

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

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Requirements for Providing Medical Supervised Living

Section I. Criteria for Provider Approval for the Provision of Medical Supervised Living

In order to provide Medical Supervised Living, a provider must first be approved to do so by the Department of Mental Health. The following must be submitted to the Bureau of Intellectual and Developmental Disabilities, Director of Home and Community Based Services, before Medical Supervised Living Services may begin:

1. Documentation and procedures to ensure that a Registered Nurse (RN) will conduct all Nursing Assessments and develop all Nursing Care Plans.
2. Documentation and procedures describing that a nurse (RN or Licensed Practical Nurse) is on call twenty-four (24) hours per day, seven (7) days per week in order to respond to requests for assistance/information from staff in the home. Documentation must include a copy of the nurse's(s) current license to provide nursing care.
3. Documentation and procedures describing how nursing coverage for the home, dependent upon the needs of the person/people receiving Medical Supervised Living, will be provided.

Section II. Criteria for Admission

Medical Supervised Living is for someone who has a chronic physical or medical condition requiring prolonged dependency on medical treatment for which skilled nursing intervention is necessary. Medical Supervised Living cannot be received unless the person requires frequent nursing oversight to include a minimum of monthly nursing assessments.

- A. The person's physical or medical condition may be characterized by one of the following:
1. A condition that requires medical supervision and physician treatment/consultation.
 2. The need for administration of specialized treatments that are medically necessary such as, injections, wound care for decubitus ulcers, etc.
 3. Dependency on medical technology requiring nursing oversight such as enteral (feeding tube) or parenteral (intravenous tube) nutrition support (bolus feedings only) or continuous oxygen.
 4. The administration of specialized treatments that are ordered by a physician or nurse practitioner.
 5. Other medical support needs that are approved by the DMH Specialized Needs Committee.

- B. Medical Supervised Living will not be approved unless the person requesting this service requires frequent nursing oversight to include a minimum of monthly nursing assessments.

Section III. DMH Specialized Needs Committee

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

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 IV. 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 medical condition(s) the person has that have resulted in a need for increased/new support needs that can only be addressed by or under the supervision of nursing staff. This documentation must be provided by a RN, Nurse Practitioner or physician.	Supervised Living Provider
The reason(s) why the person’s current level of staffing/staff qualifications/current living arrangement is not sufficient. This documentation must be provided by a RN, Nurse Practitioner or physician.	Supervised Living Provider
Copies of any Serious Incident reports for the past six (6) months	Supervised Living Provider
Service Notes/Nursing Notes for the past two (2) months from all providers of all services a person receives. The Service Notes from the Supervised Living Provider should be indicative of the reason(s) that Medical Supervised Living is being requested for the person	Support Coordinator/Supervised Living Provider
A complete list of all medications the person receives	Supervised Living Provider
Documentation obtained from any medical providers during the previous three (3) months or any other medical documentation deemed relevant to the situation	Supervised Living Provider/ Family
Documentation from a physician that states the type(s) of treatment the person requires, the strategies necessary to provide the treatment(s), the length of time it takes to administer the treatment(s), and the length of time the treatment(s) is expected to last (use the Physician Recommendation form).	Supervised Living Provider
Other documentation deemed relevant to support the request	Supervised Living Provider/

Someone Already Receiving Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
	Family/Other providers
Someone Living at Home and Requesting Medical Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
A detailed description of the medical condition(s) the person has that have resulted in a need Medical Supervised Living	Family/Providers
Service Notes for the past two (2) months from all providers of all services a person receives	Support Coordinator
A complete list of all medications	Family
Documentation obtained from any medical providers during the previous three (3) months or any other medical documentation deemed relevant to the situation	Family
Documentation from a physician that states the type(s) of treatment the person requires, the strategies necessary to provide the treatment(s), the length of time it takes to administer the treatment(s), and the length of time the treatment(s) is expected to last (use the Physician Recommendation form)	Family
Other documentation deemed relevant to support the request	Current providers/Family

Someone Moving from an Institution and Requesting Medical Supervised Living	
Information to be Obtained	Party(ies) Responsible for Gathering Information
History and Physical	Transition Coordinator
Physician's Progress Notes from the past six (6) months	Transition Coordinator
Nursing Assessment (current within two (2) months of submission)	Transition Coordinator
Current Physician's Orders	Transition Coordinator
Consults from other professionals from the past year	Transition Coordinator
A complete list of all medications	Transition Coordinator
Nutrition Evaluation	Transition Coordinator
Seizure Records from the past six (6) months	Transition Coordinator
Documentation from a physician that states the type(s) of treatment the person requires upon moving to Medical Supervised Living, the strategies necessary to provide the treatment(s), the length of time it takes to administer the treatment(s), and the length of time the treatment(s) is expected to last (use the Physician Recommendation form)	Transition Coordinator
Other documentation deemed relevant to support the request	Transition Coordinator/Staff from the Regional Program/Family

The required documentation for people moving from an institution and seeking Medical Supervised Living should be submitted to the BIDD Director of Transition Services in sufficient time ahead of the move to allow the Committee to make a determination as to whether the person will be approved for the service.

Section V. Pre-Admission Requirements for Medical Supervised Living

- A. For people moving from home or already receiving Supervised Living, the provider must arrange for a Nursing Assessment to be conducted by a Registered Nurse before or the same day the person is admitted to the home. At a minimum, the following systems must be addressed:
- a. Integument
 - b. Head
 - c. Eyes and Vision
 - d. Ears and Hearing
 - e. Nose and Sinus
 - f. Mouth
 - g. Neck
 - h. Thorax, Lungs, and Abdomen
 - i. Extremities
 - j. Risk for falls

The Nursing Assessment by the Registered Nurse must result in a Nursing Care Plan.

- B. For people moving from an institution, the provider's RN must review the Nursing Assessment from the institution and develop the Nursing Care Plan. He/she may choose to conduct an on-site Nursing Assessment, but it is not required.

Section VI. Staff Training

- A. Someone Already Receiving Supervised Living

If a person is already in a Supervised Living setting and is approved for Medical Supervised Living, staff must be trained regarding that person's individual support needs, as there must have been a change that necessitated the transition to Medical Supervised Living.

- B. Someone Moving to Medical Supervised Living from Home/Institution

If a person is moving into a Medical Supervised Living arrangement from home or an institution, staff must be trained about the person's support needs before admission to the home. This can be accomplished by a nurse (RN or LPN), Nurse Practitioner, or a physician. Others who know the person's support needs well (e.g., family members, other caregivers the person has, etc.) may also provide information.

- C. Documentation of Staff Training

Documentation of all staff training, regardless of if a person is moving into the home or already lives in the home, must be in the his/her record. The documentation must be signed and dated by the person receiving the training as well as the person providing the training.

Section VII. Additional Documentation Requirements for Medical Supervised Living
(DMH Record Guide requirements must also be followed)

- A. The Registered Nurse must provide the level of oversight and monitoring necessary to determine the implementation and efficacy of the strategies in the Nursing Assessment/Nursing Care Plan.
- B. There must be at least monthly nursing notes and an assessment from a Registered Nurse that includes:
 - 1. A summary of all visits/contacts related to the person's physical or medical condition(s).
 - 2. A description of the person's current physical/medical status.
 - 3. The status of any physician's orders (new orders, discontinued orders, etc.), status of laboratory or diagnostic tests, specialist evaluations, medical appointments, medications, treatment, and/or equipment.
- C. The skilled nursing services provided and the person's response to the interventions.

Section VIII. Additional Requirements

- A. Providers of Medical Supervised Living must have a nurse (RN or LPN) on call 24/7 to respond to requests for assistance/information from staff in the home.
- B. Licensed Practical Nurses can provide daily nursing care.

Section IX. Ongoing Review of Need for Medical Supervised Living

- A. The DMH Specialized Needs Committee will review the need for ongoing Medical Supervised Living at least annually, before recertification.
- B. All required documentation must be sent as a whole to the Support Coordinator within ninety (90) days of the person's recertification date; partial submissions will not be accepted. The Support Coordinator will submit the information to the DMH Specialized Needs Committee. The following information is required:
 - 1. Nurse's notes from the previous two (2) months
 - 2. Nursing Assessments from the two (2) months
 - 3. Current Nursing Care Plan
 - 4. Relevant information from other providers (Home Health, day program, etc.)
 - 5. Rationale for the need for continued Medical Supervised Living

Section X. Short Term Medical Supervised Living

- A. A person can receive Medical Supervised Living on a short term basis (60 days) in order to recover from an illness or procedure because of the need for more intensive medical care than can be provided in traditional Supervised Living/Shared Supported Living/Supported Living.
- B. The need for short term Medical Supervised Living will be evaluated by the DMH Specialized Needs Committee. The following must be submitted to the Support Coordinator for submission to BIDD before short term Medical Supervised Living can be authorized:
 - 1. Physician/Specialty evaluation notes (provider/family responsibility)
 - 2. Discharge Plan (provider/family responsibility)
 - 3. Other information deemed relevant to support the continued need for the service
- C. Short Term Medical Supervised Living beyond the initial sixty (60) days can be requested. The need will be re-evaluated by the DMH Specialized Needs Committee. The following must be submitted to the Support Coordinator for submission to BIDD within two (2) weeks before the end of the first sixty (60) day stay:
 - 1. Estimated number of additional days needed
 - 2. Justification for the additional days
 - 3. Nurse's notes since the beginning of the stay
 - 4. Nursing Assessments
 - 5. Nursing Care Plan
 - 6. Any information from Home Health, therapists, or other providers who may have delivered services to the person