

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

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Requirements for Providing Behavioral Supervised Living

Section I. Criteria for Admission

This level of service is intended to support people with high frequency disruptive behaviors that pose serious health and safety concerns to self or others, including destructive behaviors that may or will result in physical harm or injury to self or others. To receive Behavioral Supervised Living, there must be a documented history of the behavior(s) listed below that is likely to re-occur without supervision and structure in the person's living arrangement.

- A. Acts by a person that may have or have caused great emotional harm to self or others (e.g., sexual assault)
- B. Inability of a person to control behaviors to the extent it impedes his/her day-to-day functioning at home, in a community living arrangement and/or at a day program
- C. The person engages in self-injurious behaviors that cause him/her to harm him/herself because of both internal and external stimuli.
- D. 1:1 staffing hours are necessary to ensure the health and safety of the person and/or others

Section II. DMH Specialized Needs Committee

The DMH Specialized Needs Committee, comprised of a representative from an advocacy organization, a Registered Nurse, a Behavior Consultant and BIDD staff, will make the determination of whether someone will be approved to receive the Behavioral Supervised Living.

All required information must be submitted to the person's ID/DD Waiver Support Coordinator who will then submit it to BIDD via LTSS. BIDD staff will distribute the information to the DMH Specialized Needs Committee. All items that a provider is responsible for gathering must be sent at one time to the Support Coordinator; separate pieces of information will not be accepted.

The Specialized Needs Committee will meet on Mondays at 2:00pm to review documentation received by BIDD, via LTSS, on or before Wednesday of the prior week. Support Coordinators have five (5) days from receipt of information from the provider to submit it to BIDD via LTSS.

Section III. Required Documentation for Admission

The information needed to justify the service and the party responsible for gathering the data is as follows, depending on where the person currently resides:

Someone Already Receiving Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
A detailed description of the behavior(s) that are occurring or are likely to occur without increased supervision. The documentation must provide evidence that additional staff had to intervene to secure the health and safety of the individual and/or the health and safety of others. Information can come from providers, parents, Support Coordinator, and/or others who have direct contact with the person.	Supervised Living provider
A listing of the specific actions, including the length of time employed for each, staff who were trained, the type of training staff received, what other services were requested and tried and the outcome of each attempt to mitigate the behavior	Supervised Living provider
Copies of any Serious Incident reports	Supervised Living provider
Copy of the person's Plan of Services and Supports	ID/DD Waiver Support Coordinator
Service Notes for the past three (3) months from all providers of all services the person receives	Supervised Living provider/ID/DD Waiver Support Coordinator
A complete list of all medications the person receives	Supervised Living provider
Documentation obtained from any medical providers (including psychiatrists) during the previous three (3) months or any other medical documentation deemed relevant to the situation	Supervised Living provider
Other documentation/information deemed relevant to support the request (information from a CMHC, other providers, etc.)	Supervised Living provider/Family/Other providers

Someone Moving from Home and Requesting Behavioral Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
A detailed description of the behavior(s) that are occurring or are likely to occur without increased supervision. Indicate if this service is needed to secure the health and safety of the individual and/or the health and safety of others. Information can come from providers, parents, Support Coordinator, and/or others who have direct contact with the person.	Support Coordinator must gather the necessary information through interviews with family and providers/observation
A listing of the specific actions, including the length of time employed for each, staff who were trained, the type of training staff received, what other services were requested and tried and the outcome of each attempt to mitigate the behavior	Support Coordinator must gather the necessary information through interviews/observation
Service Notes for the past three (3) months from all providers of all services the person receives. This includes any documentation from a Behavior Support Provider such as Functional Behavior Assessment(s) and Behavior Support Plan(s)	Support Coordinator must request this information from all providers

Someone Moving from Home and Requesting Behavioral Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
Documentation obtained from any medical providers during the previous three (3) months or any other medical documentation deemed relevant to the situation	Family must request information from medical providers and forward to Support Coordinator
Copy of the person's Plan of Services and Supports	Support Coordinator
A complete list of all medications the person receives	Family
Other documentation deemed relevant to support the request	Family/Providers

Someone Moving from an Institution and Requesting Behavioral Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
A detailed description of the behavior(s) that are occurring or are likely to occur without increased supervision. The documentation must provide evidence that additional staff (at least 1:1) had to intervene to secure the health and safety of the individual and/or the health and safety of others, if it is likely to reoccur and other interventions/actions that have been tried and failed. Information can come from providers, parents, Support Coordinator, and/or others who have direct contact with the person.	Transition Coordinator
Current History and Physical	Transition Coordinator
Annual Psychological Evaluation	Transition Coordinator
Functional Behavior Assessment	Transition Coordinator
Written Behavior Support Plans	Transition Coordinator
Progress Notes from the past six (6) months	Transition Coordinator
Behavior Reports for past six (6) months	Transition Coordinator
Data about targeted behavior(s) for the past six (6) months	Transition Coordinator
A complete list of all medications the person receives	Transition Coordinator
Documentation of consults from other medical professionals	Transition Coordinator
<i>The required documentation for people moving from an institution and seeking Behavioral Supervised Living should be submitted to the DMH Specialized Needs Committee, via BIDD staff, in sufficient time ahead of the move to allow the Committee to make a determination as to whether the service will be approved.</i>	

Section IV. Staff Requirements for Behavioral Supervised Living

- A. Providers of Behavioral Supervised Living must have a team that consists of:
1. A licensed psychologist to approve the Functional Behavior Assessment and Behavior Support Plan and to be available for consultation when adjustments may be needed (can be on contract)
 2. Someone who meets the qualifications of a Behavior Consultant who can conduct the Functional Behavior Assessment, develop the Behavior Support Plan, and provide necessary training to staff/family on implementation of the Behavior Support Plan
 3. Someone who meets the qualifications for a Behavior Interventionist to assist the Behavior Consultant in collecting data and providing training to staff/family on how to implement the Behavior Support Plan

4. Direct Support Staff with specialized, documented training in handling aggressive or at-risk-to-self behavior.
5. No additional DMH certification is needed, but documentation regarding the composition of the Behavior Support Team must be submitted to BIDD and be approved in writing before Behavioral Supervised Living services can begin.

Section V. Staff Training

- A. Someone Moving to Behavioral Supervised Living from Home or an Institution
 1. All staff must be Mandt© certified or hold another nationally recognized credential prior approved by the DMH. The credential must be obtained before the staff can begin working with the person.
 2. All staff working with the person must receive timely person-specific training before the person moves into the home.
 3. For someone living in the family home, if the situation is immediate and extreme, and Behavioral Supervised Living has not been approved, the person should be referred for Crisis Support/Crisis Intervention.
- B. Someone Already Receiving Supervised Living
 1. All staff must be Mandt© certified or hold another nationally recognized credential prior approved by the DMH. The credential must be obtained before the staff can begin working with the person.
 2. If a person is already living in the Supervised Living arrangement, the Behavior Consultant and/or Behavior Interventionist will train/re-train staff once the Behavior Support Plan is developed.
 3. If the situation is immediate and extreme, and Behavioral Supervised Living has not been approved, the person should be referred for Crisis Support/Crisis Intervention.
- C. Documentation of Staff Training
 1. Documentation of this training must be in the person's record. The documentation must be signed and dated by the staff receiving the training as well as the person providing the training.
 2. The Behavior Consultant must begin the Functional Behavior Assessment (FBA) upon notification from the Support Coordinator that Behavioral Supervised Living has been approved for the person. The FBA must be completed within fifteen (15) days of the notification of approval for the person to begin Behavioral Supervised Living. The Behavior Support Plan must be completed within fifteen (15) days of the completion of the FBA

Section VI. Additional Documentation Requirements for Behavioral Supervised Living *(DMH Record Guide requirements must also be followed)*

- A. Service Notes must reflect the person's and the staff's activities throughout the day, with at least one entry every two (2) hours while the person is awake and in the home. Overnight entries can be every four (4) hours. Service Notes must also reflect when and the amount of time a person receives 1:1 staffing.

- B. Data must be collected as directed by the Behavior Consultant.
- C. There must be Quarterly Review Reports that reflect the supports provided and the amount of progress made during each quarter. Based on data gathered during each quarter, the Behavior Consultant composes a report that reflects target behavior(s), medication changes, information about Behavior Support Plan implementation, and narrative information about baseline data, data from the previous Quarterly Review Report, and narrative information about the current quarter's data.

The Quarterly Review Report must include next steps to be taken in implementation of the Behavior Support Plan. Next steps could include actions such as continuing with the Behavior Support Plan as it is written or modifying it to meet any changing needs. Modifications can be made to the intervention, intervention techniques, target behaviors, training needs, timelines, etc.

Section VII. Provider Responsibilities for Services Provided Away from the Behavioral Supervised Living Home

- A. The provider must be prepared to send staff with the person to his/her day activities in order to ensure continuity for the person. The Behavior Consultant and/or Interventionist must train staff wherever the person is during the day how to manage behavior(s) that are identified in the Behavior Support Plan. This is true even if the provider of day services is different than the provider of Behavioral Supervised Living. As long as the person is in Behavioral Supervised Living, it is the responsibility of the provider to ensure the Behavior Support Plan is implemented where the person goes during the day. This can be done by the Behavior Consultant/Interventionist or direct care staff, depending on the situation.
- B. Once staff has been trained and the identified behavior(s) begin to mitigate, the Behavioral Supervised Living staff can be faded. However, the situation must be monitored. If changes in the person's behavior(s) occur, Behavioral Supervised Living staff must return to the setting where the behaviors are occurring and either retrain staff or revise the Behavior Support Plan.

Section VIII. Ongoing Review of Need for Behavioral Supervised Living

- A. The DMH Specialized Needs Committee will determine the need for ongoing Behavioral Supervised Living at least annually.
- B. The following documentation must be submitted to the person's Support Coordinator within ninety (90) days of the end of a person's certification period. The Support Coordinator will submit the documentation to the DMH Specialized Needs Committee within five (5) days of receipt of all required documentation. All documentation must be received by the Support Coordinator at one time; partial submissions of required information will not be accepted.
 - 1. Service notes (previous three (3) months)
 - 2. Serious Incident reports (previous six (6) months)
 - 3. Behavior Reports (previous six (6) months)
 - 4. Functional Behavior Assessment (for 1st annual review)
 - 5. Behavior Support Plan for 1st annual month review
 - 6. Quarterly Review Reports (previous two (2) quarters)
 - 7. Documentation of staff training (Mandt © or other approved training certificates for all staff and as well as person-specific training)

Section IX. Use of Other Behavior Services

- A. People who receive Behavioral Supervised Living cannot also receive Behavior Support, Crisis Intervention or Crisis Support services. The goal is for the provider's Behavioral Supervised Living Team to be able to resolve/mitigate issues/behaviors where the person lives. Alternate living arrangements may be used for short term purposes.
- B. If the issue is determined to be a medication issue which requires medical intervention, Crisis Support may be considered. There must be adequate supporting documentation and it must be prior approved by BIDD.
- C. The goal is for the provider's Behavioral Supervised Living Team to resolve/ mitigate issues/behaviors (as described in Section I) where the person lives and in their daily activities.
- D. If a provider continually refers people receiving Behavioral Supervised Living to Crisis Support, the provider's ability to render the service may be suspended.