual receiving services and/or collateral contact...

Chapter 17

Individual Planning of Treatment Services and Supports

- Removal of documentation requirement to support identification of best practices used in treatment planning
- Clarification that planning approaches are specific to the population served

Chapter 19

Crisis Services

Crisis Response Services

- The title “Emergency Crisis Services” is changed to “Crisis Response Services”
- Revision of section to clarify requirements and to include components of the Mobile Crisis Response Team grants (M-CeRT)
- Clarification of Crisis Response Staffing Requirements including at least one staff member must have experience and training in crisis response to each population served (MH, SUD and IDD)

Chapter 19

Crisis Services

Crisis Response Services

- Inclusion of requirement that all Mobile Crisis Response Teams Master's level staff must be certified to complete Pre-Evaluation Screening for Civil Commitment
- Requirement added that Crisis Response Coordinator be a member of all adult and children's MAP Teams in the providers area or if none exist to initiate a team
- Removal of requirement for interagency agreements

Chapter 19

Crisis Services

Crisis Response Services

- Clarification that crisis assessment and crisis support must be provided when requested by entities that are serving individuals in DMH Holding Facilities, individuals held in local jails with a mental health emergencies, individuals presenting in local emergency rooms with a mental health emergency
- Clarification of coordination with emergency departments, CSUs, law enforcement, Chancery Courts and Clerks
- Clarification of documentation requirements and data submission requirements



Chapter 19

Crisis Services

Crisis Stabilization Services

- Revision of language to clarify that Crisis Stabilization Services are crisis residential services not community living programs
- Revision and combining of requirement for policies and procedures addressing pets and animals on the premises
- Inclusion of an assessment for Crisis Stabilization Services of individuals admitted to determine the needed level of observation and to the physical environment to identify potential risk

Chapter 19

Crisis Services

Crisis Stabilization Services

- Clarification of “adequate” visiting areas, removal of the formal to determine the number of areas required
- Clarification of adequate storage required for each individual
- Inclusion of CSU Orientation policies and procedures and how those policies are communicated to the individual



Chapter 20

Community Support Services

Rule 20.1.A

Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists. CSS are only provided by certified DMH/C and DMH/P providers.

Rule 20.1.B

Renamed the CSS Activity Plan to the Recovery Support Plan.



Chapter 20

Community Support Services

Rule 20.1.H

The Recovery Support Plan must clearly state and justify the frequency of contact.

Rule 20.3.B

Input from the parent(s)/legal representative in the development of the Recovery Support Plan for children/youth must be documented.



Chapter 21

Psychiatric Physician Services

Rule 21.1.B

If indicated by the Initial Assessment, the following priority groups of individuals with SMI, children/youth with SED and individuals with an IDD (if applicable) must be provided Psychiatric/Physician's Services within fourteen (14) days of the date of his/her Initial Assessment unless stated in writing. Appointment cancellations or "no shows" must be documented in the individual's case record.

- Individuals discharged from inpatient psychiatric facility; institution; CSU and Crisis Response Services.



Chapter 22

Outpatient Therapy Services

Rule 22.1.H

For DMH/C and DMH/P providers of Outpatient Psychotherapeutic Services for Children/Youth: Outpatient therapy services must be offered to each public school district in the region served by the provider. If the school district does not accept the provider's offer to provide outpatient psychotherapeutic services, written documentation of the denial (for the current school year) by the school district superintendent must be on file at the provider for review by DMH personnel.



Chapter 22

Outpatient Therapy Services

Rule 22.2

Clarification to Intensive Outpatient
Psychiatric Services for Children and Youth
in accordance with DOM Administrative
Code.



Chapter 22

Outpatient Therapy Services

Rule 22.3

Intensive Outpatient Programs for Adults with Substance Use Disorder is a 10-week intensive community-based outpatient program that provides an alternative to traditional Residential Treatment Services or hospital settings. Group therapy for a minimum of three (3) sessions per week for at least ten (10) weeks.



Chapter 22

Outpatient Therapy Services

Rule 22.4

Adolescent-Intensive Outpatient Programs(A-IOP) is a community-based program for adolescents ages 12-18 who need service more intensive than traditional outpatient services. Group therapy must be offered over the course of at least 10 weeks for 6.5 hours per week.

Chapter 23

Acute Partial Hospitalization Services for SED and SMI

- Inclusion of Crisis Response Services as part of comprehensive plan for crisis stabilization and support for individuals in APH
- Inclusion of requirements for Partial Hospitalization Program for Individuals with SUD

Chapter 24

Day Programs and Employment Related Programs for Adults with SMI

Psychosocial Rehabilitation Services

- Removal of requirements for components of the IRAP, now included in the Record Guide
- Clarified the requirement of an Evidence Based Curriculum, implemented to fidelity
- Removal of responsibility to complete and maintain fidelity scales for review

Chapter 24

Day Programs and Employment Related Programs for Adults with SMI

Senior Psychosocial Rehabilitation Services

- Removal of requirement for medical screening
- Removal of requirement for all individuals in the program to voluntarily submit an application with documentation maintained at each site.
- Clarified the different requirements for SPSR operated in a CMHC or a Nursing Facility

Chapter 24

Day Programs and Employment Related Programs for Adults with SMI

Senior Psychosocial Rehabilitation Services

- SPSR located in a CMHC; develop and implement plans for involvement in the community; operate at least 3 days per week at least 4 hours per day
- SPSR in a Nursing Home; minimum of 3 days per week at least 2 hours per day; individuals must also be authorized through the PASRR
- Removal of additional training requirement for SPSR staff



Chapter 24

Day Programs and Employment Related Programs for Adults with SMI

Supported Employment Services for SMI

- Inclusion of standards for Supported Employment Services for SMI , In accordance with the SE grant

Chapter 25

Day Programs for Alzheimer's Disease and Other Dementia

Day Programs

- Clarification of Day Services to include Alzheimer's Day Programs and Alzheimer's Respite Programs
- Removed requirement for an RN and a Secretary/ Bookkeeper
- Clarification of the Program Supervisor requirements to match Rule 11.3

Chapter 25

Day Programs for Alzheimer's Disease and Other Dementia

- Reduced the educational requirement for Activities Coordinator to align with a comparable MH Recreation Assistant
- Addition of training requirement for Alzheimer's services staff to address the needs of individuals with cognitive impairments including communication techniques, redirection techniques and activity interventions
- Removed the food service inspection requirement from the Department of Health

Chapter 25

Day Programs for Alzheimer's Disease and Other Dementia

- Reduced the number than can be served in each program from 25 down to 20

Respite Programs

- Inclusion of standards for Alzheimer's Respite Programs



Chapter 26

Day Programs for Children/Youth with SED

Day Treatment

Rule 26.1.D

Children must be between the ages of three – twenty-one (3-21) to be considered for enrollment in Day Treatment Services. Group composition must be both age and developmentally appropriate.

Rule 26.1.U

Each Day Treatment Program must have a monthly Master Schedule on file at each location to include, at a minimum, the specific skill area being addressed each day and the specific times these skill areas are being addressed. Skill area activities shown on the Master Schedule must be curriculum-specific.



Chapter 28

Community Living for SMI

Supervised Living

Removal of the requirement for a regimented Community Living Handbook.

Chapter 28

Community Living for SMI

Supervised Living

Rule 28.1.C.6

Orientation of the individual to community living Services, to include but not limited to:

- a. Familiarization of the living arrangement and neighborhood;
- b. Introduction to support staff and other residents
- c. Description of the written materials provided upon admission; and
- d. Description of the process for informing of rights, responsibilities, restrictions or limitations.



Chapter 28

Community Living for SMI

Supervised Living

Rule 28.1.K

A maximum of eight (8) individuals may reside in a single residence for programs initially certified after the effective date of these standards.

Removal of Nursing Services as a component.

Chapter 28

Community Living for SMI

Supervised Living

Rule 28.2.K

Individuals have the freedom to furnish and decorate their own rooms in compliance with any lease restrictions that may be in place regarding wall color, wall hangings, etc.

Rule 28.2.U

All providers must ensure visiting areas are provided for residents and visitors and each visiting area must have at least two (2) means of escape.

Chapter 28

Community Living for SMI

Supported Living

Rule 28.4.D

In lieu of posted escape routes, providers must document training that prepares an individual to exit their housing unit/house in the event of emergency.

Rule 28.4.F

All training for Supported Living must take place upon admission and at least annually thereafter. Documentation is to be maintained in the person's record.



Chapter 29

Community Living for SED

Rule 29.1.A

Each child/youth (ages 5 to 16 years) must be enrolled and attend an appropriate educational program in the local school district or be enrolled in an educational program operated by the provider that meets the individualized educational needs of the child/youth and is accredited by MDE. The Community Living Handbook must describe how this occurs for the children/youth served.

Chapter 29

Community Living for SED

Therapeutic Foster Care

“Treatment Foster Care” changed to
“Therapeutic Foster Care”.

Rule 29.2.D

Each foster home or resource home must have no more than one (1) child/youth with SED placed in the home at a given time. Providers seeking to place more than one (1) child/youth with SED in a resource home must obtain prior approval from the MS DHS.



Chapter 29

Community Living for SED

Therapeutic Foster Care

Removal of requirement for TFC support groups for children and families.



Chapter 29

Community Living for SED

Therapeutic Group Homes

Removal of requirement that TFC services must be provided to children and youth in TGH settings.

Rule 29.3.G

The mental health therapist is required to have at least one individual therapy session per week with the child/youth.



Chapter 29

Community Living for SED

Therapeutic Group Homes

Rule 29.3.H

Transition plans must be developed within ninety (90) days prior to completion of a TGH program and be included in the child/youth's record and shared with community service providers.

Rule 29.4

Community Living Handbook specifically for TGH.



Chapter 33

Adult MAP Teams

- Removal of requirement that all individuals released from inpatient psychiatric facilities, residential treatment or CSU into services at a local CMHC must have a Crisis Support Plan developed by AMAP within 21 days of release

Chapter 34

Access to Inpatient Care

- Clarification that all DMH/C and DMH/P providers must provide access to inpatient services
- Clarification that only DMH/C can provide Pre Evaluation Screening Exams



Chapter 35

Designated MH Holding Facilities

- Replacing the term “house” with the term “hold”
- Requirement for CPR certification
- Documentation of clinical management of individuals
- Clarification that clinical management can be provided by a physician (but a psychiatrist is preferred) or by a nurse practitioner (but a psychiatric nurse practitioner is preferred)

Chapter 38

Family Support and Education Services

Clarification of expected outcomes

Rule 38.1.F

Documentation of the activity and/or group must include, at a minimum:

1. Topic and brief description of activity
2. Group or individuals to whom the activity was provided
3. Date of activity
4. Number of participants
5. Name and title of presenter(s), with description of their qualifications/experience in the topic presented.



Chapter 39

Making A Plan (MAP) Teams

- Removal of requirement that CMHC's master's level therapist must participate in Region A-Team meetings held by DHS.



Chapter 41

Wraparound Facilitation

- Provider Bulletin IO00056
- Wraparound Facilitation
Agency/Organization registration process with Mississippi Wraparound Institute.
- Registration with MWI must be done before submitting a New Service application to DMH.



Chapter 42

Peer Support Services

Inclusion of training requirements from previous standards in Chapter 11



2016 Record Guide for Mental Health, Intellectual/ Developmental Disabilities, and Substance Use Disorders Community Service Providers

2016 DMH Record Guide

General Information

- Reorganization to clarify population specific requirements
- Added language to the Signatory Authority section to cover individuals determined by a professional to be physically unable to sign or mentally/cognitively unable to understand

2016 DMH Record Guide Supplemental Information Document

Day Services Adult	Required	Timelines	Update	Additional Information
Required for All Records:				
Face Sheet	X	Completed during the intake process	Updates as needed but at least annually	
Consent to Receive Services	X	Signed during the intake process; before service provision	Signed annually	
Rights of Individuals Receiving Services	X	Signed during the intake process; before service provision	Signed annually	
Acknowledgment of Grievance	X	Signed to acknowledge receipt of the procedures during the intake process; before service provision	Acknowledge receipt annually	
Consent to Release/Obtain Information	X	Fully completed before any information can be released, exchanged or obtained	Only applicable to described event or timeframe	
Medication/Emergency Contact Information	X	Completed from the information gathered during the intake process	Updated as medications are added or discontinued or if emergency contact info is changed but at least annually	
As Needed:				
Self-Administration Medication Log		Completed at the time medication is taken by the individual	Documentation added to the form with each administration	
Additional Programmatic:				
IDD Activity Plan	X	Developed within 30 days of admission to the service	Revised as needed but at least annually	A copy of the Activity Plan must be sent to the appropriate Support Coordinator by the 15th of the month following the month it is developed
IDD Service Note	X	Completed daily as services are provided. Multiple notes can be on the same page.	New Service Note is completed with each staff or individual activity	
IDD Waiver Service Authorization	X	Support Coordinators will issue within 5 days of receipt of the approved initial certification/readmission request. Providers must sign and return within 10 days	Support Coordination will send an updated Service Authorization within 5 days of receipt of a revised Plan of Care. Providers must sign and return within 10 days. Must be recertified annually.	



Section B

All Records

Face Sheet

- Clarification to data requirements
- Removal of items not needed for submission to CDR

Consent to Receive Services

Changes include:

- Inclusion of Freedom of Choice language
- inclusion of Limits of Confidentiality
- guidance revised to include language directed at individuals signing as the legal representative
- Added additional date for signature

Right of Individuals Receiving Services

Changes include:

- Inclusion of the right to confidentiality in addition to privacy;
- inclusion of release circumstances;
- guidance revised to clarify signed documentation of receipt must be maintained in the record;

Acknowledgement of Grievance Procedures

Changes include:

- Minor changes to the guidance to include the ability to combine forms if desired;

Consent to Release/ Obtain Information

Changes include:

- Clarification to the guidance and the form to address the limits of confidentiality

Medication/ Emergency Contact Information

Changes include:

- Inclusion of staff signature and credentials for each entry;
- addition of previous medications section



Section C

All Mental Health and Substance Use Disorder Records

Initial Assessment

- Clarifications to previous sections and more detailed information added;
- Removal of several sections and elements relocated within the document to be more user friendly;
- Guidance revised for entries of "No" or "Not present" as acceptable responses and "Not Applicable" if an entire section does not apply;
- Further revision to consolidate information gathered

Trauma History

- A screening tool that is designed to determine whether or not an individual receiving services has experienced trauma in the past.
- Outpatient – within 30 days of admission
- Day programs – within 30 days of admission
- Primary Residential – within 5 days of admission
- Crisis Stabilization – within 48 hours of admission
- <http://www.ncbi.nlm.nih.gov/books/NBK207188/>

Trauma History

- Added information related to military service; law enforcement or first responder service

Individual Service Plan

- Removed Axis system to align with the current DSM V;
- Restructuring the document for better flow;
- Clarification to previous sections and more detailed information added;
- Additional areas for staff signature;
- Updating the staff positions with signatory authority to certify that the planned services are medically/therapeutically necessary

Individual Crisis Support Plan

- Now only required for four priority groups
 - Individuals returning from inpatient settings or other institutions
 - Individuals transferred from crisis response services
 - Individuals returning from CSU's

Recovery Support Plan

- Clarification to the guidance on the development of the needs statement and long term goals

Progress Note

- Replaces the previous *Case Management/ Community Support Progress Note, Supported Living Contact Note and Supervised Living Activity Summary*;
- Guidance updated for clarification

Weekly Progress Note

- Replaces the previous *PSR/ Clubhouse Progress Note, Senior PSR Progress Note, Day Support Progress Note and Day Treatment Progress Note*;
- Clarification of attendance and service provision information,
- Inclusion of more specific information related to goals and objectives;
- Including SAP format on summaries;
- Including an area for supervisor signature if needed

Substance Abuse Specific Assessment

- Substance Abuse Specific Assessment:
Completed in addition to the Initial Assessment if substance use disorder is indicated

Readmission Assessment Update

- Inclusion of updated legal information



Section D

As Needed for All Records

Initial Assessment and Crisis Contact Summary

- Replaces the previous *Emergency Crisis Contact Log*

Medical Examination

- Changes include:
 - Minor revisions to the form and guidance

Documentation of Healthcare Provider Visit

Changes include:

- Minor changes to the guidance
- Required for all community living services but can be used by any service provider to document access to routine healthcare

Self Administration Medication Log

- Created to document all medications that are administered in day programs and in all supervised living settings;
- Clarification to guidance to include forms or pre-printed stickers generated by the pharmacy for up to one month for regularly prescribed medication.
- Requirement for agencies to create policies and procedures to account for medication changes mid cycle.

Telephone/ Visitation Agreement

- Changes include:
 - Updates to the form to more accurately reflect the wishes of the individual

Service Termination/ Change Summary

- Changes include:
 - Form updated to include more specific information related to the change

Provider Discharge Summary

Changes include:

- Guidance was updated to clarify how the form is used;
- the reasons for discharge and the referral section were updated to reflect current choices reported to CDR;
- Revision of "Referred to/ Discharged to" documentation



Section E

Day Service Programs

Individual Recovery Action Plan (IRAP)

- Currently used by Psychosocial Rehabilitation Service providers, previously required in the Operational Standards and now included in the guide



Section F

Mental Health Services

Crisis Stabilization Services Daily Note

- Currently used by Crisis Stabilization Services providers as required by Division of Community Services, now included in the guide

Adult Making a Plan (AMAP) Case Summary Form

- Currently used by Adult MAP Service providers, now included in the guide

Adult MAP Monthly Report

- Currently used by Adult MAP Service providers, now included in the guide

Adult Pre-Evaluation Screening for Civil Commitment

- Additions to the screening based on changes to the law;
- Clarification in the information gathered to assist the chancery court officials

Youth Pre-Evaluation Screening for Civil Commitment

- New form added due to additional informational requirements for youth.
 - Applies to ages 14 – 17



Section H

Children and Youth Services

Wraparound Facilitation Individual Support Plan

- The Wraparound ISP includes all components of the wraparound process and team meetings to include:
 - Family vision, team mission, and strengths
 - Crisis Plan
 - Need statements/strategies
 - Team contacts/Resources/discharge and signatures
 - Wraparound Team meeting documentation



Section K

Administrative Information

Disaster Preparedness and Response Guidance

- New to the Record Guide
- Guidance to assist providers in developing agency COOP and program Disaster Plans
- Includes a sample Hazard Vulnerability Analysis

Staff Verification of Training on Suspected Abuse or Neglect Reporting

- New to the Record Guide
- Guidance to assist providers in documenting required staff training
- Verification form is updated if training is repeated or new training is provided



Questions??

Technical Assistance

Supporting a Better Tomorrow...Today

