Mississippi Department of Mental Health

*Supporting a Better Tomorrow...One Person at a Time*

# Operational Standards
# For
# Mental Health,
# Intellectual/Developmental Disabilities,
# And Substance Use ~~Disorders~~
# Community Service Providers

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# Title 24: Mental Health

## Part 2: Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use ~~Disorders~~ Community Service Providers

## Part 2: Chapter 1: Certification Responsibilities of the Mississippi Department of Mental Health

**Rule 1.1 Repeal of Prior Rules**

Upon their effective date, these rules and regulations supersede and repeal all previous versions of the Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use ~~Disorders~~ Community Service Providers.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 1.2 Legal Authority**

A. The State of Mississippi vested standard-setting authority in the Department of Mental Health (DMH) through Section 41-4-7 of the *Mississippi Code, 1972, as amended*, which authorizes the Department to:

   1. ~~s~~ Supervise, coordinate, and establish standards for all operations and activities of the state, related to mental health and providing mental health services;

   2. ~~c~~ Certify, coordinate and establish minimum standards and establish minimum required services for regional mental health and intellectual disability commissions and other community service providers ~~for community or regional programs~~ and services in mental health, intellectual disability, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders and related ~~programs~~ services throughout the state; and,

   3. ~~e~~ Establish and promulgate reasonable minimum standards for the construction and operation of state and all DMH-certified facilities, including reasonable minimum standards for the admission, diagnosis, care, treatment, transfer of patients and their records, and also including reasonable minimum standards for providing day care, outpatient care, emergency care, inpatient care and follow-up care, when such care is provided for people ~~persons~~ with mental or emotional illness, intellectual disability, alcoholism, drug misuse and/or developmental disabilities.

B. Mental Health Services described in these regulations are approved therapeutic and case management services provided by (a) an approved regional mental health/intellectual

disability center established under Sections 41-19-31 through 41-19-39, or by another community ~~mental health~~ service provider meeting the requirements of ~~the Department of Mental Health (~~DMH~~)~~ to be an approved mental health/intellectual/developmental center if determined necessary by DMH, using state funds which are provided from the appropriation to DMH and/or funds transferred to the department by a political subdivision or instrumentality of the state and used to match federal funds under a cooperative agreement between the division and the department, or (b) a facility certified by DMH to provide therapeutic and case management services, to be reimbursed on a fee for service basis. Any such services provided by a facility described in paragraph C. ~~(c)~~ must have the prior authorization of the Division of Medicaid to be eligible for reimbursement under this section.

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.

Source: Section 43-13-117(16) of *the Mississippi Code, 1972, as amended*
Section 41-19-33 *of the Mississippi Code, 1972, as amended*

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## Part 2: Chapter 2: Certification

**Rule 2.1 DMH Agency Provider Certification Types**

A. Certification by ~~the Mississippi~~ DMH of any type is not a guarantee of funding from any source. Funding is a separate process and each individual funding source/agency must be contacted for information regarding their requirements for funding and the process required for obtaining that funding.

B. Certification by ~~the Mississippi~~ DMH of any type is not a guarantee of designation as a DMH Mental Health/Intellectual Disability/ Substance Use ~~Disorder~~ Community Service Provider.

C. DMH/Department (DMH/D): ~~Programs~~ Agency providers that are operated under the authority and supervision of the State Board of Mental Health authorized by Section 41-4-7 of the *Mississippi Code of 1972, Annotated,* must be certified. These are the community-based services, including those community ~~mental health~~ service providers meeting DMH requirements of and determined necessary by DMH to be an approved ~~C~~community service provider ~~Mental Health Center~~, operated by the state regional centers and the state psychiatric/chemical dependency hospitals.

D. DMH/CMHC (DMH/C): Agency ~~P~~providers that are certified under this option are Community Mental Health Centers operating under the authority of regional commissions established under 41-19-31 et seq. of the *Mississippi Code of 1972, Annotated,* and other community mental health service providers operated by entities other than ~~the~~ DMH that meet requirements of and are determined necessary by DMH to be a designated and approved mental health center.

E. DMH/Private Provider (DMH/P): Agency ~~P~~providers certified by DMH to provide therapeutic and case management services, to be reimbursed on a fee for service basis. Any such services provided by a facility described in paragraph B. ~~(b)~~ must have the prior authorization of the Division of Medicaid to be eligible for reimbursement under this section. DMH is not responsible for any required matching funds for reimbursement for this agency provider certification type.

F. DMH/Grants (DMH/G): Agency ~~P~~providers other than those designated as DMH/D and DMH/C above that receive funds for services through grants from ~~the Mississippi~~ DMH must be certified. These include non-profit agency providers that receive funds directly from ~~the~~ DMH, but that are not Community Mental Health Centers (DMH/C designation) or DMH-operated (DMH/D designation).

G. DMH/Home and Community-Based Waiver (DMH/H): Agency ~~P~~providers meeting requirements for certification to provide services under the Home and Community-Based Services-ID/DD Waiver must be certified by DMH. All DMH/H agency ~~P~~providers must be enrolled as a Medicaid provider for ID/DD Waiver Services prior to service delivery.

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Entities that may apply include those already certified by ~~the~~ DMH as well as other entities that provide the type services offered through the ID/DD Waiver.

H. DMH/IDD Community Support Program: 1915i (DMH/I): Agency providers meeting requirements for certification to provide services under the Home and Community-Based Services – IDD Community Support Program (1915i) must be certified by DMH. All DMH/I agency providers must be enrolled as a Medicaid provider for the IDD Community Support Program Services prior to service delivery. Entities that may apply include those already certified by DMH as well as other entities that provide the type services offered through the IDD Community Support Program.

I. DMH/Free Standing (DMH/F): Agency providers other than Community Mental Health Centers that do not receive grant funding, that are certified to provide one (1) or more Substance Use specific services.

J. ~~H.~~ DMH/Other Agency Providers Requirement or Option (DMH/O): Private non-profit and private for-profit agency providers that receive funds from agencies other than ~~the Mississippi~~ DMH (such as from the Mississippi Department of Rehabilitation Services and the Mississippi Department of Human Services) may be required by that agency provider to obtain DMH certification. These agency providers will be designated as DMH/O ~~programs~~ agency providers if applicable DMH Standards are met.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*
Section 43-13-117 of the *Mississippi Code, 1972, as amended*

**Rule 2.2 Fees**

A. A fee may be charged by ~~the~~ DMH for certification or recertification depending on the certification option the agency provider chooses and the legal status of the applicant organization (i.e., private non-profit, private for-profit, public, etc.). After submitting an initial application, the applicant will be contacted in writing by ~~the~~ DMH notifying the agency provider of the fee (if applicable). The fee must be submitted to ~~the~~ DMH prior to the initial on-site visit.

B. A fee to conduct the initial certification visit of $350.00 per DMH ~~staff person~~ employee per day may be charged to agency providers ~~programs~~ seeking DMH/F, DMH/I, DMH/O, or DMH/P and agency providers seeking DMH/H certification. Those agency providers ~~programs~~ seeking or holding a DMH/D, DMH/C, a DMH/G certificate, will be exempt from fees.

C. Recertification or other review visits may require a fee of $150.00 per DMH ~~staff person~~ employee per day, which will be billed to the agency provider after the on-site visit.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.3 DMH Interested Agency Provider Certification ~~for New Service Providers~~**

A. An ~~new service~~ Interested Agency ~~p~~Provider is defined as an organization that is seeking DMH certification as a service provider with organizational and management structures in place to meet requirements outlined in DMH Operational Standards to begin service provision.

B. Approval and certification as a community service provider is limited to agency providers/businesses registered and in good standing with the MS Secretary of State, rather than licensed independent practitioners.

C. Non-profit and for-profit agency providers must have and show evidence of a governing authority as required in Rule 8.1.

D. ~~B. New Service~~ Agency Providers interested in DMH Certification must complete DMH Interested Agency Provider Orientation prior to seeking certification. DMH Interested Agency Provider Orientation must be completed prior to submitting the application for DMH Agency Provider Certification.

E. ~~C. New Service~~ Interested agency ~~P~~providers ~~interested in~~ seeking DMH Certification must submit the required DMH application and supporting documentation and adhere to the timelines and procedures for application.

F. DMH Certification is based on the following:

1. Provision of applicable required services in all required service locations for desired certification option;
2. Adherence to DMH Operational Standards, DMH grant requirements (if applicable) guidelines, contracts, memoranda of understanding and memoranda of agreement;
3. Compliance with DMH fiscal management standards and practices;
4. Evidence of fiscal compliance/good standing with external (other than DMH) funding sources;
5. Compliance with ethical practices/codes of conduct of professional licensing entities related to provision of services and management of the organization; and,
6. Evidence of solid business and management practices.

G. ~~D.~~ DMH certification for all new ~~service~~ agency provider organizations is a two-step process.

1. First, an agency ~~service~~ provider organization must receive DMH Agency Provider Certification, which includes the certification of the services the organization plans to provide.
2. Second, the DMH-certified agency provider must apply for DMH certification of the ~~services they seek to provide and the applicable program~~ service locations in which the services are provided. *(Note: not all services will require a physical service ~~program~~ location)*

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H. ~~E.~~ DMH will notify the Division of Medicaid of an agency provider's certification status.

I. Incomplete application packets submitted to the Division of Certification will not be processed. The Division of Certification will notify the applicant that the application packet was incomplete and request the required information. The applicant shall submit the required information within thirty (30) days to DMH. If the requested information is submitted within the timelines, then the completed application packet will be processed. If the requested information is not submitted within thirty (30) days to DMH, the application packet will be voided.

J. The complete application packet must contain the following: Agency Provider Application Packet Checklist; DMH Interested Agency Provider Application; evidence of incorporation from the MS Secretary of State's Office; evidence of the governing authority; an organizational chart that identifies agency leadership by position and name with delineated lines of authority; evidence of professional licensure or official transcripts from the primary source to verify that educational requirements have been met for all agency leadership (i.e. Executive Director, Clinical Director, Chief Financial Officer/Business Manager); resumes for identified leadership positions; releases of information so that DMH may complete background checks on agency provider leadership personnel who may not hold professional licensure; policies and procedures that address Chapters 3-17 of DMH Operational Standards; Chapters 18-55 based on the services the applicant seeks to provide; proposed budget and documentation of three (3) months of operating expenses based on the proposed budget submitted in addition to the financial information as required in Rule 2.3.K; evidence of current licensure and/or certification from all other states/entities in which the agency provider/business operates; and, three (3) professional references from entities/individuals that maintain a business relationship with the applicant.

K. Fiscal requirements for Application Packet are as follows:

1. Applicants must provide evidence of systems in place (for entities in operation, planned systems for those not currently in operation) that provide for the control of accounts receivable and accounts payable; and, for the handling of cash, credit arrangements, discounts, write-offs, billings, and, where applicable individual accounts.

2. Entities currently in operation must submit the following to document average reserves of three (3) months of operating expenses:
   (a) Most recent six (6) months of bank statements; and,
   (b) Audited financial statements that include an unqualified opinion from an independent auditor (C.P.A.)

3. Entities not currently in operation must submit Proforma Financial Statements compiled by a Licensed Certified Public Accountant and planned resources to provide for reserves for three (3) months of operating expenses as noted in these financial statements.

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4. For both entities currently in operation and those not currently in operation, other fiscal resources (e.g. lines of credit and/or access to funding from affiliated organizations) will be considered. DMH retains the right to verify said resource(s).

L. Responses to requests for additional information must be submitted to the Division of Certification within thirty (30) days of the request by DMH. If the requested information is not submitted within thirty (30) days to DMH, the application packet will be void.

M. Applicants with a voided application packet cannot reapply for ninety (90) days from the date of the notification the application packet was voided. Upon reapplication, the applicant must adhere to application requirements in place at that time.

N. A completed application packet, inclusive of any requested additional information, will be reviewed and action taken within one hundred twenty (120) days from the date of receipt of the last information (inclusive of additional information requested) by the Division of Certification. The Division of Certification will notify the applicant of the outcome in writing.

O. An applicant with an application that is denied cannot reapply or attend Interested Provider Orientation for one (1) year from the date of the notification of denial. Upon reapplication, the applicant must adhere to application requirements in place at that time.

P. Applicants providing false information and/or documentation or participating in a manner considered to be unethical by DMH or relevant licensing and/or professional organizations are subject to immediate denial. DMH reserves the right to refuse future applications based upon prior conduct.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.4 DMH Agency Provider Certification of New or Additional Services and/or Service Locations**

A. All DMH ~~C~~certified agency ~~P~~providers seeking DMH certification of new or additional services must submit the completed DMH Service Certification Application and supporting documentation to the Division of Certification for review and approval. Applicants must adhere to the timelines and procedures for application. Incomplete applications will not be considered for review.

B. All DMH-certified agency providers seeking DMH certification of new or additional service locations must submit the completed DMH Service Location Certification Application and supporting documentation to the Division of Certification for review and approval. Applicants must adhere to the timelines and procedures for application. Incomplete applications will not be considered for review.

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C. ~~B.~~ All services and service ~~program~~ locations must be certified by DMH, with written documentation of effective certification period prior to service delivery and seeking reimbursement for services. DMH will notify the Division of Medicaid of an agency provider's certification status.

~~D. In addition to the requirement of Rule 2.4.A-B providers seeking DMH certification to provide Host Home Services must provide documented evidence of at least two (2) years of experience of managing and providing Host Home Services to include organizing, certifying and managing Host Home families.~~

D. ~~E.~~ Opioid Treatment Program will not be approved if its location is in an area where needs are met by existing services. The DMH determination of need will include but is not limited to population census, existing services, and other pertinent data. This applies to initial and future satellite or branch locations ~~sites~~ of Opioid Treatment Program(s).

E. ~~F.~~ Opioid Treatment Program utilizing methadone must be located in an area that is properly zoned in accordance with local ordinances and requirements.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.5 DMH Certification Criteria**

A. DMH issues Agency Provider, Service, and Service Location ~~Program~~ Certifications for a ~~three (3)~~ four (4) year certification cycle unless stated otherwise at the time of certification.

B. DMH Certification is based on the following:

1. Provision of applicable required services in all required locations for desired certification option;
2. Adherence to DMH standards, DMH grant requirement~~s (if applicable)~~ guidelines (if applicable), contracts, memoranda of understanding, and memoranda of agreement;
3. Compliance with DMH fiscal management standards and practices;
4. Evidence of fiscal compliance/good standing with external (other than DMH) funding sources;
5. Compliance with ethical practices/codes of conduct of professional licensing entities related to provision of services and management of the organization; and,
6. Evidence of solid business and management practices.

C. In addition to complying with the appropriate areas of the current DMH Operational Standards for MH/IDD/SUD Community Service Providers, ~~a program~~ or an agency provider must comply with special guidelines and/or regulations issued by ~~the~~ DMH for the operation of ~~programs and~~ services and service locations and must update the Policies and Procedures Manual(s) and other documentation as required by these guidelines and/or regulations.

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D. In addition to applicable standards, services ~~programs~~ certified and/or funded by ~~the Mississippi~~ DMH must comply with any additional specifications set forth in individual service ~~program~~ grants/contracts as well as with the requirements outlined in the DMH Record Guide.

E. Agency ~~P~~providers must maintain current and accurate data for submission of all reports and data, within established time frames, as required by ~~the~~ DMH according to the DMH Manual of Uniform Data Standards.

F. Agency ~~P~~providers must comply with requirements of DMH Provider Bulletins.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.6 Certification Reviews**

A. Administrative and On-Site Compliance Reviews will take place (if applicable) for the certification of the following:

1. New ~~service~~ agency provider organizations
2. New services or service ~~program~~ locations for an existing DMH-~~C~~certified agency ~~P~~provider
3. Additional services or service ~~program~~ locations for an existing DMH-~~C~~certified agency ~~P~~provider
4. Adherence to an accepted Plan of Compliance
5. During the certification period of a certified agency provider to ensure continued adherence to DMH Operational Standards, guidelines, contracts, and grant requirements~~.~~, DMH reviews may be unannounced.

B. Administrative Compliance Reviews are defined as reviews during which DMH requests information (such as policies and procedures, staffing plans, ~~staff~~ employee training, minutes of governing authority, etc.) be submitted from the agency provider for a DMH administrative review.

C. On-site Compliance Reviews are defined as reviews that are conducted by DMH at the administrative~~,~~ or service ~~or program~~ location.

D. All DMH funded/certified agency providers, services and service locations ~~programs~~ are subject to a DMH-approved peer review/quality assurance (Q/A) evaluation process.

1. The Peer Review Process ~~Program~~ is committed to the involvement of consumers, family members, mental health professionals and interested stakeholders in service ~~program~~ evaluation and ~~moving the system toward a~~ providing a person-driven, recovery/resiliency oriented system.

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2. The goal of the Peer Review Process ~~Program~~ is to advocate for excellence in services through the voices of the people being served, to improve care in the public mental health system, and to ensure services meet the expressed needs of people ~~individuals~~ receiving services.

3. Consumers, family members, mental health professionals, and interested stakeholders comprise the peer review team. Team members obtain information from peers and ~~program~~ ~~staff~~ agency provider personnel about satisfaction with services, quality of life measures, and support provided from professional ~~staff~~ personnel; review ~~programs~~ services and case records (when applicable); and, dialogue with mental health administrators. The team provides feedback to agency providers and DMH.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.7 DMH Written Reports of Findings**

If found to be out of compliance with the criteria for DMH Certification during an administrative or on-site compliance review, DMH will issue a Written Report of Findings to the Executive Director and Chairperson of the Governing Authority of the agency provider organization within thirty (30) days of the last day of the compliance review. ~~The provider is informed that termination of certification will be effective within one hundred and twenty (120) calendar days from the last day of the review. The termination date will be included in the Written Report of Findings.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.8 Plan of Compliance**

A. Upon receipt of a DMH Written Report of Findings, a DMH-~~C~~certified agency ~~P~~provider must submit a Plan of Compliance ~~(POC)~~ in the required format, included in the DMH Record Guide, to the Division of Certification within thirty (30) days of the date of the Written Report of Findings. The ~~POC~~ Plan of Compliance must address the corrective action by the agency ~~P~~provider, date of corrective action, timelines for completion of corrective action, and measures put in place to maintain compliance and prevent future occurrence. ~~Should the provider not submit a POC within the required timeframe, the process to terminate certification will continue as stated in Rule 2.7.~~ DMH will not make additional requests for a ~~POC~~ Plan of Compliance to be submitted.

B. Timelines for the submission of a ~~POC~~ Plan of Compliance may be revised due to the nature of findings. If applicable, DMH will notify the ~~C~~certified agency ~~P~~provider of a revision in timelines in the Written Report of Findings.

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C. If the ~~POC~~ Plan of Compliance is accepted by DMH, the agency ~~P~~provider will be notified in writing within thirty (30) days of the date of DMH receipt of the Plan of Compliance ~~POC~~.

D. If the ~~POC~~ Plan of Compliance is not found to be acceptable by DMH, the agency ~~P~~provider will be notified in writing within thirty (30) days of the date of DMH receipt of the Plan of Compliance ~~POC~~. If the Plan of Compliance ~~POC~~ is not accepted by DMH, the agency ~~P~~provider is notified in writing that the termination of certification will be effective ~~as stated in the DMH Written Report of Findings~~ upon notification.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 2.9 Administrative Suspensions or Termination of Certification**

A. Based on issues of noncompliance, DMH may determine the need to take administrative action to suspend, revoke or terminate certification. This decision is made by the DMH Executive Director or his/her designee.

B. A determination that the certification status may be suspended or terminated shall be made upon any of the following criteria:

1. Failure to comply with DMH Operational Standards;
2. Failure to comply with guidelines, contracts, memoranda of understanding, and memoranda of agreement;
3. Failure to comply with DMH fiscal requirements;
4. Failure to provide services for a period of twelve (12) months;
5. Defrauding a person ~~an individual~~ receiving services, person ~~individual~~ that may potentially receive services, and/or third party payer sources;
6. Endangerment of the safety, health, and/or the physical or mental well-being of a person ~~an individual~~ served by the ~~provider~~ agency provider;
7. Inappropriate or unethical conduct by agency provider ~~staff~~ personnel or its governing authority; or
8. Any other just cause as identified by the MS State Board of Mental Health/DMH Executive Director.

C. DMH will notify the Executive Director and the Chairperson of the governing authority of the ~~provider~~ agency provider in writing of an administrative suspension or termination and the criteria for which that determination was made.

D. Should DMH ~~A~~ administratively suspend a certified agency provider, service or service location ~~program~~, the Executive Director of the ~~provider~~ agency provider will have the opportunity to submit a ~~POC~~ Plan of Compliance to DMH for approval in order to have the administrative suspension lifted. The timelines for submission of the Plan of Compliance ~~POC~~ in Rule 2.8 will apply unless otherwise stated by DMH.

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E. Should DMH terminate the certification of an agency provider, the agency provider cannot reapply for DMH certification for a period of one (1) year from the date of the termination.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 3: Service Options

**Rule 3.1 Core Services for DMH/C and DMH/P**

A. Community Mental Health Centers (DMH/C) ~~(CMHCs)~~ operated under the authority of regional commissions established under MCA Section 41-19-31 et seq. and DMH/P ~~and other community mental health service~~ agency 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~~ a Community M~~m~~ental H~~h~~ealth C~~c~~enter must offer the following core services in each county when services are provided: ~~in the CMHC's entire catchment area and in each county identified by DMH/P providers:~~

| | Page |
|---|---|
| 1. Adult Mental Health Services | |
| (a) ~~(i)~~ Targeted Case Management Services | 121 |
| (b) ~~(d)~~ Crisis Response Services | 123 |
| (c) ~~(b)~~Community Support Services | 145 |
| (d) ~~(c)~~ Psychiatric/Physician Services | 147 |
| (e) ~~(a)~~ Outpatient Therapy | 149 |
| (f) ~~(e)~~ Psychosocial Rehabilitation | 159 |
| (g) Pre-Evaluation Screening for Civil Commitment (required only for centers operated by regional commissions' est. under MCA Section 41-19-31 et seq.) | 279 |
| (h) Peer Support Services | 299 |
| ~~(f)Inpatient Referral~~ | |
| ~~(j)Support for Recovery/Resiliency Oriented Services~~ | |
| 2. Children/ ~~and~~ Youth Mental Health Services | |
| (a) ~~(h)~~ Targeted Case Management Services | 121 |
| (b) ~~(c)~~ Crisis Response Services | 123 |
| (c) Community Support Services | 145 |
| (d) Psychiatric/Physician Services | 147 |
| (e) ~~(b)~~ Outpatient Therapy | 150 |
| (f) ~~(a)~~ Day Treatment Services | 177 |
| (g) ~~(f)~~ Pre-Evaluation Screening for Civil Commitment (for youth age 14 and over) | 279 |
| (h) ~~(g)~~ Making a Plan (MAP) Teams | 293 |
| (i) Peer Support Services | 299 |
| ~~(j) Support for Recovery/Resiliency Oriented Services~~ | |
| 3. Substance Use ~~Disorders~~ Services | |
| (a) (b) Crisis Response Services | 123 |
| (b) (a) Outpatient Services | 152 |
| (c) (d) Peer Support Services | 299 |
| ~~(c) Prevention Services~~ | |
| ~~(e) Support for Recovery/ Resiliency Oriented Services~~ | |

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4. Intellectual/Developmental Disabilities Services
   (a) Crisis Response Services 123

B. Community Mental Health Centers (DMH/C) operated under the authority of regional commissions established under MCA Section 41-19-31 et seq. and (DMH/P) ~~and other community mental health service~~ agency 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~~ Community M~~m~~ental H~~h~~ealth C~~c~~enters ~~(DMH/C)~~ must ~~provide~~ offer the following core services for ~~individuals~~ people in need of substance use ~~disorders~~ treatment and rehabilitation services residing in the ~~CMHC's~~ Community Mental Health Center's entire catchment area:

| | | |
|---|---|---|
| 1. | Primary Residential Services (adults) | Page |
| 2. | ~~3.~~ Peer ~~Recovery~~ Support Services | 255 |
| 3. | Prevention (DMH/C or DMH/P only) | 299 |
| 4. | ~~2.~~ Driving Under the Influence (DUI) Assessment Services | 342 |

C. ~~D.~~ Services for Substance Use Providers designated as (DMH/O) or (DMH/P) must include the following:

1. Outpatient Services (PHP, Intensive Outpatient/General Outpatient)
   (a) Crisis Response Services 123
   (b) Outpatient Services 149
   (c) Peer Support Services 299

2. Treatment Services
   (a) Crisis Response Services 123
   (b) Residential 251
   (c) Transitional (Adult) 254
   (d) Primary Residential Services (Adults & Adolescents) 255
   (e) Peer Support Services 299
   (f) Withdrawal Management Services 333
   (g) DUI Services 345

3. Opioid Services
   (a) Crisis Response Services 123
   (b) Outpatient Services 152

D. ~~E.~~ Free Standing Agency Providers DMH/P and DMH/O must provide the following services for people in need of substance use treatment and rehabilitation services.

| | | |
|---|---|---|
| 1. | Primary Residential Services (Adult) | 255 |
| 2. | Peer Support Services | 299 |
| 3. | DUI Assessment Services | 345 |

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Source: Section 41-4-1 of the *Mississippi Code, 1972, as amended*

**Rule 3.2 Intellectual/Developmental Disabilities ~~Waiver~~ Services**

A. Services available through the ID/DD Waiver include:

| | | Page |
|---|---|---|
| 1. | ~~13.~~ Crisis Intervention | 136 |
| 2. | ~~14.~~ Crisis Support | 139 |
| 3. | ~~5.~~ Day Services – Adult | 183 |
| 4. | ~~12.~~ Community Respite | 186 |
| 5. | ~~6.~~ Prevocational Services | 188 |
| 6. | ~~17.~~ Job Discovery | 191 |
| 7. | Supported Employment | 193 |
| 8. | ~~10.~~ Supervised Living | 221 |
| 9. | Behavioral Supervised Living | 226 |
| 10. | Medical Supervised Living | 229 |
| 11. | Host Homes | 235 |
| 12. | ~~8.~~ Supported Living | 237 |
| 13. | ~~9.~~ Shared Supported Living | 242 |
| 14. | ~~1.~~ Support Coordination | 309 |
| 15. | ~~4.~~ In-Home Respite | 313 |
| 16. | ~~3.~~ In-Home Nursing Respite | 315 |
| 17. | ~~15.~~ Behavior Support | 317 |
| 18. | ~~2.~~ Home and Community Supports | 321 |
| 19. | ~~17.~~ Transition Assistance | 325 |

B. Services available through the IDD Community Support Program include:

| | | |
|---|---|---|
| 1. | Day Services-Adult ~~Day Habilitation~~ | 183 |
| 2. | Prevocational Services | 188 |
| 3. | Supported Employment | 193 |
| 4. | Supported Living | 237 |
| 5. | Targeted Case Management | 309 |

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 4: Certificates of Operation

**Rule 4.1 Certificates of Operation**

A. All certified agency providers, services and ~~programs~~ service locations must have a current copy of DMH Certificate of Operation.

B. The following apply to a Certificate of Operation:

1. The valid dates of certification, service(s), or service location(s) ~~programs~~ certified, ~~including the physical location,~~ site capacity of the service location ~~program~~, if appropriate, and the certificate number will be specified on the Certificate of Operation issued by ~~the~~ DMH;
2. A Certificate of Operation is not transferable;
3. A Certificate of Operation is valid only for the service(s) or service location ~~programs~~, ~~physical location,~~ and capacity identified on the certificate (in those cases where a definitive number or a quantitative capacity can be assigned to a service or service location ~~program~~);
4. ~~Site~~ Service location capacities must not exceed the number identified on the Certificate of Operation;
5. Certification for any established period, service or service location ~~program~~ is contingent upon the ~~program~~ service's continual compliance with current Operational Standards for Mental Health, Intellectual/Developmental Disabilities and/or Substance Use ~~Disorders~~ Community Service Providers as established by ~~the~~ DMH;
6. The Certificate of Operation must be posted in each of the certified location ~~sites~~ for public view (Exception: IDD Supervised Living, Shared Supported Living, and Supported Living (owned or controlled by the agency provider) – Certificates of Operation must be maintained on-site but not posted for public view);
7. Certificates for closed services and/or service locations ~~programs~~ must be removed from the site and returned to ~~the~~ DMH within fifteen (15) days of the last day ~~individuals were~~ a person was served.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 5: Waivers

**Rule 5.1 Waivers of DMH Standards**

A. A waiver of a specific standard may be requested and granted for a specified amount of time, determined on a case-by-case basis by ~~the~~ DMH, in accordance with the following procedures in this rule:

B. To request a waiver of a specific standard, the agency provider's Executive Director must make a written request to the Division of Certification. The request must:

1. List the standard(s) for which a waiver is being requested;
2. Describe, in detail, all operational systems, personnel, etc., which function to meet the intent or objective of the standard;
3. Provide justification that the waiver of the standard, if approved, will not diminish the quality of service;
4. Designate individual service ~~program~~ location(s) for which the waiver is requested; and,
5. Specify the length of time for which the waiver is requested.

C. ~~The~~ DMH ~~Review Committee and other~~ personnel, as appropriate, will review the waiver request~~,~~ and ~~the Committee~~ will approve or deny the request.

D. The Executive Director of the ~~provider~~ agency provider making the request will be notified of the decision within thirty (30) days of receipt of the request. Should DMH request additional information to make a determination regarding the waiver request, DMH has thirty (30) days from the date the requested information is received to make a determination and notify the Executive Director of the ~~provider~~ agency provider of the decision.

E. Should the requested information not be provided to DMH, Division of Certification within thirty (30) days of the date DMH requests additional information needed to make a determination regarding a waiver request, the waiver request will be considered void. The ~~provider~~ agency provider requesting the waiver will be required to resubmit the request. Voided waiver requests will not be kept on file.

F. Appeal of the denial of requests for waivers must be in accordance with Chapter 6 - Appeals ~~Procedures~~.

G. Waivers granted by DMH serve only to waive a DMH Operational Standard.

H. ~~DMH waivers are time-limited for the time designated at the time the waiver is granted~~ Unless specifically stated in the approval letter for a waiver of a DMH Operational Standard, approved waivers are only effective for one (1) year from the date of the approval letter.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 6: Appeals

**Rule 6.1 Appeals Related to Certification**

A. Any agency provider applying for and/or holding certification by ~~the~~ DMH may appeal the following decisions and/or penalties:

1. Disapproval of a Plan of Compliance;
2. Any financial penalties invoked by DMH associated with noncompliance with the Operational Standards and/or audit findings;
3. Denial of a request for a waiver of a DMH Operational Standard; ~~or~~
4. Termination of Certification~~.~~; or
5. Denial of an application to become a DMH-certified agency provider.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 6.2 Procedures for Appeal**

A. All appeals must be initiated by filing a written notice of appeal from the Executive Director or Governing Authority by certified mail in an envelope clearly marked Notice of Appeal or by email with Notice of Appeal in the subject line with the DMH Deputy Director and a copy to the ~~Mississippi Department of Mental Health~~ DMH attorney within ten (10) days from the date of the final notification by ~~the Department of Mental Health~~ DMH of the decision(s) being appealed (described above). The effective action of the decision(s) being appealed shall not be stayed during the appeal process except at the discretion of the Executive Director.

B. The written notice of appeal must have as its first line of text Notice of Appeal in bold face type (specifically stating that the notice is in fact an appeal).

C. The written notice of appeal must contain:

1. A detailed statement of the facts upon which the appeal is based, including the reasons justifying why the agency provider ~~program~~ disagrees with the decision(s) and/or penalty(ies) imposed by ~~the Department of Mental Health~~ DMH under appeal; and,
2. A statement of the relief requested.

D. The Deputy Director will conduct the first level of review.

E. If the Deputy Director determines that the appeal merits the relief requested without any additional information requested by the Deputy Director and/or DMH attorney, the appellant will be notified that the relief requested is granted within ten (10) days of receipt of the written appeal.

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F. If the Deputy Director determines that additional information is needed to make a decision or recommendation, additional written documentation from the appellant may be requested within ten (10) days of receipt of the appeal. The Deputy Director will specify a time line by which the additional information must be received.

G. Within ten (10) days of the time set by the Deputy Director for his/her receipt of the additional information requested (described in F. above), the Deputy Director will:

1. Determine that the appeal merits the relief requested and notify the appellant that the relief requested is granted; or
2. Determine that the appeal does not merit the relief requested and issue a recommendation of such, justifying denial of the appeal to the Executive Director of ~~the Department of Mental Health~~ DMH, who will conduct the second level of review of the appeal.

H. Within ten (10) days of receipt of a recommendation for denial of an appeal from the Deputy Director (as described in G.2. above), the Executive Director of ~~the Department of Mental Health~~ DMH will make a final decision regarding the appeal and notify the appellant of the decision.

I. Time lines for review of appeals by the Deputy Director and Executive Director may be extended for good cause as determined by ~~the Department of Mental Health~~ DMH.

J. If the Executive Director concurs with the findings of the Deputy Director to deny the appeal, the appellant may file a written request by certified mail in an envelope clearly marked Notice of Appeal and addressed to the Executive Director's office or by email with the Notice of Appeal in the subject line, requesting a review of the appeal by the Mississippi State Board of Mental Health. The request must be received by the Department within ten (10) days after the date of the notice of the Executive Director's decision to deny the appeal.

K. The written notice of appeal described in J. above must have as its first line of text Notice of Appeal in bold face type (specifically stating that the notice is in fact an appeal).

L. The written request for review of the appeal by the Mississippi State Board of Mental Health must contain:

1. A detailed statement of the facts upon which the request for review of appeal is based, including the reasons justifying why the ~~program~~ agency provider disagrees with the decision(s) by the Executive Director of ~~the Department of Mental Health~~ DMH; and,
2. A statement of the relief requested.

M. The Mississippi State Board of Mental Health review of appeals under this section will be in compliance with the established policy of the Board regarding appeals.

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N. The Mississippi State Board of Mental Health review of appeals under this section may be based upon written documentation and/or oral presentation by the appellant, at the discretion of the Board.

O. Decisions of the Mississippi State Board of Mental Health are final.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 7: General Information Related to Certification

**Rule 7.1 Access**

A. Representatives of ~~the~~ DMH, displaying proper identification, have the right to enter upon or into the premises of any agency provider, ~~program~~ service location or facility it certifies at all reasonable times. The agency provider must comply with all reasonable requests to obtain information and to review individual cases, personnel and financial records and any other pertinent information. Failure to comply with legitimate requests may result in certification being withdrawn.

B. DMH personnel ~~program~~ and fiscal ~~staff~~ personnel have authority to interview employees ~~personnel~~ individually and ~~individuals~~ people receiving services (if appropriate as determined by DMH) concerning matters regarding programmatic and fiscal compliance, including follow-up on matters reported to the DMH's Office of Consumer Support. Failure to comply with requests for such interviews will result in termination of the audit/review and possible discontinuance of funding and DMH certification.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 7.2 Technical Assistance**

~~The~~ DMH may provide, upon written request from the agency provider, technical assistance to applicants in maintaining requirements for certification. Additionally, ~~the~~ DMH may provide and/or facilitate other technical assistance when deemed necessary by ~~the~~ DMH. Technical assistance is not limited to, but may consist of contacts between DMH ~~staff~~ personnel and the ~~program~~ ~~staff~~ agency provider employees via written correspondence, phone consultation, and/or personal visit(s).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 7.3 Changes to be Reported to DMH**

A. Following certification, changes affecting the governing and/or operation of services ~~programs~~ must be reported in writing to the Division of Certification. Anticipated changes must be reported before they take place. Changes not anticipated must be reported as soon as they occur. Failure to report any changes described in this section may result in loss of certification.

B. Examples of the significant changes that must be reported to ~~the~~ DMH before they occur include, but are not limited to:

1. Changes in the governing authority, executive and key leadership;
2. Changes in ownership or sponsorship;

3. Changes in staffing that would affect certification status;
4. Changes in ~~program site~~ service location (new locations must be approved by DMH prior to service provision);
5. Increase in the capacity above that specified on the DMH certificate;
6. Changes in service ~~program~~ scope (such as major components of a service, age ranges and/or the population served, etc.);
7. Major alterations to buildings which house the ~~program~~ service location(s);
8. Changes in operating hours; and,
9. Change(s) in the name(s) and/or locations of ~~program~~ service(s) certified by ~~the~~ DMH.

C. Examples of significant changes that must be reported as soon as they occur include, but are not limited to:

1. Termination of operation (closure) for a period of one (1) day or more due to inclement weather or other unforeseen circumstances.
2. Termination or resignation of the governing authority member(s), Executive Officer, and/or key leadership.
3. Litigation that may affect service provision.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 8: Organization and Management

**Rule 8.1 Governing Authority**

A. The agency provider must have documented evidence of the source of its governing authority, whether corporate non-profit, corporate for-profit, ~~sole proprietorship,~~ charitable or governmental board/commission, or other such authority.

B. If the governing authority is a corporate non-profit or a charitable or governmental board/commission the governing authority must have and comply with bylaws and/or policies that:

1. Establish in writing the means by which the governing authority provides for the election or appointment of its officers and members and the appointment of committees necessary to carry out its responsibilities;
2. Show documentation of the adoption of a schedule of meetings and quorum requirements;
3. Require at least quarterly meetings;
4. Provide assurance that the governing authority does not consist of employees or immediate family members of employees;
5. Provide assurances that meetings of the governing authority are open to the public and include procedures for notifying the public of meetings;
6. Assure that governing authority members do not receive a per diem that exceeds the state limit;
7. Require the minutes of meeting, which are to include, but not be limited to:
   (a) The date of the meeting
   (b) Names of members and other participants/visitors attending
   (c) Topics and issues discussed, motions, seconds, and votes
   (d) Public comments; and,
8. Establish an organizational structure as evidenced by an organizational chart.

C. Sole proprietorship must have and show evidence of an advisory committee that consists of at least three (3) members. The role of the advisory committee should include, but is not limited to, making recommendations to improve programmatic activities, serving as a link to stakeholders, and providing suggestions regarding the development of policies and procedures.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 8.2 Annual Review by Governing Authority**

A. The governing authority of all agency providers must have written documentation of the following:

1. Annual budget;



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2. Written affiliation agreements;
3. All changes in policies and procedures;
4. Annual Operational Plan submitted to DMH (Refer to Rule 8.5);
5. Disaster and Continuity of Operations Plan; and,
6. Process for meaningful individual and family involvement in service system planning, decision making, implementation and evaluation. ~~Individuals~~ People should be provided the opportunity for meaningful participation in planning at least for their service area.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 8.3 Regional MH/IDD Commissions**

A. Regional Commissions established must describe in their bylaws and/or policies their duties as designated under Section 41-19-33 (a) through (w) of the *Mississippi Code 1972, Annotated.*

B. Regional Commissions must also maintain written documentation of the following:

1. Public education activities (presentations, distribution of printed materials, other media) designed to promote increased understanding of the problems of mental illness, behavioral/emotional disorders of children, intellectual/developmental disabilities, alcoholism, developmental and learning disabilities, narcotic addiction, drug ~~ab~~use and drug dependence and other related problems including the problems of the aging and those used to promote increased understanding of the purposes and methods of rehabilitation of such illnesses or problems~~.~~;

2. Documentation of hazard, casualty or worker's compensation insurance, as well as professional liability insurance~~.~~;

3. Written approval of ~~the~~ DMH and/or the County Board of Supervisors, depending on the original source of funding, prior to the disposal of any real and personal property paid for with state and/or county appropriated funds~~.~~;

4. Authority of the commission to provide and finance services through various mechanisms and to borrow money from private sources for such, if needed~~.~~;

5. If the Regional Commission has entered into a managed care contract(s) or any such arrangement affecting more than one (1) region, written prior approval by ~~the~~ DMH of such contract/arrangement before its initiation and annually thereafter~~.~~;

6. If the Regional Commission provides facilities and services on a discounted or capitated basis, when such action affects more than one (1) region, written prior approval by ~~the~~ DMH of such provision before its initiation and annually thereafter~~.~~;

7. If the Regional Commission enters into contracts, agreements or other arrangements with any person, payer, agency provider or other entity, pursuant to which the regional commission assumes financial risk for the provision or delivery of any services, when such action affects more than one (1) region, written prior approval by ~~the~~ DMH of such provision before its initiation and annually thereafter~~.~~;

8. If the Regional Commission provides direct or indirect funding, grants, financial support and assistance for any health maintenance organization, preferred agency provider organization or other managed care entity or contractor (which must be operated on a non-profit basis), when such action affects more than one (1) region, written prior approval by ~~the~~ DMH, of such action before initiation and annually thereafter~~.~~;

9. If the Regional Commission forms, establishes, operates and/or is a member of or participant in any managed care entity (as defined in Section 83-41-403(c) of the *Mississippi Code of 1972, Annotated, as amended*), when such action affects more than one (1) region, written prior approval by ~~the~~ DMH, of such action before initiation and annually thereafter~~.~~; and,

10. At a minimum, an annual meeting by representatives of the Regional Commission and/or Community Mental Health Center with the Board of Supervisors of each county in its region for the purpose of presenting the region's total annual budget and total services system~~;~~.

~~11. Efforts to provide or provision of alternative living arrangements for persons with serious mental illness, including, but not limited to, supervised living services.~~

Source: Section 41-19-33 of the *Mississippi Code, 1972, as amended*

**Rule 8.4 Policies and Procedures Manual**

A. The agency provider must have and comply with written Policies and Procedures Manual(s) which addresses all applicable administrative rules and standards in Title 24 Mental Health, Part 2 of the MS Administrative Code for all services provided. These written policies and procedures must give details of agency provider~~/agency~~ implementation and documentation of ~~the~~ DMH Operational Standards for MH/IDD/SUD Community Service Providers so that a new employee or someone unfamiliar with the operation of the service ~~program~~ would be able to carry out the duties and functions of their position and perform all operations required by the organization, its services and service locations ~~programs~~.

B. The policies and procedures manual must:

1. Be reviewed at least annually by the governing authority, as documented in the governing authority meeting minutes;

2. Be readily accessible to all employees ~~staff~~, with a copy at each service delivery location; and,
3. Describe how the manual is made available to the public.

C. The policies and procedures manual must be updated as needed, with changes approved by the governing authority before they are instituted, as documented in the governing authority meeting minutes. Changed sections, pages, etc., must show the date approved/revised on each page. ~~Staff~~ Employees being affected by changes to the policies and procedures must review applicable changes. This review must be documented.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 8.5 Annual Operational Plans**

A. Annual Operational Plans must be submitted by the Chairperson of the Regional Commission or Chairperson of the Governing Authority and the Executive Director of the agency provider to DMH by July 1 of each year by all DMH/C Providers, DMH/D Providers, and DMH/P Providers.

B. Annual Operational Plans for DMH/C, DMH/D, and DMH/P Providers that provide all or components of the core services (as identified in Rule 3.1 for DMH/C and DMH/P) must address the following:

1. The core services provided by the agency provider;
2. The geographical area in which core services are provided. Identified by each service and county;
3. Projected funding by major funding source (federal, state and local) for each core service;
4. ~~The core services that the agency does not intend to provide;~~
5. Any other services outside of the core services being provided by the agency provider;
6. The geographical area in which services outside of the core services are provided. Identified by each service and county; and,
7. Projected funding by major funding source (federal, state and local) for each service being provided outside of the core services.

C. DMH will approve or disapprove the Annual Operational Plan based on required standards and core services established by the Department. DMH will notify the agency provider in writing of approval/disapproval of the Annual Operational Plan.

D. If DMH finds deficiencies in the plan based on standards and core services required for certification, DMH shall give the agency provider a six (6) month probationary period to bring practices and services up to the established standards and required core services.

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E. If after the six (6) month probationary period, DMH determines the agency provider still does not meet the standards and required core services for certification, DMH may remove the certification of the agency provider. The agency provider will then be ineligible for state funds from Medicaid reimbursement or other funding sources for those services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 9: Quality Assurance

A. Agency ~~P~~providers must put in place quality management strategies that at a minimum:

1. Allow for the collection of performance measures as required by DMH;
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 provider wide Recovery and Resiliency Activities and oversight for the development and implementation of DMH required plans of compliance~~.~~;
3. Collect demographic data to monitor and evaluate cultural competency and the need for ~~L~~limited English ~~P~~proficiency services~~.~~; and,
4. IDD Agency Providers see Rule 16.5.C.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 10: Fiscal Management

**Rule 10.1 Compliance**

All DMH-~~C~~certified agency ~~P~~providers, regardless of type, must follow the rules and procedures outlined in this Chapter. Compliance with the rules in this section will be reviewed by ~~the~~ DMH Fiscal Auditors.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.2 Annual Budget**

A. The agency provider must prepare and maintain annually a formal, written, ~~program~~ service-oriented budget of expected revenues and expenditures for the service location ~~program~~ that must:

1. Categorize revenues for the service location ~~program~~ by source;
2. Categorize expenses by the types of services or service location ~~program~~ components provided, and/or by grant funding; and,
3. Account for federal funds separately in accordance with the Single Audit Act of 1984.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.3 Fiscal Management System**

A. The fiscal management system must:

1. Produce monthly financial reports that show the relationship of budget and expenditures, including both revenues and expenses by category, providing assurance that budgeted amounts in grants with DMH (if applicable) are not exceeded;
2. Provide monthly financial reports to the certified agency provider's governing authority and Executive Director as documented in Board minutes;
3. Provide for the control of accounts receivable and accounts payable; and for the handling of cash, credit arrangements, discounts, write-offs, billings, and where applicable, individual accounts; and,
4. Provide evidence that all generated income accounts (if applicable) are included in required fiscal audits.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.4 Financial Statements**

A. Audited financial statements must be prepared annually by an independent Certified

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Public Accountant or, for state agency operated service locations ~~programs~~, the State Auditor's Office.

B. These financial statements must:

1. Include all foundations, component units, and/or related organizations~~.~~;
2. Be presented to the agency provider's governing authority and to ~~the~~ DMH upon completion, but no later than nine (9) months of the close of the entity's fiscal year. Written Requests for extensions must be submitted to the DMH Director, Bureau of Administration to prevent interruptions in grant funding (if applicable)~~.~~;
3. Be in accordance with the Single Audit Act of 1984 (Office of Management and Budget (OMB) Circular A-133) for facilities which have expended $500,000 (or current threshold amount set by the Federal Office of Management and Budget) or more in Federal Financial Assistance (Detailed in Appendix 1 of the DMH Service Provider's Manual which can be found at www.dmh.ms.gov.)~~.~~; and,
4. Include a management letter describing the financial operation of the certified agency provider.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.5 Accounting Systems**

A. Agency ~~P~~providers must develop a cost accounting system that defines and determines the cost of single units of service.

B. The agency provider must develop an accounting system to document grant match, and funds of ~~individuals~~ people receiving services that:

1. ~~4.~~ Consists of a general ledger, cash disbursements journal, payroll journal, cash receipts journal, or other journals serving the same purpose, which are posted at least monthly~~.~~;
C. ~~5.~~ Includes proper internal controls to prevent fraud, waste and abuse, including proper segregation of accounting duties (receipt, purchasing, recording, and reporting functions) and the requirement that all checks have two (2) authorizing signatures~~.~~;
~~D. 6.~~ Ensures that adequate documentation is maintained to support all transactions, including justification to support all types of cost allocation methods utilized, invoices, cancelled checks, etc. as well as time and attendance records to support personnel costs and approved travel vouchers and receipts to support travel~~.~~;
E. ~~7.~~ Ensures that written contracts signed by both authorized ~~service~~ agency provider personnel and the contractor are secured for all contractual services charged to DMH grants (other than utilities) that specifies the dates that the contract is valid as well as the services and/or duties for which the ~~service~~ agency provider is purchasing~~.~~;
F. ~~8.~~ Ensures that Federal funds are expended in accordance with the applicable federal cost principles (OMB Circular A-122 for independent, non-profits and OMB Circular

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A-87 for State and local governments) and that all funds are expended in accordance with guidelines outlined in the DMH Service Provider's Manual~~.~~; and,

G. ~~9.~~ Ensures that all accounting and financial personnel adhere to the ethical standards of their profession and that provides for appropriate training of accounting and financial ~~staff~~ personnel to prevent misuse of services ~~program~~ and funds of ~~individuals~~ people receiving services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.6 Purchasing**

A. The certified agency provider must develop and adhere to purchasing policies and procedures that ensure:

1. Proper internal controls over the procurement, storage, and distribution functions are in place and in accordance with federal and state regulations, including proper oversight and segregation of duties between the purchasing, receiving, and recording functions.

2. Regional Mental Health Centers and state agency provider operated services ~~programs~~ adhere to the laws and regulations published by the State of Mississippi Department of Finance and Administration (DFA) Procurement Manual. These regulations can be found on the Department of Finance and Administration's ~~DFA's~~ website (www.dfa.state.ms.us).

3. The agency provider maintains adequate documentation to support all purchasing transactions (e.g. requisitions, bids, purchase orders, receiving reports, invoices, canceled checks and contracts).

4. The agency provider maintains an inventory system accounting for all grant purchased equipment that includes a master listing of all equipment with, at a minimum, the serial number of the equipment item, the cost of the equipment item, the date that the item was purchased, the grant funded service ~~program~~ for which the item was purchased, and the unique inventory number assigned to the item by the facility. A label with this unique inventory number must be affixed to the equipment item.

5. The agency provider reports to DMH all grant equipment purchases and deletions on form DMH-101-01. The DMH-101-01 form and instructions are included in the DMH Service Providers Manual.

6. Written approval is obtained from DMH and/or the county board of supervisors, depending on the source of funding, before disposition of real and personal property purchased with state and/or county appropriated funds.

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7. All insurance proceeds or proceeds from the sale of grant inventory must be returned to the service ~~program~~ for which it was initially purchased.

8. Property and equipment ledgers are periodically reconciled to general ledger accounts.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.7 Policies**

A. The fiscal management system of the agency provider must include a fee policy that:

1. Maintains a current written schedule of rate, charge, and discount policies.
2. Is immediately accessible to ~~individuals~~ people served by the agency provider ~~program~~.
3. For community living services ~~programs~~, includes the development, and result in documentation, of a written financial agreement with each ~~individual~~ person or parent(s)/legal representative(s) (of ~~individuals~~ people under eighteen [18] years of age) entering the agency provider ~~program~~ that, at a minimum:
   (a) Contains the basic charges agreed upon, the period to be covered by the charges, services for which special charges are made, and agreements regarding refunds for any payment made in advance;
   (b) Is prepared prior to or at the time of admission and signed by the ~~individual~~ person/parent(s)/legal representative(s) and provided in two (2) or more copies, one (1) copy given to the ~~individual~~ person/parent(s)/legal representative(s), and one (1) copy placed on file in the ~~individual~~ person's record; and,
   (c) Does not relieve the agency provider of the community living service ~~program~~ of the responsibility for the protection of the person ~~individual~~ and personal property of the ~~individual~~ person admitted to the agency provider ~~program~~ for care.

B. All agency providers must have policies that include/address the following:

1. Non-discrimination based on ability to pay, race, sex, age, creed, national origin or disability;
2. A sliding fee scale;
3. A method of obtaining a signed statement from the person ~~individual~~ receiving services indicating that the ~~individual~~ person's personal information provided is accurate;
4. All personnel who handle agency provider ~~program~~ funds must be bonded to cover risks associated with employee dishonesty or theft; and,
5. Insurance that includes liability, fire, theft, disaster and workman's compensation must be obtained and kept current by the agency provider (unless otherwise provided by law).

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C. All ~~ID/DD Waiver~~ agency providers must have rental/lease/sublease agreements with ~~individuals~~ people residing in agency provider owned or controlled living arrangements. These agreements must afford ~~individuals~~ people the same rights as the Landlord/Tenant Laws of the State of Mississippi (MS Code Ann. 1972 §89-7-1 to125 and §89-8-1 to 89-8-1 to 89).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.8 Community Mental Health Centers (DMH/C Providers)**

Community Mental Health Centers must submit a plan to DMH when the Regional Commission and/or related organization has accumulated excess surplus funds in excess of one-half (1/2) its annual operating budget stating the capital improvements or other projects that require such surplus accumulation. If the required plan is not submitted within forty-five (45) days of the end of the applicable fiscal year, DMH shall withhold all state appropriated funds from such regional commission until such time as the capital improvement plan is submitted. If the plan is submitted, but not accepted by DMH, the surplus funds will be expended by the regional commission in the local mental health region on housing options for the mentally ill, intellectually/developmentally disabled, substance ~~ab~~users, children or other mental health or intellectual/developmental disabilities services approved by DMH.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 10.9 Generated Income**

A. Accounting records must be maintained on generated income from work contracts that detail dollar amounts and fund utilization.

B. The agency provider must maintain evidence of prior written authorization from the Director of the Bureau of Intellectual/Developmental Disabilities for utilization of generated income for anything other than supplies needed for subcontracts/products and individual wage payments. The use of generated income must be documented as: enhancing/enriching the service location ~~program~~ and not being used as part of a required match.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 11: Human Resources

**Rule 11.1 Personnel Policies and Procedures**

A. The agency provider must have written personnel policies and procedures that at a minimum:

1. Assure that the hiring, assignment, and promotion of employees shall be based on their qualifications and abilities without regard to sex, race, color, religion, age, irrelevant disability, marital status, or ethnic or national origin;
2. Prohibit pre-employment inquiries about the nature of an applicant's disability which does not affect their ability to perform the job; and,
3. Prohibit an employee's salary and work time from being allocated among multiple DMH grants, and potentially among multiple grant recipients, unless approved by DMH in writing. Requests for approval must not exceed one (1) full-time equivalent ~~(FTE)~~ position.

B. The written personnel policies must describe personnel procedures addressing the following areas:

1. Wage and salary administration;
2. Employee benefits;
3. Working hours;
4. Vacation and sick leave (includes maternity leave);
5. Annual job performance evaluations. Job performance evaluations must be in writing, and there must be documented evidence that evaluations are reviewed with the employee~~.~~;
6. Suspension or dismissal of an employee, including the employee appeal process;
7. Private practice by agency provider ~~program~~ employees;
8. The utilization (if applicable and certified to do so) of consumers and family members to provide Peer Support Services~~.~~; and,
9. Ongoing monitoring of incidents that may affect an employees' reported background check status or child registry check status and require the agency provider to run additional checks.

C. Designate employees ~~staff~~, with documentation in their respective job description(s), to implement and/or coordinate personnel policies and procedures and to:

1. Maintain personnel records;
2. Disseminate employment information to agency provider ~~program~~ personnel ~~staff~~; and,
3. Supervise the processing of employment forms.

D. If an agency provider uses volunteers, there must be policies and procedures describing, at a minimum, the following:

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1. The scope and objectives of the volunteer service (role and activities of volunteers);
2. Supervision of volunteers by ~~staff~~ employee members in areas to which volunteers are assigned;
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~~ people receiving services unsupervised by ~~program~~ agency provider personnel ~~staff~~; and,
4. Assurance that volunteers will never be utilized to replace an employee.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 11.2 Personnel Records**

A personnel record for each employee~~/staff member~~, volunteer, intern and contractual employee, as noted below, must be maintained and must include, but not be limited to:

A. The application for employment or resume, including employment history and experience;

B. A copy of the employee's degree and/or official transcript, as appropriate to position requirements;

C. A copy of the current Mississippi license or certification for all licensed or certified personnel;

D. A copy of a valid driver's license and current personal or agency insurance (as applicable) for all designated drivers;

E. As authorized by law, for ~~For~~ all ~~staff~~ employees, ~~and regularly scheduled~~ volunteers, and interns documentation must be maintained that a criminal records background check (including prior convictions under the Vulnerable Adults Act) and child abuse central registry check ~~child registry check~~ ~~(for staff and volunteers who work with or may have to work with children) has~~ have been obtained by the current entity seeking to employ the person ~~individual~~ and no information was received that would exclude the employee/volunteer/intern. (See Sections 43-15-6, 43-20-5, and 43-20-8 of the *Mississippi Code of 1972, Annotated*.) For the purpose~~s~~ of these checks, each employee/volunteer/intern must be fingerprinted and fingerprints must be run as a part of the background check. Criminal Records background checks and child abuse central registry checks must be completed at hire and before contact with people served as required by the agency provider's policies and procedures while the ~~staff~~ employee is employed with the agency provider.

F. Documentation of verification of at least two (2) references. One reference must be a professional reference.

G. Annual job performance evaluations.

H. Job description.

I Date of hire.

J. If contractual services are provided by a certified agency provider, or obtained by a certified agency 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~~.~~; and,
4. An annual written review of the contractual agreement by both parties within the current fiscal year.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 11.3 General Qualifications**

To ensure initial and continuing receipt of certification/funding from ~~the~~ DMH or other approved sources, the agency provider must maintain documentation that ~~staff~~ employees meet~~s~~ the following qualifications unless otherwise specified herein:

A. One (1) full-time Executive Director who has a minimum of a Master's degree from an accredited four (4)-year college or university in public or business administration, hospital or health care administration, education or in a mental health or related field with a minimum of three (3) years administrative experience in services related to mental health, intellectual/developmental disabilities or substance use services ~~programs related to mental health, intellectual/developmental disabilities, or substance use disorders services and/or programs~~ OR a minimum of a Bachelor's degree in nursing and current licensure as a r~~R~~egistered n~~N~~urse (RN) for DMH/H Providers that only serve as agency providers of In-Home Nursing Respite Services, In-Home Respite Services and Home and Community Support~~s~~ Services.

B. Director(s) with overall responsibility for a service, service area(s) (such as Community Services Director, Director of Community Support Services, Director of ID/DD Waiver Support Coordination, ~~Program~~ Service Director for Adult and Children's Partial Hospitalization, Day Treatment, ~~Treatment~~ Therapeutic Foster Care) or multiple services provided at/from a single location. This person must have at least a Master's degree in mental health or intellectual/developmental disabilities, or a related field and either (1) a professional license or (2) a DMH credential as a Mental Health Therapist or Intellectual/Developmental Disabilities Therapist (as appropriate to the service and

population being served). A ~~R~~registered ~~N~~nurse may be employed as the Director for DMH/H Providers that only serve as agency providers of In-Home Nursing Respite Services, In-Home Respite Services and Home and Community Support~~s~~ Services.

C. In addition to the requirements outlined in Rule 11.3.B. Directors of Therapeutic Foster Care (TFC) Services ~~Programs~~ must also have at least one (1) year of experience in administration or supervision of a mental health or related ~~program/~~service.

D. Supervisor(s) with predominantly supervisory and administrative responsibilities on-site in the day-to-day provision of services at a single location for such areas as Psychosocial Rehabilitation Services, Day Services-Adult etc., must have at least a Bachelor's degree in a mental health, intellectual/developmental disabilities, or a related field, and be under the supervision of a person ~~an individual~~ with a Master's degree in mental health or intellectual/developmental disabilities, or a related field and who has either (1) a professional license or (2) a DMH credential as a Mental Health Therapist or Intellectual/ Developmental Disabilities Therapist (as appropriate to the service and population being served).

E. Medication evaluation and monitoring, the initial evaluation, prescribing of medications, and regular/periodic monitoring of the therapeutic effects of medication prescribed for mental health purposes are provided by:

1. A Board-certified or Board-eligible psychiatrist licensed by the Mississippi Board of Medical Licensure; or,
2. A psychiatric/mental health nurse practitioner licensed by the Mississippi Board of Nursing~~.~~ ; or,
3. ~~If documented efforts, including efforts to work with the Department of Health to recruit a licensed psychiatrist through the J-I Visa or Public Health Service Program during the certification period are unsuccessful, psychiatric services may be provided by other physician(s) licensed by the Mississippi Board of Medical Licensure.~~
3. Other medical professional practicing within the scope of authority as defined by their professional licensing entity.

F. Medical services are provided by a psychiatrist or other physician licensed by the Mississippi Board of Medical Licensure.

G. Nursing services are provided by a ~~R~~registered ~~N~~nurse licensed to practice in Mississippi or a ~~L~~licensed ~~P~~practical ~~N~~nurse (LPN) as allowed in the Mississippi Nursing Practice Act and Rules and Regulations. This applies to appropriate supervisory oversight rules as well.

H. Psychological services are provided by a psychologist licensed by the Mississippi Board of Psychology.

I. Therapy or Counseling services are provided by an ~~individual~~ employee with at least a Master's (or specialist level) graduate degree in addictions-, mental health-, ~~or~~

intellectual/developmental disabilities-, or ~~a~~ human services/behavioral health-related field and who has either (1) a professional license or (2) a DMH credential as a Mental Health Therapist, Intellectual/Developmental Disabilities Therapist, or Addictions Therapist (as appropriate to the service and population being served).

J. In addition to the requirements outlined in Rule 11.3.I, the Mental Health Therapist in Therapeutic Foster Care Services ~~programs~~, must have at least one (1) year of experience and/or training in working directly with children/youth with behavioral/emotional disturbance.

K. All Day Treatment Specialists providing Day Treatment Services for children/ ~~and~~ youth must have a Master's degree in a mental health or related mental health field and (1) a professional license or (2) a DMH credential as a Mental Health Therapist.

~~L. Therapeutic Services provided as a component of an Adolescent Offender Program (AOP) can be provided by an individual with a Master's Degree in a mental health or related field (to include criminal justice) and a DMH credential as a Mental Health Therapist with designation and scope of practice limited to AOP.~~

L. ~~M.~~Community Support Services are provided by an ~~individual~~ employee with at least a Bachelor's ~~D~~degree in a mental health-, intellectual/developmental disabilities-, or human services/behavioral health-related field and at least a DMH Community Support Specialist Credential. Community Support Services can also be provided by DMH Credentialed Therapists (MH, IDD and Addictions as appropriate to the population being served) and individuals with an appropriate professional license.

M. ~~N.~~Therapeutic Foster Care Specialist(s) must have at least a Bachelor's ~~D~~degree in a Mental Health or related field and at least one (1) year of documented experience and/or training in working with children with special behavioral/emotional needs and their families/other caregivers.

N. ~~O.~~Teachers and Education Specialists must have a Master's degree or a Bachelor's degree in Special Education, as required, with training in mental health, intellectual/developmental disabilities, or a related field, and possess certification by the MS Department of Education appropriate to the service area for which they are assigned.

O. ~~P.~~All ~~staff~~ employees providing Peer Support Services (i.e. Certified Peer Support Specialist Professionals) must possess at least a high school diploma or General Education Development (GED) equivalent, self-identify as a current or former consumer of mental health services, ~~or self-identify as first degree family member,~~ parent or primary caregiver. For young adults ages ~~sixteen – twenty (16-20)~~ eighteen – twenty-six (18-26) years, P~~p~~eer S~~s~~upport S~~s~~pecialist~~s~~ Professionals must be enrolled and attending school or in the process of obtaining a ~~Test of~~ (GED). All ~~staff~~ employees must successfully complete the DMH approved Certified Peer Support Specialist training and certification exam to become a Certified Support Specialist Professional.

P. Wraparound professionals must work at a certified wraparound agency provider and must complete all activities as required by DMH to maintain certification.

1. ~~Q.~~Wraparound ~~F~~facilitators must hold a minimum of a Bachelor's ~~D~~degree in a mental health-, intellectual/developmental disabilities-, or human services/behavioral health-related field and a DMH Community Support Specialist credential. ~~complete the "Introduction to Wraparound" 3-day training and subsequent trainings.~~ Wraparound facilitators must also complete trainings provided by the Mississippi Wraparound Institute as required for wraparound facilitators in the *DMH Wraparound Agency Provider Registration Procedure and Requirements.* Wraparound ~~F~~facilitators must be under the supervision of a ~~Master's level staff who has also completed the "Introduction to Wraparound" 3-day training.~~ Wraparound Supervisor as defined in 11.3.P.2.

2. Wraparound supervisors must hold a minimum of a Master's degree in a mental health, intellectual/developmental disabilities, or related field. Exemptions to this educational requirement may be provided based on experience or specialized certification through consultation between DMH and the Mississippi Wraparound Institute. Wraparound supervisors must complete trainings provided by the Mississippi Wraparound Institute as required for Wraparound supervisors in the *DMH Wraparound Agency Provider Registration Procedure and Requirements.*

Q. ~~R.~~All direct ~~care~~ support ~~staff~~ personnel such as Aides, House Parents, House Managers, On-Site Community Living Managers, Direct ~~Care~~ Support Workers, Direct Support Professionals, Work Trainers, Production Assistants, Day Treatment Assistants, support ~~staff~~ personnel in Psychosocial Rehabilitation, Senior Psychosocial Rehabilitation, Day Services-Adult personnel ~~staff~~, Home and Community Support Services personnel ~~staff~~, Job Coaches, etc. must have at least a high school diploma or equivalent ~~(~~GED~~)~~.

R. ~~S.~~Specialists such as Audiologists, Speech/Language Pathologists, Occupational Therapists, Dieticians, Physical Therapists, etc., must meet the educational requirements of and be licensed by their respective licensing authority in Mississippi.

S. ~~T.Individuals~~ Employees serving as Qualified Intellectual/Disabilities~~/~~Professionals (QIDP) must have at least a Bachelor's degree in a human services field and one (1) year of experience in direct service with ~~individuals~~ people with developmental disabilities.

T. ~~U.Individuals~~ Employees writing Job Discovery Profiles for IDD Waiver Services must have at least a Bachelor's ~~D~~degree in a mental health, intellectual/developmental disabilities, or related field, and be under the supervision of an ~~individual~~ employee meeting the requirements of Rule 11.3.B. ~~Individuals~~ Employees writing Job Discovery Profiles must have completed training in Customized Employment approved by ~~the~~ DMH prior to service provision. Observation and/or participation in Job Discovery activities can be conducted by direct ~~care staff~~ support personnel meeting the requirements of Rule 11.3.Q.

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U. ~~V.~~Family members are prohibited from providing services to another family member with the exception of Home and Community Supports and In-Home Respite.

V. ~~W.~~Targeted ~~c~~Case ~~m~~Management for ~~individuals~~ people with serious mental illness or serious emotional disturbance ~~SMI or SED~~ must be provided by, at a minimum, a ~~l~~Licensed ~~s~~Social ~~w~~Worker (LSW) with two (2) years of experience in mental health, a registered nurse ~~(RN)~~ with two (2) years of experience in mental health, or an ~~individual~~ employee who meets the qualifications to provide therapy or counseling services as stated in ~~letter~~ Rule 11.3.I above.

W. ~~X.~~Targeted Case Management/Transition Coordination Services for ~~individuals~~ people ~~with~~ who have an intellectual/developmental disability ~~IDD~~ must be provided by ~~a Licensed Social Worker (LSW) or~~ an ~~individual~~ employee with at least a Bachelor's ~~D~~degree in an intellectual/developmental disabilities~~,~~ or related field or a registered nurse~~; meet the requirements of a Qualified Intellectual Disabilities Professional (QIDP) as well as having~~ and have at least ~~two (2) years~~ one (1) year of experience working with people ~~with IDD~~ who have an intellectual/developmental disability. ~~and have completed the required Person Centered Planning training as set forth by the DMH prior to becoming responsible for the development of the Plan of Services and Supports.~~ Targeted Case Management/ Transition Coordination can also be provided by DMH Credentialed Therapists, as appropriate to the population being served or employees with an appropriate professional license.

X. ~~Y.~~ID/DD Waiver Support Coordination is provided by an ~~individual~~ employee with at least a Bachelor's ~~D~~degree in an intellectual/developmental disabilities, or related field and one (1) year of experience working with people who have an intellectual/developmental disability. Support Coordination can also be provided by DMH Credentialed Therapists, as appropriate to the population being served or ~~individuals~~ employees with an appropriate professional license. ID/DD Waiver Support Coordination can also be provided by a ~~R~~registered ~~N~~nurse with at least one (1) year of experience working with people who have an intellectual/developmental disability~~ies~~.

Y. ~~Z.~~All ~~individuals~~ employees providing Supported Employment Services to ~~individuals~~ people with a serious mental illness must have, at a minimum, a Bachelor's ~~D~~degree in mental health, vocational rehabilitation, social services or business. ~~Individuals~~ Employees must be proficient or receive training in the development of a career profile, employment plans, job development, career development, job search and Social Security benefits.

Z. Applied Behavior Analysis (ABA) services must be provided by people licensed in the State of Mississippi (Miss. Code 73-75, (2016), as a Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LABA) under the supervision of a Licensed Behavior Analyst. Behavior Technicians must be certified as a Registered Behavior Technician and listed with the State Licensure Board under a supervising Licensed Behavior Analyst. Licensed Psychologists whose scope of practice, training, and

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competence includes Applied Behavior Analysis may provide Applied Behavior Analysis services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 11.4 Qualifications for Behavior Support, ~~and~~ Crisis Intervention and Behavioral Supervised Living Provided through the ID/DD Waiver**

A. Behavior Support Services

1. ~~A.~~ID/DD Waiver Behavior Consultants must be a Licensed Psychologist, Licensed Professional Counselor~~s~~ (LPC), Licensed Certified Social Worker (LCSW), Board Certified Behavior Analysts Doctoral (BCBA-D), or Board Certified Behavior Analyst ® (BCBA), with ~~or have a Master's degree in a field related to working with individuals with intellectual and developmental disabilities who require behavior support and have~~ at least two (2) years of documented training or experience supporting people who have intellectual/developmental disabilities and behavioral challenges, conducting Functional Behavior Assessments ~~and~~ developing, ~~and~~ implementing and providing necessary training to employees/family on Behavior Support Plans. ~~The Behavior Consultant must hold at least a CMHT or CIDDT DMH credential.~~ The Behavior Consultant must be ~~Mandt certified or hold another nationally recognized credential approved by DMH.~~ currently trained and certified in a nationally recognized and DMH approved technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (i.e., MANDT© or CPI).

2. ~~B.~~ID/DD Waiver Behavior Interventionists must have at least a Bachelor's ~~D~~degree in a field related to working with ~~individuals~~ people with intellectual/~~and~~ developmental disabilities who require behavior services and have at least two (2) years of documented experience working with ~~individuals~~ people who have intellectual/~~and~~ developmental disabilities. The Behavior Interventionist must be ~~Mandt certified or hold another nationally recognized credential approved by DMH.~~ currently trained and certified in a nationally recognized and DMH approved technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (i.e., MANDT© or CPI). The Behavior Interventionist must be supervised/monitored by a Behavior Consultant (as defined in Rule 11.4 A.1).

B. ~~C.~~ID/DD Waiver Crisis Intervention agency providers must have a team that includes:

1. A Licensed Psychologist

2. A director (as defined in Rule 11.3.B) who also has specialized training in ~~c~~Crisis ~~i~~Intervention. The Crisis Intervention Director must be ~~Mandt certified or hold another nationally recognized credential approved by DMH.~~ currently trained and

certified in a nationally recognized and DMH approved technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (i.e., MANDT© or CPI).

3. A Qualified Intellectual/ Disabilities Professional ~~QIDP~~ who is under the supervision of a person ~~an individual~~ with a Master's degree in mental health or intellectual/developmental disabilities, or a related field and who has at least two (2) years of documented experience working with ~~individuals~~ people who have intellectual/~~and~~ developmental disabilities. The Qualified Intellectual/Disabilities Professional ~~QIDP~~ must be ~~Mandt certified or hold another nationally recognized credential approved by DMH~~. currently trained and certified in a nationally recognized and DMH approved technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (i.e., MANDT© or CPI).

4. Direct support ~~staff~~ personnel (as defined in Rule 11.3.~~R~~ Q) with specialized training in crisis intervention. The direct support ~~staff~~ personnel must be ~~Mandt certified or hold another nationally recognized credential approved by DMH.~~ currently trained and certified in a nationally recognized and DMH approved technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (i.e., MANDT© or CPI).

C. Behavioral Supervised Living Personnel Requirements

1. ID/DD Waiver Behavioral Consultant (Refer to Rule 11.4. A.1)
2. ID/DD Waiver Behavior Interventionists (Refer to Rule 11.4. A.2)
3. Direct support personnel currently trained and certified in a nationally recognized and DMH approved technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (i.e., MANDT© or CPI).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 11.5 Qualifications for Agency Providers of Substance Use ~~Disorders~~ Services**

A. Directors/~~c~~Coordinators of all ~~alcohol and drug~~ substance use treatment or prevention services ~~programs~~ must have at least: (1) a Master's degree in addiction-, mental health-, ~~or~~ intellectual/developmental disabilities-, or ~~a~~ human services/behavioral health-related ~~behavioral health~~ field (2) a professional license, hold a DMH credential as a ~~Certified~~ Mental Health Therapist, ~~orDMH Certified~~ Addictions Therapist, or a professional substance use ~~disorder~~ credential approved by DMH, and two (2) years of experience in the field of substance use ~~disorder~~ treatment/prevention. ~~Staff~~ Employees who self-identify as in recovery must have a minimum of one (1) year of sustained recovery.

B. Support ~~staff~~ personnel employed in Substance Use Disorder Residential Services ~~Programs~~ who self-identify as in recovery must have a minimum of ~~six (6) months~~ one (1) year of sustained recovery.

~~C. Directors of Prevention Services must have at least a Master's degree in addiction, mental health, or intellectual/developmental disabilities, or a human services/behavioral health related behavioral health field, and a minimum of two (2) years of experience in the treatment/prevention of substance use disorders. Staff Employees who self-identify as in recovery, must have a minimum of one (1) year of sustained recovery.~~

C. ~~D.~~ Prevention Specialists must have at least a Bachelor's degree. ~~Staff~~ Employees who self-identify as in recovery must have a minimum of one (1) year of sustained recovery.

D. ~~E.~~ Substance Use Disorder~~s~~ Outpatient Therapists must have at least a Master's degree in addiction, mental health, or a related human services/behavioral health field and ~~including Intensive Outpatient Treatment Therapists, must have at least a Master's degree in mental health or intellectual/developmental disabilities or a related behavioral health field and a (1) professional license or (2)~~ hold a DMH credential as a Certified Mental Health Therapist (CMHT) or DMH-c~~C~~ertified Addictions Therapist (CAT). Substance use disorder certifications not issued by DMH must have reciprocity in Mississippi or be nationally recognized. All non-certified or licensed substance use disorder personnel must successfully complete a substance use disorder certification program as outlined in Rules 11.1-11.3 above and be approved by DMH within thirty-six (36) months of date of employment. ~~Staff~~ Employees who self-identify as in recovery must have a minimum of one (1) year of sustained recovery.

E. ~~F.~~ All Recovery Support ~~Staff~~ Personnel must have at least a high school diploma or GED. These ~~individuals~~ employees must also successfully complete a substance use disorder ~~services~~ certification program approved by DMH within thirty-six (36) months of the date of employment. ~~Staff~~ Employees who self-identify as in recovery~~,~~ must have a minimum of ~~six (6) months~~ one (1) year of sustained recovery.

F. ~~G.~~ Residential Service ~~Program~~ counseling ~~staff`~~ personnel must have at least a ~~Bachelor's~~ Master's degree in addiction, mental health, or a related human services/behavioral health field and hold a DMH credential as a Certified Mental Health Therapist or Certified Addiction Therapist. Substance use disorder certifications not issued by DMH must have reciprocity in Mississippi or be nationally recognized. All non-certified or licensed substance use disorder personnel must successfully complete a substance use disorder certification program as outlined in Rules 11.1-11.3 and be approved by DMH within thirty-six (36) months of the date of employment. ~~These individuals must also successfully complete a substance use disorders certification program approved by DMH within thirty-six (36) months of the date of employment. Staff~~ Employees who self-identify as in recovery~~,~~ must have a minimum of one (1) year of sustained recovery.

G. ~~H.~~ Agency ~~P~~providers certified as DMH/C, DMH/P and/or DMH/O that provide

Medicaid-reimbursed services: individual therapy, family therapy, group therapy, multi-family therapy and Individual Service Plan review to ~~individuals~~ people with a substance ~~ab~~use diagnosis must have at least a Master's degree in an addiction-, mental health-, intellectual/developmental disabilities-, or human services/~~related~~ behavioral-related health field and (1) have a professional license or (2) a DMH credential as a Certified Mental Health Therapist or (3) a DMH credential~~s~~ as a Certified Addictions Therapist.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 11.6 Qualifications for Program~~s~~ of Assertive Community Treatment (PACT)**

A. Team Leader: The team leader must have at least a Master's degree in nursing, social work, psychiatric rehabilitation or psychology, or is a psychiatrist. The team leader must be professionally licensed or have a DMH credential~~s~~ as a Certified Mental Health Therapist.

B. Psychiatrist/Psychiatric Nurse Practitioner: A psychiatrist/psychiatric nurse practitioner, who works on a full-time or part-time basis, must meet applicable licensure requirements of state boards.

C. Registered Nurse: The registered nurse must be licensed and in good standing with the MS Board of Nursing.

D. Master's Level Mental Health Professionals: Mental health professionals have: 1) professional degrees in one (1) of the core mental health disciplines; 2) clinical training including internships and other supervised practical experiences in a clinical or rehabilitation setting; and, 3) clinical work experience with people ~~persons~~ with severe and persistent mental illness. They are licensed or certified and operate under the code of ethics of their professions. Mental health professionals include people ~~persons~~ with Master's or Doctoral degrees in nursing, social work, rehabilitation counseling, or psychology; Diploma, Associate, and Bachelor's degree nurses (i.e., registered nurse); and, registered occupational therapists.

E. Substance Use Disorders Specialist: A mental health professional with training and experience in substance use disorders assessment and treatment.

F. Employment Specialist: A mental health professional with training and experience in rehabilitation counseling.

G. Peer Support Specialist Professional (CPSSP): At least one (1) ~~FTE~~ full-time equivalent Certified Peer Support Specialist Professional. The Peer Support Specialist~~s~~ Professional must be a fully integrated team member~~s~~ who provides expertise about the recovery process and promotes the self-determination and shared decision-making abilities of person receiving services.

H. Remaining Clinical ~~Staff~~ Personnel: The remaining clinical ~~staff~~ personnel may be Bachelor's level and paraprofessional mental health workers. A Bachelor's level mental health worker has a Bachelor's degree in social work or a behavioral science, and work experience with adults with severe and persistent mental illness. A paraprofessional mental health worker may have a Bachelor's degree in a field other than behavioral sciences or have a high school diploma and work experience with adults with severe and persistent mental illness or with ~~individuals~~ people with similar human-service needs. These paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health care aide) or work experience (e.g., teaching) and life experience.

I. ~~Program~~ Service Assistant: Assistants must have at least a high school diploma or a GED and be at least twenty-one (21) years old.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 11.7 Qualifications for Intensive Community Outreach and Recovery Team (I-CORT)**

A. Team Leader: The team leader must have a Master's degree in a mental health or related field. The team leader must be professionally licensed or have a DMH credential as a Certified Mental Health Therapist.

B. Registered Nurse: The registered nurse must be licensed and in good standing with the MS Board of Nursing.

C. Peer Support Specialist Professional: At least one (1) full-time equivalent Certified Peer Support Specialist Professional. The Certified Peer Support Specialist Professional must be a fully integrated team member and provide expertise about the recovery process and promote self-determination and shared decision making abilities of person receiving services.

D. Part-time Clerical Employees: Must have a high school diploma or a GED and must be twenty-one (21) years of age.

E. Community Support Specialist: If deemed necessary, a part-time Community Support Specialist may be added to the team. The Community Support Specialist must have a Bachelor's degree in mental health or related field and be a DMH-certified Community Support Specialist.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 11.~~7~~8 Multidisciplinary ~~Staff~~ Personnel at DMH/C and DMH/P Providers**

Community Mental Health Center providers (certified under the DMH/C option) and other community ~~mental health~~ service providers certified as DMH/P providers must have ~~a~~ multidisciplinary ~~staff~~ personnel, with at least the following disciplines represented:

A. A psychiatrist who is board certified or board eligible and licensed to practice medicine in Mississippi~~.~~ (a~~A~~vailable on a contractual, part-time or full-time basis)~~.~~;

B. A psychologist licensed to practice in Mississippi (available on a contractual, part-time or full-time basis)~~.~~;

C. A full-time or full-time equivalent registered nurse~~.~~;

D. A full-time or full-time equivalent Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Provisional-Licensed Professional Counselor (P-LPC) or Licensed Marriage and Family Therapist (LMFT)~~.~~;

E. A full-time or full-time equivalent business manager who is capable of assuming responsibility for the fiscal operations of the agency provider ~~program.~~;

F. A full-time or full-time equivalent records practitioner or designated records clerk who is capable of assuming responsibility for the supervision and control of all center records~~.~~; and,

G. An ~~individual~~ employee with at least a Master's degree in a mental health or related field to supervise children's mental health services on a full-time basis. This person must have administrative authority and responsibility for children's mental health services. This person cannot have any direct service responsibilities.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 12: Training/~~Staff~~ Employee Development

**Rule 12.1 General Orientation**

A. All new employees, ~~and regularly scheduled~~ volunteers and interns must attend a General Orientation program developed by the agency provider or receive the orientation information via a DMH approved on-line training program ~~(such as Relias Learning or the College of Direct Support)~~. General Orientation must be provided~~/~~ and completed within thirty (30) days of hire/placement, except for direct service providers and direct service interns/volunteers. All direct service ~~staff~~ personnel must complete all required orientation prior to contact with ~~individuals~~ people receiving services and/or service delivery. Volunteers ~~(not regularly scheduled)~~ that have not attended orientation should never be alone with ~~individuals~~ people receiving services unless ~~un~~supervised by ~~program staff~~ agency provider personnel.

B. At a minimum, General Orientation must address the following areas:

1. Overview of the agency~~'s~~ provider's mission and an overview of the agency provider's policies and procedures
2. DMH Operational Standards (as applicable to services provided)
3. DMH Record Guide and Record Keeping (as applicable to services provided)
4. Basic First Aid
5. Cardiopulmonary Resuscitation Certification (CPR), must be a live, face-to-face training which is conducted by a certified CPR instructor. Must be certified by the American Red Cross, American Heart Association or by other approved agency providers by DMH. Employees must be initially certified and maintain certification as required by the certifying entity.
6. Assistance with medication usage by non-licensed personnel (if applicable).
7. Infection Control
   (a) Universal Precautions
   (b) Hand-washing
8. Workplace Safety
   (a) Fire and disaster training
   (b) Emergency/disaster response
   (c) ~~Serious i~~Incident reporting
   (d) Reporting of suspected abuse, neglect or exploitation (including signed acknowledgement of reporting responsibilities)
9. Rights of ~~Individuals~~ People Receiving Services
10. Confidentiality
11. Family/Cultural Issues and Respecting Cultural Differences
12. Basic standards of ethical and professional conduct
    (a) Drug Free Workplace
    (b) Sexual Harassment
    (c) Acceptable professional organization/credentialing standards and guidelines as appropriate to discipline ~~(i.e., ACA Code of Ethics, Social Work Code of Ethics, APA Ethics Code) - *Direct service providers only*~~ (e.g., *Principles of Ethical and*

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*Professional Conduct*, *ACA Code of Ethics*, *Social Work Code of Ethics*, *or APA Code of Ethics*)

~~12. Principles of positive behavior support~~

12. ~~13~~.Principles and p~~P~~rocedures for behavior support. ~~(physical and verbal)~~

13. In addition to the requirements of Rule 12.1.A and 12.1.B, all direct service personnel ~~staff working in community living programs~~ and therapeutic foster care/resource parents must be certified in CPR prior to contact with ~~individuals~~ people receiving services and/or service delivery. ~~All other direct service staff, not working in community living programs must be certified in CPR within 30 days of hire as long as other staff members at the location are CPR certified.~~ CPR certification must be a live, face-to-face training which is conducted by a certified CPR instructor. Must be certified by the American Red Cross, American Heart Association or by other approved agency providers by DMH. Employees must be initially certified and maintain certification as required by the certifying entity.

C. In addition to the requirements of Rule 12.1.A and 12.1.B, Opioid Treatment Programs must include the following in general orientation:

1. Overdose management and other emergency procedures;
2. Clinical and pharmacotherapy issues;
3. Special populations to include women and seniors;
4. Poly-drug addiction; and,
5. Human Immunodeficiency Virus (HIV)/AIDS, Tuberculosis (TB), and other infectious diseases.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 12.2 ~~Staff~~ Employee Training Plans**

A. Agency ~~P~~providers must develop an ~~Staff~~ Employee Training Plan specific to each position classification as listed below. Each ~~Staff~~ Employee Training Plan must be based on job responsibilities, ~~program~~ service/position requirements, and identified employee ~~staff~~ needs. The ~~Staff~~ Employee Training Plan must be reviewed annually for changes and/or updates. Documentation of annual reviews by the agency provider ~~and~~ should be available for review by DMH ~~staff~~ personnel upon request. Position specific training must be provided within ninety (90) days of hire and consist of a minimum of twenty (20) hours of training (medical personnel excluded – i.e., psychiatrists, nurses, etc.). The following position classifications must be addressed:

1. Direct service providers (i.e., therapist, ~~c~~Community ~~s~~Support ~~s~~Specialist, service ~~program~~ assistants, Support Coordinator, Targeted Case Manager, Transition Coordinator)
2. Administrative/support ~~staff~~ personnel (i.e., office manager, medical records technician, accounting personnel ~~staff~~)

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 12.3 Continuing Education Plans**

A. Agency ~~P~~providers must develop an Annual Continuing Education Plan specific to each position classification as listed below. Each Continuing Education Plan should be based on job responsibilities, credentialing requirements, and identified ~~staff~~ employee needs. The Continuing Education Plan must be reviewed annually for changes and/or updates and must be available for review by DMH personnel ~~Staff~~. The following position classifications and required minimum hours of continuing education must be addressed:

1. ~~Direct service provider (i.e., community support specialist, program assistants). A minimum of thirty (30) continuing education hours every two (2) years must be completed by all individuals in this position class.~~ Employees who hold a DMH credential must adhere to the continuing education requirements of current DMH PLACE rules.
2. ~~1.a.~~IDD direct service providers (i.e., direct support workers, Support Coordinators, Targeted Case Managers, And Transition Coordinators) who do not hold a license or DMH Credential, a minimum of fifteen (15) hours per year of continuing education is required.
~~2. DMH Credentialed Therapists must complete a minimum of thirty (30) continuing education hours every two (2) years.~~
3. Professionally licensed personnel ~~staff~~ (i.e., ~~P~~psychologists, social workers, etc.) must adhere to the continuing education requirements of their respective state licensing boards.
4. Administrative/support personnel ~~staff~~ (i.e., office manager, medical records technician, accounting personnel ~~staff~~).
5. Medical personnel (i.e., psychiatrists, nurses) - as required by state licensing boards.
6. All employees must comply with their agency provider-specific training requirements.
7. Assistance with medication usage by non-licensed personnel.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 12.4 Required Components of ~~Staff~~ Employees Training Plans and Continuing Education Plans**

A. At a minimum, ~~Staff~~ Employee Training Plans and Continuing Education Plans for direct service ~~staff~~ employees only must address the following areas:

1. Crisis intervention and prevention concepts;
2. Continued CPR Certification and Basic First Aid for all direct service ~~staff~~ personnel (must be a live, face-to-face training which is conducted by a certified CPR instructor);
3. Person-Centered, Recovery Oriented Systems of Care (Mental Health Agency

Providers and Substance Use Disorder~~s~~ Agency Providers);

4. Person-Centered Planning (Intellectual/Developmental Disabilities Agency Providers);
5. Concepts of Wraparound Service Delivery (Children/ ~~and~~ Youth Mental Health Agency Providers);
6. Accurate gathering, documentation and reporting of data elements outlined in the current version of the DMH~~'s~~ Manual of Uniform Data Standards for ~~staff~~ employees responsible for data collection and entry~~.~~;
7. Positive behavior support concepts (as applicable to the population being served); and,
8. At least two (2) hours in the area of cultural competency and at least two (2) hours in the area of ethics.

B. All ~~staff~~ ~~is~~ employees are required to participate in orientations, ~~program~~ service/position specific training, ~~staff~~ employee development opportunities, and other meetings as required by DMH for their position specification.

C. Documentation of training that ~~individual staff has~~ employees have received must be included in ~~individual~~ employee training and/or personnel records. This documentation can include certificates of completion for DMH approved on-line learning. If training is provided in person or through other means, the documentation must include:

1. Name of training;
2. Instructor's name and credentials;
3. Date of training;
4. Length of time spent in training; and,
5. Topics covered.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 12.5 Skills and Competencies**

A. For ~~staff~~ employees working with ~~individuals~~ people receiving services, orientation, training and continuing education must focus on skills and competencies directed towards the intellectual, developmental, behavioral and health needs of the people ~~individuals~~ being served.

~~B. For~~ ~~a~~All ~~staff~~ employees working with ~~individuals~~ people receiving the following services ~~in all day programs and in all residential community living~~ ~~programs~~, ~~training and certification~~ must be trained and certified in a nationally recognized ~~and DMH approved~~ technique for managing aggressive or risk-to-self behaviors to include verbal and physical de-escalation is required (ie., MANDT© or CPI), prior to contact with people receiving services and/or service delivery.) ~~(This does not apply to Alzheimer's Day Services.)~~

1. All IDD Services

2. Mobile Crisis Response
3. Crisis Residential Units (both Adult and Children/Youth)
4. Intensive Outpatient Psychiatric Services for Children/Youth with SED
5. Acute Partial Hospitalization
6. Day Treatment Services
7. Therapeutic Group Homes (TGH) for Children/Youth with SED
8. Intensive Community Outreach and Recovery Team
9. Psychosocial Rehabilitation Services
10. Programs of Assertive Community Treatment
11. Supervised Living for Serious Mental Illness
12. Senior Psychosocial Rehabilitation Services
13. Drop-In Center
14. Primary Residential Treatment
15. Transitional Residential Treatment

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 13: Health and Safety

**Rule 13.1 Compliance**

All DMH-c~~C~~ertified agency ~~P~~providers, regardless of type, must follow the rules and standards outlined in this Chapter. Shared Supported Living, Supervised Living and ~~Shared~~ Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider are exempt from some or all of the procedures and standards outlined in this part as noted. Additionally, Therapeutic Foster Care Services ~~Programs~~ and Therapeutic Group Homes licensed by the MS Department of Child Protection Services ~~MS Department of Human Services~~, schools licensed by the Department of Education and nursing homes licensed by the MS State Department of Health are exempt from the rules outlined in this Chapter.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.2 Local Fire, Health and Safety Codes**

A. All service locations ~~programs~~ must meet state and local fire, health, and safety codes with documentation maintained at each site, as follows:

1. Each service location ~~program site~~ must be inspected and approved by appropriate local and/or state fire, health and safety agencies at least annually (within the anniversary month of the last inspection), and there must be written records at each ~~site~~ location of fire and health inspections. (Exclusion: Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider~~, Shared Supported Living programs~~ and Host Homes.) Mississippi State Department of Health inspections are not required for all service locations ~~programs sites~~; only service locations ~~programs~~ outlined~~s~~ in Rule 13.2.A.3 and 13.2.A.4.

2. Safety inspections conducted by reputable fire safety agencies are permissible only for community living service locations ~~program settings~~ in lieu of local or state inspection(s). Documentation of these inspections must be maintained at the service location. (Exclusion: Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider~~, Shared Supported Living programs~~ and Host Homes.)

3. ~~5.~~Documentation by appropriate fire and health authorities that noted citations have been corrected must be maintained at each location ~~site~~. (Exclusion: Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider~~, Shared Supported Living programs~~ and Host Homes.)

~~4. Crisis Stabilization Units and Primary Substance Abuse Rehabilitation and Treatment Programs with certified capacities of sixteen (16) or more participants shall meet the~~

~~requirements as set forth in the Residential Inspection Report issued by the Mississippi State Department of Health.~~

4. ~~6.Program sites~~ Service locations with an existing sprinkler system must have an annual inspection by a licensed company. ~~or the local fire authorities.~~ ~~There must be~~ This documentation ~~of annual inspection by a licensed company.~~ must be maintained at the service location. (Exclusion: Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by ~~an agency or~~ a certified agency provider~~, Shared Supported Living programs~~ and Host Homes.)

5. ~~8.~~Each service location ~~program site~~ must have an established method of scheduled fire equipment inspection that includes: (Exclusion: Supported Living and Shared Supported Living service location ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider~~, Shared Supported Living programs~~ and Host Homes.)
   a) An annual inspection by an outside source (i.e., fire marshal, fire department representative, fire/safety company) that results in a dated tag on each fire extinguisher ~~piece of equipment inspected~~.

6. ~~9.~~Each service location ~~program site~~ must provide operable 2A-10B, C multi-purpose fire extinguishers in fixed locations that are readily accessible for use in the facility/home, and document that all fire extinguishers are properly maintained and serviced. Facilities/homes must have evidence that fire extinguishers are being recharged or replaced, as needed, but at a minimum every six (6) years. Fire extinguishers that cannot be recharged for whatever reason must be replaced immediately.

7. ~~10.~~Each service location ~~program site~~ must have, at a minimum, operable fire extinguishers ~~ing equipment~~ and alarms/detectors located throughout the location ~~site~~ in all areas where conditions warrant (i.e., flammable storage areas, kitchens, laundry areas, garages, gas water heater locations) and must be mounted in a secure manner.

8. ~~11.~~Each service location ~~program site~~ must have, at a minimum, operable carbon monoxide detectors located in any building where natural gas or any other source of carbon monoxide emission is used or where there is an open flame (e.g., gas heater, gas water heater, etc.). One carbon monoxide detector must be located in every one thousand (1,000) square foot area or less.

9. ~~7.~~Each service location ~~program site~~ must provide evidence and documentation of a systematic pest control program. This documentation must be maintained at each location ~~site~~. For apartment settings, the agency provider must show documentation that the apartment complex provides pest control. (Exclusion: Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider~~, Shared Supported Living programs~~ and Host Homes.)

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10. ~~3.~~Crisis ~~Stabilization~~ Residential Units and Primary Substance Abuse Rehabilitation and Treatment Services ~~Programs~~ with certified capacities of sixteen (16) or more participants shall obtain a Food Service Permit from the Mississippi State Department of Health.

11. ~~4.~~ Crisis Residential ~~Stabilization~~ Units and Primary Substance Abuse Rehabilitation and Treatment Services ~~Programs~~ with certified capacities of sixteen (16) or more participants shall meet the requirements as set forth in the Residential Inspection Report issued by the Mississippi State Department of Health.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.3 Exits**

A. Diagrams of escape routes must be easy to read from a short distance and posted in highly visible locations throughout the environment, clearly indicating where a person is located in relation to the nearest exit(s). In lieu of posted escape routes, agency providers of Supervised Living, Supported Living, Shared Supported Living, and Host Home Services, must document training that prepare a~~n~~ ~~individual~~ person to exit the location in the event of an emergency. Training must take place upon admission and at least quarterly thereafter. This documentation must be maintained at the service location ~~on site~~. ~~B.~~ Every exit shall be clearly visible, or the route to reach every exit shall be conspicuously indicated. Each means of egress, in its entirety, shall be arranged or marked so that the way to a place of safety is indicated in a clear manner. (Exclusion: Supervised Living, Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider~~,~~ ~~Shared Supported Living programs~~ and Host Homes.)

B. ~~C.~~ Two (2) means of ~~exit~~ egress per service area must be provided which are readily accessible at all times, remote from each other, and so arranged and constructed to minimize any possibility that both may be blocked by fire or other emergency condition. (Exclusion: Supported Living and Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider, and Host Homes.) A service area is defined as the total certified, usable square footage in which a specific service is provided. (Exception: Any single room with an area greater than six hundred (600) square feet must have at least two (2) means of egress.)

C. ~~D.~~ Exits must be marked by a lighted sign with lettering, at a minimum, six (6) inches in height on a contrasting background in plain lettering that is readily visible from any direction of exit access (~~excludes~~ Exclusion: Supervised Living, Shared Supported Living, Supported Living, and Host Homes Services). The signs must be lighted at all times. The illuminated lights must have battery backup in order to be readily visible in the event of electrical failure (facilities with backup generator systems are excluded from the battery backup requirement).

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D. ~~E.~~ Any accessible window(s) must be operable from the inside without the use of tools and must provide a clear opening of not fewer than twenty (20) inches in width and twenty-four (24) inches in height (~~with the exception of~~ Exclusion: Crisis Residential Units ~~CSUs~~, ~~and~~ Shared Supported Living, and ~~Shared~~ Supported Living service locations that are not owned or controlled by a certified agency provider and Host Homes ~~sites~~).

E. ~~F.~~ No door in any path of exit, or the exit door itself, may be locked when the building is occupied unless an emergency system is in place that will allow the door to unlock in an emergency (Exclusion: Supporting Living ~~Services~~, Supervised~~ing~~ Living, Shared Supported Living, and Host Home Services).

F. ~~G.~~ Exterior doors shall not be permitted to have key-operated locks from the egress side. ~~, provided that the following criteria are met: (Exclusion: Supporting Living Services, Shared Supported Living, Supervised Living, and Host Home Services):~~

~~1. A readily visible, durable sign in letters not less than one (1) inch high on contrasting background that reads as follows: THIS DOOR TO REMAIN UNLOCKED WHEN THE BUILDING IS OCCUPIED~~
~~2. The locking device is one that is readily distinguishable as locked.~~
~~3. Each staff member inside the building must have a key on their person when the egress door is locked.~~
~~4. There may only be one locked door per means of egress.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.4 Safe and Sanitary Conditions**

A. The interior and exterior of each service location ~~program~~ must be maintained in a safe and sanitary manner. Furnishings must be kept clean, well-kept and in good repair.

B. All service locations ~~programs~~ must have operable hot water. The water temperature in all water heaters in facilities providing services directly to ~~individuals~~ people enrolled in DMH services ~~programs~~ must be set at no higher than one hundred twenty (120) degrees Fahrenheit and no lower than one hundred (100) degrees Fahrenheit.

C. Emergency lighting systems (appropriate to the setting) must be located in corridors and/or hallways and must provide the required illumination automatically in the event of any interruption of normal lighting such as failure of public utility or other outside power supply, opening of a circuit breaker or fuse, or any manual act which disrupts the power supply. (Exception: Supervised Living, Shared Supported Living ~~programs~~ and ~~Shared~~ Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider, and Host Homes.) Supervised Living, Shared Supported Living, Supported Living and Host Homes must have alternative lighting such as battery operated flashlights, ~~or~~ lanterns or generators.

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D. All DMH-certified service locations must conduct a Safety Review of the premises on a monthly basis. A Safety Review Log must be completed and kept at the service location ~~on site~~. ~~Staff~~ Employees must date and initial when each item on the Safety Review Log has been checked. (Exception: Supervised Living, Supported Living, ~~programs and~~ Shared Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider, and Host Homes.) The Safety Review Log must include;

1. All fire extinguishers. ~~Staff is~~ Employees are to verify each extinguisher is properly charged and mounted. Each extinguisher must be listed separately by location in the facility ~~and include the serial number.~~ Fire extinguishers mounted in agency provider vehicles are to be included in the review.

2. All fire/smoke detectors. ~~Staff is~~ Employees are to verify each detector is working properly by testing the audible signal. Each detector is to be listed separately by location in the facility.

3. All carbon monoxide detectors (if applicable.) ~~Staff is~~ Employees are to verify each detector is working properly by testing the audible signal. Each detector is to be listed separately by location in the facility.

4. Lighted exit signs. ~~Staff is~~ Employees are to verify each sign is working properly by interrupting the power supply to the sign. Each sign is to be listed separately by location in the facility. (Exception: All Supervised Living, Supported Living ~~programs~~, Shared Supported Living service locations ~~programs~~ and Host Homes.)

5. Hot water fixtures. ~~Staff is~~ Employees are to verify the hot water at each fixture in the facility measures between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit. Each fixture is to be listed separately by location in the facility, the temperature recorded at each fixture tested.

6. Emergency lights. ~~Staff is~~ Employees are to verify each emergency light is working properly by interrupting the power supply to the light for at least thirty (30) seconds. Each emergency light is to be listed separately by location in the facility.

7. Safe and sanitary conditions. ~~Staff is~~ Employees are to verify the ~~program~~ service location's environment is safe and sanitary through visual inspection.

E. Any service location ~~program~~ that has a kitchen used by ~~individuals~~ people receiving services must be designed and equipped to facilitate preparing and serving meals in a clean and orderly fashion. At a minimum, the following equipment must be provided: (Exception: Supervised Living, Shared Supported Living ~~programs~~ and ~~Shared~~ Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider, and Host Homes.)

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1. Two (2)-compartment sink or an automatic dishwasher and single sink (Except in single occupancy living situations, in which case a single compartment sink is acceptable);
2. Adequate supply of dishes, cooking utensils, etc.;
3. Adequate refrigeration facilities;
4. Adequate space for the storage of food supplies~~.~~ (No food supplies may be stored on the floor.); and,
5. Approved fire extinguishing equipment and alarms/smoke detectors ~~which show evidence of fire department inspection~~ placed strategically to allow detection of smoke/fire in the kitchen.

F. Restroom door locks must be designed to permit the opening of the locked door from the outside. ~~(Exception: Supervised Living, Supported Living programs and Shared Supported Living programs that are not owned/operated by a certified provider, and Host Homes.)~~

G. All supplies, including flammable liquids and other harmful materials, must be stored to provide for the safety of the ~~individuals~~ people receiving services and the ~~staff~~ employees working in the service location ~~program~~.

G. Any service location that has a clothes dryer must ensure that the clothes dryer has an exterior ventilation system free from excessive lint and dust accumulation.

H. ~~H.~~ Each service location ~~program~~ must provide floor space for the lounge/dining/visitation area(s) that is easily accessed/exited in case of emergency.

I. ~~I.~~ All service locations ~~programs~~ must have operational utilities (water/sewer, air conditioning/heat, electricity).

~~J. Each site must have a written plan of action in place in case utilities fail. The plan must be readily available for review. (Exception: Supported Living, Shared Supported programs that are not owned/operated by a certified provider and Host Homes.)~~

J. No stove or combustion heater may be so located as to block escape in case of fire arising from a malfunction of the stove or heater.

K. No portable heaters are allowed in service areas or bedrooms.

L. DMH may require additional square footage in any service location ~~program~~ in order to accommodate the needs of the ~~individuals~~ people in the service ~~program~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 13.5 Accessibility**

A. All service locations ~~program sites~~ and services must be in compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act (P.L. 101-336).

B. For Supervised Living, Shared Supported Living, and Host Homes, and based on the needs of the ~~individuals~~ people served in each residence, the agency provider must make necessary modifications as outlined in Rule 13.5 B-~~G~~I and ~~Rule~~ 13.6. Services cannot be denied based on the need for modifications. (Exclusion: Supported Living service locations ~~programs~~ that are not owned~~/operated~~ or controlled by a certified agency provider).

C. New construction of service locations ~~program sites~~ or renovation of existing locations must be in compliance with Americans with Disabilities Act (ADA) requirements.

D. The clear width of doorways when the door is in the full open position must not be fewer than thirty-two (32) inches.

E. At least one (1) restroom at the location ~~site~~ must be accessible to ~~individuals~~ people with physical disabilities with either one (1) accessible restroom for each sex or one (1) accessible unisex restroom being acceptable. Additionally, day service locations ~~programs~~ serving ~~individuals~~ people with intellectual/developmental disabilities ~~ID/DD~~ must have adequate private changing facilities.

F. The accessible restroom stall must have grab bars behind and beside the toilet. ~~and on the wall nearest the lavatory/sink.~~ Additionally, a grab bar must be installed on the wall nearest the lavatory/sink if any person receiving services needs this accommodation.

G. All faucets, soap and other dispensers, and hand dryers (if present) must be within reach of someone using a wheelchair and usable with one closed fist.

H. All doors, including stall doors in the restroom, must be operable with a closed fist from the inside (Exclusion: Crisis Residential Units).

I. Any service location ~~program~~ that has drinking fountains must have at least one (1) fountain that is Americans with Disabilities Act ~~(ADA)~~ accessible.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.6 Stairs**

A. Doors opening onto stairs must have a landing, at a minimum, the width of the door.

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B. Minimum head room on stairs and ramps to clear all obstructions must be six feet and eight inches (6' 8").

C. Stairs in the service locations ~~program sites~~, must have the following dimensions:

1. Stair width must be at least thirty-two (32) inches;
2. Minimum tread depth of each step of the stairs must be at least ~~nine (9)~~ eleven (11) inches; and,
3. Maximum height of risers in each step must not exceed ~~eight (8)~~ seven (7) inches.

D. Guards and handrails must be provided on both sides of all stairs and ramps rising more than thirty (30) inches above the floor or grade.
1. Guards and handrails must continue for the full length of the ramp or stairs.
2. Handrails must provide at least one and one-half (1.5) inches between the inner side of the rail and support wall.
3. Handrails must be located between thirty-four (34) inches to thirty-eight (38) inches above the tread of the step or ramp surfaces.

E. Steps, ramps, ~~and~~ platforms and landing(s) associated with them must be:

1. Designed for at least one hundred (100) pounds per square foot~~.~~; and,
2. Have a slip-resistant surface.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.7 Transportation of ~~Individuals~~ People Receiving Services**

The interior and exterior of each vehicle must be maintained in a safe and sanitary manner. Vehicles must be kept clean, well-kept and in good repair. Agency ~~P~~providers~~/programs~~ providing transportation in agency provider ~~program~~ vehicles to ~~individuals~~ people receiving services must meet the following criteria:

A. All vehicles and drivers must comply with the applicable laws of Mississippi regarding motor vehicle operation, licensure, maintenance, and be kept in good repair.

B. When transporting ~~individuals~~ people receiving services, the following ~~staff~~ employee to ~~individual~~ person ratios apply~~ies~~ only for the stated populations below:

1. When transporting children age zero to six (0-6) years, the ~~staff~~ employee ratio in addition to the driver must be one (1) ~~staff~~ employee to five (5) children and one (1) ~~staff~~ employee to three (3) children when more than three (3) are infants or toddlers (0-24 months).
2. When transporting ~~individuals~~ people with intellectual/developmental disabilities, there must be adequate ~~staff~~ personnel to meet the needs of ~~individuals~~ people being transported.

C. The vehicle must have a securely mounted/fixed fire extinguisher with proof of annual inspection, flares or reflectors, a flashlight, and first aid kit which contains the following: gloves, adhesive bandages, gauze, first aid tape, sterile pads, antiseptic wipes, and a first aid booklet. All items must be current.

D. All vehicles must have liability insurance unless otherwise authorized by state law. Proof of insurance must be kept in the vehicle.

E. All vehicles must be equipped with a secure, operable seat belt for each passenger transported. Children must be seated in approved safety seats with proper restraint in accordance with state law.

F. Agency ~~P~~providers that provide transportation must have policies and procedures in place to protect the safety and well-being of ~~individuals~~ people being transported. Policies and procedures must address, at a minimum:

1. Accessibility based on the ~~individuals'~~ person's needs and reasonable requests.
2. Accounting of ~~individuals~~ people entering and exiting the agency provider/service ~~program~~ vehicle. This must be made available for review.
3. Availability of communication devices (i.e., cell phones, two (2)-way radios, etc.)
4. Availability of a vehicle maintenance log for all vehicles used to provide transportation.
5. Course of action when ~~staff is~~ employees are unable to leave ~~individuals~~ people at home or an alternate service location ~~site~~ as specified by family/legal representative that ensures the safety of ~~individuals~~ people at all times.
6. Availability of additional ~~staff~~ employees to assist with transportation if the needs of the ~~individuals~~ people being transported warrant additional ~~staff~~ employee assistance.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.8 Medication ~~Control~~ and First Aid Kits**

A. Agency ~~P~~providers must have written policies and procedures and documentation of their implementation pertaining to medication ~~control which assures that~~ with the following guidelines:

1. Assistance with medication usage by non-licensed personnel
   The following procedures are considered assisting a person with their medications and do not require a nurse to perform:
   (a) Opening a dose packet of pills that is packaged by the pharmacy
   (b) Opening a pill bottle labeled for the person and pulling a medication out for the patient to take
   (c) Assisting the person put medications in their mouth
   (d) Documenting that the person took the medication(s)

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(e) Crushing a medication that can be crushed (with the order from the prescriber stating that this can be done)
(f) Putting medication in food or drink (eg. Applesauce, pudding) and giving that mixture to a person to take orally (with the order from the prescriber stating that this can be done)
(g) Applying a topical cream
(h) Applying an eye drop
(i) Applying an ear drop
(j) Applying a nasal mist
(k) Applying a non-narcotic skin patch (eg. clonidine, estrogen)
(l) Giving a routinely ordered unit dose nebulizer treatment (eg. Albuterol, atrovent)
(m) Assisting a person to use a routinely ordered metered dose inhaler (for asthma or Chronic Obstructive Pulmonary Disease)
(n) Placing rectal suppository that is routinely ordered
(o) Taking vital signs

In order for a non-licensed person to assist with medication usage, there must be no clinical decision making needed. Clinical decision making is required to determine if a person should be given a PRN or "as needed" medication and therefore requires a licensed nurse.

2. ~~1.~~ The administration of all prescription drugs and/or other medical procedures other than listed in Rule 13.8.A.1 must be directed and supervised by a licensed physician or a licensed nurse in accordance with the Mississippi Nursing Practice Law and Rules and Regulations. This includes but is not limited to the following: (See Rule 12.1.B.6 and 12.3.A.7 for training requirement)
   (a) Administering medication in a PEG tube
   (b) Administering insulin via a subcutaneous injection
   (c) Administering an over the counter medication that is "as needed" (PRN) (eg. Tylenol for complaint of a headache)
   (d) Administering an "as needed" prescribed medication

3. ~~2.~~ All medications must be clearly labeled. Labeling of prescription medications must also include the name of the ~~individual~~ person for whom it was prescribed.

4. ~~3.~~ Medication prescribed for a specific ~~individual~~ person must be discarded when no longer used by said ~~individual~~ person and according to a written procedure to do so.

5. ~~4.~~ Adequate space is provided for storage of drugs that is well lighted and kept securely locked. (Exception: Supported Living service locations ~~programs~~ not owned or controlled by an agency provider ~~and Host Home~~).

6. ~~5.~~Medication stored in a refrigerator which contains items other than drugs will be kept in a separate locked compartment or container with proper labeling. (Exception: Supported Living service locations ~~programs~~ not owned or controlled by an agency provider ~~and Host Home~~).

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7. ~~6.~~Drugs for external and internal use will be stored in separate cabinets or on separate shelves which are plainly labeled according to such use. (Exception: Supported Living service locations ~~programs~~ not owned or controlled by an agency provider ~~and Host Home~~).

8. ~~7.~~Prescription drugs will be stored in a separate cabinet or compartment utilized only for that purpose. Prescription drugs must not be stored with nonprescription drugs. All drugs must be stored in a location utilized only for storage of prescription and nonprescription drugs. (Exception: Supported Living service locations ~~programs~~ not owned or controlled by an agency provider ~~and Host Home~~).

9. ~~8.~~Transporting and delivery of medications follows any rules, regulations, guidelines, and statutes set forth by governing bodies authorized to do such.

10. ~~9.~~ Practices for the self-administration of medication by ~~individuals~~ people served in a service location ~~program~~ are developed with consultation of the medical ~~staff~~ personnel of the agency provider or the ~~individual's~~ person's treating medical provider(s).

B. Each ~~site~~ service location must have a first aid kit. The kit must contain gloves, adhesive bandages, gauze, first aid tape, sterile pads, antiseptic wipes, and a first aid booklet. For buildings housing more than one service ~~program~~, a single first aid kit may be used by all services ~~programs~~, if readily/easily accessible for all ~~individuals~~ people in the building. All items must be current.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 13.9 Disaster Preparedness and Response**

A. An Emergency/ Disaster Response Plan must be developed and maintained for each location ~~site~~, information may be similar to other locations, but specific location ~~site~~ information is required. A Continuity of Operations Plan (COOP) must be developed for each agency provider and a copy maintained at each ~~site~~ location.

B. Agency ~~P~~providers must develop and maintain an ~~e~~Emergency/~~d~~Disaster ~~r~~Response ~~p~~Plan for each facility/service location ~~program~~ that is specific to each certified service location~~/site~~, approved by the governing body, for responding to natural disasters, manmade disasters (fires, bomb threats, utility failures and other threatening situations, such as workplace violence). The plan should identify which events are most likely to affect the facility/service location ~~program~~. This plan must address at a minimum:

1. Lines of authority and Incident Command;
2. Identification of a Disaster Coordinator;
3. Notification and plan activation;

4. Coordination of planning and response activities with local and state emergency management authorities;
5. Assurances that ~~staff~~ employees will be available to respond during an emergency/disaster;
6. Communication with ~~individuals~~ people receiving services, employees ~~staff~~, governing authorities, and accrediting and/or licensing entities;
7. Accounting for all people ~~persons~~ involved (~~staff~~ employees and ~~individuals~~ people receiving services);
8. Conditions for evacuation;
9. Procedures for evacuation;
10. Conditions for agency provider closure;
11. Procedures for agency provider closure;
12. Schedules of drills for the plan;
13. The location of all fire extinguishing equipment, carbon monoxide detectors (if gas or any other means of carbon monoxide emission is used in facility) and alarms/smoke detectors;
14. The identified or established method of annual fire equipment inspection; ~~and,~~
15. Escape routes and procedures that are specific to location/site and the type of disaster(s) for which they apply~~.~~; and,
16. Procedures for post event conditions (i.e., loss of power, telephone service, ability to communicate).

C. Agency ~~P~~providers must develop and maintain a Continuity of Operations Plan, approved by the governing body, for responding to natural disasters, manmade disasters, fires, bomb threats, utility failures and other threatening situations, such as workplace violence. This plan must address at a minimum:

1. Identification of agency provider's essential functions in the event of emergency/ disaster;
2. Identification of necessary staffing to carry out essential functions;
3. Delegations of authority;
4. Alternate work sites in the event of location/site closure;
5. Identification of vital records and their locations; and,
6. Identification of systems to maintain security of and access to vital records.

D. Copies of the Emergency/Disaster Response Plans and the Continuity of Operations Plan must be maintained on-site for each facility/service location ~~program~~ and at the agency~~'s~~ provider's administrative offices.

E. All agency~~ies~~ providers must document implementation of the written plans for emergency/disaster response that are specific to that location/site and continuity of operations. This documentation of implementation must include, but is not limited to the following: (Exception: ~~Host Homes, Shared Supported and~~ Supported Living and Shared Supported Living that are not owned or controlled by a certified agency provider, and Host Homes.)

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1. Quarterly fire drills for each facility and service location ~~day programs~~
2. Monthly fire drills for Supervised Living and/or Residential Treatment service locations ~~programs~~, conducted on a rotating schedule per shift ~~within the following time frames:~~
   ~~(a) 7 a.m. to 3 p.m.~~
   ~~(b) 3 p.m. to 11 p.m.~~
   ~~(c) 11 p.m. to 7 a.m.~~
3. Quarterly disaster drills, rotating the nature of the event for the drill based on the ~~e~~Emergency/~~d~~Disaster ~~p~~Plan, for each facility and service location ~~program~~.
4. Annual drill of Continuity of Operations Plan for the agency provider with documentation maintained at the main office.

F. All ~~community~~ Supervised L~~l~~iving, residential treatment service locations ~~programs~~, and/or Crisis Residential ~~Stabilization~~ Units must maintain current emergency/disaster preparedness kits to support ~~individuals~~ people receiving services and ~~staff~~ employees for a minimum of seventy-two (72) hours post-event. At a minimum, these supplies must be kept in one (1) place and include the following:

1. Non-perishable foods;
2. Manual can opener;
3. Water (one (1) gallon per person per day);
4. Flashlights and batteries;
5. Plastic sheeting and duct tape;
6. Battery powered AM/FM radio; and,
7. Personal hygiene items.

G. All ~~community~~ Supervised L~~l~~iving, residential treatment service locations ~~programs~~, and/or Crisis Residential ~~Stabilization~~ Units must have policies and procedures that can be implemented in the event of an emergency that ensure medication, prescription and nonprescription, based on the needs of the ~~individuals~~ people in the service ~~program~~ and guidance of appropriate medical ~~staff is~~ personnel are available for up to seventy-two (72) hours post-event.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 14: Rights of ~~Individuals~~ People Receiving Services

**Rule 14.1 Rights of ~~Individuals~~ People Receiving Services**

A. There must be written and implemented policies and procedures and written documentation in the record that each ~~individual~~ person receiving services and/or parent(s)/legal representative(s) is informed of their rights while receiving services ~~served by the program~~, at intake and at least annually thereafter if he/she continues to receive services. These rights are applicable to all ~~individuals~~ people receiving services except for ~~individuals~~ people that have been civilly committed or ~~individuals~~ people who are confined to a correctional facility. The ~~individual~~ person receiving services and/or parent(s)/legal representative(s) must also be given a written copy of these rights, which at a minimum, must include:

1. The services ~~within the program and other services~~ available regardless of cultural barriers and limited English proficiency;
2. The right to access services that support a~~n~~ ~~individual~~ person to live, work and participate in the community to the fullest extent of the ~~individual~~ person's capability;
3. The right to services and choices, along with service ~~program~~ rules and regulations, that support recovery/resiliency and person-centered services and supports;
4. The right to be referred to other agency provider~~'s~~ services and supports in the event the agency provider is unequipped or unable to serve the person ~~individual~~;
5. The right to refuse treatment/services;
6. The right to ethical treatment including but not limited to the following:
   (a) The right not to be subjected to corporal punishment
   (b) The right to be free from all forms of abuse or harassment
   (c) The right to be free from restraints of any form that are not medically necessary or that are used as a means of coercion, discipline, convenience or retaliation by employees ~~staff~~
   (d) The right to considerate, respectful treatment from all employees and volunteers of the agency provider ~~program~~.
7. The right to voice opinions, recommendations, and to file a written grievance which will result in agency provider ~~program~~ review and response without retribution;
8. The right to personal privacy, including privacy with respect to visitors in day services ~~programs~~ and community living service locations ~~programs~~ as much as physically possible;
9. The right to not be discriminated against based on HIV or AIDS status;

~~10. The right to considerate, respectful treatment from all employees of the provider program;~~

10. ~~11.~~ The right to have reasonable access to the clergy and advocates and access to legal counsel at all times;
11. ~~12.~~ The right of the ~~individual~~ person being served to review his/her records, except as restricted by law;
12. ~~13.~~ The right to participate in and receive a copy of the individual plan (as defined in Rule 17.1) including, but not limited to, the following:

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(a) The right to make informed decisions regarding his/her care and services, including being informed of his/her health status (when applicable), being involved in care/service planning and treatment and being able to request or refuse treatment/service(s). This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

(b) The right to access information contained in his/her case record within a reasonable time frame. (A reasonable time frame is within five (5) days; if it takes longer, the reason for the delay must be communicated). The agency provider must not frustrate the legitimate efforts of ~~individuals~~ people being served to gain access to their own case records and must actively seek to meet these requests as quickly as its record keeping system permits. MCA 41-21-102 (7) does allow for restriction to access to records in certain circumstances where it is medically contraindicated.

(c) The right to be informed of any hazardous side effects of medication prescribed by ~~staff~~ medical personnel.

13. ~~14.~~ The ability to retain all Constitutional rights, except as restricted by due process and resulting court order;
14. ~~15.~~ The right to have a family member or representative of his/her choice notified promptly (within no more than four [4] hours) of his/her admission to a hospital;
15. ~~16.~~ The right to receive care in a safe setting and in an environment that promotes recovery;
16. ~~17.~~ The right to involve or not involve family and/or others is recognized and respected; ~~and,~~
17. ~~18.~~ The right to engage in planning, development, delivery and the evaluation of the services ~~an individual~~ a person is receiving~~.~~;
18. ~~19.~~ The right to have visitors of his/her choosing at any time, to the greatest extent possible. Visitation rights cannot be withheld as punishment or in any other manner that unreasonably infringes on the ~~individual~~ person's stated rights;
19. ~~20.~~ The right to daily private communication (phone, mail, email, etc.) without hindrance; and, ~~unless clinically contraindicated. If restrictions to communication are put in place, the individual has the right to following:~~

    ~~(e) Any restrictions on private telephone use must be reviewed daily~~

    ~~(f) All actions regarding restrictions on outside communication must be documented in the individual's record~~

    ~~(g) Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the individual's stated rights.~~

    ~~(h) For ID/DD Waiver providers, a written plan which outlines the how and when restrictions will be lifted or faded must be in place and be signed by the individual.~~
20. The right to information about individual rights in a manner that is understandable to people receiving services who have challenges with vision, hearing, or cognition.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 14.2 ~~Staff~~ Employees Roles in Protecting Rights of ~~Individuals~~ People Receiving Services**

A. The agency provider must define each ~~staff member~~ employee's responsibility in maintaining ~~an individual~~ a person's rights, as well as the ability to explain these rights to the person ~~individuals~~ receiving services or their family members/legal representatives in a manner that is clearly understood.

B. The agency provider's policies and procedures must be written in such a way that ~~staff member~~ employee's roles in maintaining or explaining these rights are clearly defined.

C. The policies and procedures must also clearly explain how the agency provider will train ~~staff members~~ employees to develop and retain the skills needed to uphold this role. This includes specific training regarding each right and how to explain it in a manner that is understandable to the ~~individual~~ person and/or family member/legal representative. Training must focus on the population being served, but can include other related areas for broadened understanding.

D. A~~n~~ ~~individual~~ person receiving services cannot be required to do work which would otherwise require payment to ~~other program~~ ~~staff~~ agency provider employees or contractual employees ~~staff~~. For work done, wages must be in accordance with local, state, and federal requirements (such as the provision of Peer Support Services by a Certified Peer Support Specialist Professional) or the agency provider ~~program~~ must have a policy that the ~~individuals~~ people do not work for the agency provider ~~program~~.

E. A record of any ~~individuals~~ person for whom the agency provider is the legal representative or a representative payee must be on file with supporting documentation.

F. For agency providers ~~programs~~ serving as conservator or representative payee, the following action must be taken for each person ~~individual~~:

1. A record of sums of money received for/from each ~~individual~~ person and all expenditures of such money must be kept up-to-date and available for inspection by DMH personnel ~~staff~~; and,
2. The ~~individual~~ person and/or his/her legal representative must be furnished a receipt, signed by the lawful agent(s) of the agency provider ~~program~~, for all sums of money received and expended at least quarterly or more often if requested.

G. When planning and implementing services that offer ~~individuals~~ people the opportunity for community participation, agency providers shall recognize that:

1. ~~Individuals~~ People retain the right to assume informed risk. The assumption of risk is required to consider and balance the ~~individual~~ person's ability to assume responsibility for that risk and a reasonable assurance of health and safety;
2. ~~Individuals~~ People make choices during the course of the day about their everyday life, including daily routines and schedules; ~~and,~~

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3. ~~Individuals~~ People have the opportunity to develop self-advocacy skills including but not limited to registering to vote~~.~~; and,
4. ~~Individuals~~ People must be afforded the same access to the community as people who do not have a mental illness, intellectual/ developmental disability or substance use disorder.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 14.3 Ethical Conduct**

A. In addition to complying with ethical standards set forth by any relevant licensing or professional organizations, the governing authority and all employees ~~staff members~~ and volunteers (regardless of whether they hold a professional license) must adhere to the highest ethical and moral conduct in their interactions with the ~~individuals~~ people and family members they serve, as well as in their use of agency provider ~~program~~ funds and grants.

B. Breaches of ethical or moral conduct toward people ~~individuals~~, their families, or other vulnerable people ~~persons~~, include but are not limited to, the following situations from which an agency provider is prohibited from engaging in:

1. Borrowing money or property
2. Accepting gifts of monetary value
3. Sexual (or other inappropriate) contact
4. Entering into business transactions or arrangements. An exception can be made by the Executive Director of the certified agency provider. The Executive Director of the certified agency provider is responsible for ensuring that there are no ethical concerns associated with the hiring and supervision practices.
5. Physical, mental or emotional abuse
6. Theft, embezzlement, fraud, or other actions involving deception or deceit, or the commission of acts constituting a violation of laws regarding vulnerable adults, violent crimes or moral turpitude, whether or not the employee or volunteer is criminally prosecuted and whether or not directed at ~~individuals~~ people or the ~~individuals'~~ people's families
7. Exploitation
8. Failure to maintain proper professional and emotional boundaries
9. Aiding, encouraging or inciting the performance of illegal or immoral acts
10. Making reasonable treatment-related needs of the people ~~individual~~ secondary or subservient to the needs of the employee or volunteer
11. Failure to report knowledge of unethical or immoral conduct or giving false statements during inquiries to such conduct
12. Action or inaction, which indicates a clear failure to act in an ethical, moral, legal, and professional manner
13. Breach of and/or misuse of confidential information.

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14. Failure to report suspected or confirmed abuse, neglect or exploitation of a~~n individual~~ person receiving services in accordance with state reporting laws to include but not limited to the Vulnerable Persons Act and Child Abuse or Neglect Reporting requirements.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended.*

**Rule 14.4 Limited English Proficiency Services and Cultural Competency**

A. Language assistance services, including bilingual ~~staff~~ employees and interpreter services, must be offered at no cost to ~~individuals~~ people with limited English proficiency. These services must be offered at all points of contact with the person ~~individual~~ while he/she is receiving services. A detailed description of when and how these services will be provided must be clearly explained in the agency provider's policies and procedures.

B. All agency providers must develop and implement policies and procedures that address Culturally and Linguistically Appropriately Services (CLAS) federal guidelines developed by the Office of Minority Health (OMH), which is part of the US Department of Health and Human Services in order to improve access to care for ~~L~~limited English proficient ~~individuals~~ people through the elimination of language and cultural barriers. All policies and procedures must include:

1. The process for offering language assistance to ~~individuals~~ people who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
2. How the agency provider informs ~~individuals~~ people of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
3. Ensure the competence of ~~individuals~~ people providing language assistance, recognizing that the use of untrained ~~individuals~~ people and/or minors as interpreters should be avoided.
4. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the population in the service area.

C. Cultural competence describes the ability of an agency provider to provide services to ~~individuals~~ people with diverse values, beliefs, and behaviors, including tailoring service delivery to meet the ~~individual~~ person's social, cultural and linguistic needs. Policies and procedure manual must reflect the agency~~'s~~ provider's efforts to integrate values, attitudes and beliefs of the ~~individuals~~ people served into the services provided.

D. Services and plan development must reflect cultural considerations of the person and be conducted by providing information in a plain language and in a manner that is accessible to people who have limited English proficiency.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 14.5 Local Grievance Policies and Procedures**

A. There must be written policies and procedures for implementation of a process through which ~~individuals'~~ people's grievances can be reported and addressed at the local ~~program~~ service location/center level. These policies and procedures, minimally, must ensure the following:

1. ~~That individuals~~ People receiving services from the agency provider have access to a fair and impartial process for reporting and resolving grievances;
2. ~~That individuals~~ People are informed and provided a copy of the local procedure for filing a grievance with the agency provider and of the procedure and timelines for resolution of grievances upon admission and annually thereafter;
3. ~~That individuals~~ People receiving services and/or parent(s)/legal representative(s) are informed of the procedures for reporting/filing a grievance with ~~the~~ DMH, including the availability of the toll-free telephone number upon admission and annually thereafter;
4. ~~That individuals~~ People receiving services and/or parent(s)/legal representative(s) are informed of the procedures for reporting suspicions of abuse, exploitation or neglect in accordance with state reporting laws to include but not limited to the Vulnerable Persons Act and Child Abuse or Neglect Reporting requirements upon admission and annually thereafter~~.~~; and,
5. ~~That t~~The ~~program~~ agency provider will post in a prominent public area the DMH Office of Consumer Support ~~(OCS)~~ informational poster containing procedures for filing a grievance with DMH. The information provided by DMH Office of Consumer Support ~~OCS~~ must be posted at each ~~site/~~service location.

B. The policies and procedures for resolution of grievances at the agency provider level, minimally, must include:

1. Definition of grievances: a written or verbal statement made by a~~n~~ ~~individual~~ person receiving services alleging a violation of rights or policy;
2. Statement that grievances can be expressed without retribution;
3. The opportunity to appeal to the executive officer of the ~~provider~~ agency provider, as well as the governing board of the ~~provider~~ agency provider;
4. Timelines for resolution of grievances; and,
5. The toll-free number for filing a grievance with the DMH Office of Consumer Support.

C. There must be written documentation in the record that each ~~individual~~ person and/or parent(s)/legal representative(s) ~~guardian~~ is informed of and given a copy of the procedures for reporting/filing a grievance described above, ~~at intake~~ upon admission and annually thereafter if he/she continues to receive services from the agency provider.

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D. The policies and procedures must also include a statement that the DMH-c~~C~~ertified agency ~~P~~provider will comply with timelines issued by DMH Office of Consumer Support in resolving grievances initially filed with ~~the~~ DMH.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 14.6 Use of Restraints**

A. All agency p~~P~~roviders are prohibited from the use of mechanical restraints.~~, unless being used for adaptive support or if authorized as part of a behavior support plan for individuals with IDD.~~ A mechanical restraint is the use of a mechanical device, material, or equipment attached or adjacent to the ~~individual~~ person's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.

B. Adaptive support devices can be used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would not be possible without the use of such devices.

C. ~~B.~~ Agency ~~P~~providers are prohibited from the use of seclusion except for certified Crisis ~~Stabilization~~ Residential Services. (See Rules 19.5.P–R) Seclusion means a behavior control technique involving locked isolation. Such term does not include a time-out.

D. ~~C.~~Agency ~~P~~providers are prohibited from the use of chemical restraints. A chemical restraint is a medication used to control behavior or to restrict the ~~individual~~ person's freedom of movement and is not standard treatment of the ~~individual~~ person's medical or psychiatric condition.

E. ~~D.~~Agency ~~P~~providers must ensure that all direct ~~service~~ support personnel ~~staff~~ who utilize physical restraint/escort ~~has~~ have successfully completed training and hold certification in a nationally recognized ~~certification or~~ and DMH-approved training for managing aggressive or risk-to-self behavior (which must include~~s~~ verbal and physical de-escalation). (See Rule 12.5B)

F. ~~E.~~Agency ~~P~~providers must maintain a listing of all supervisory or senior ~~staff members~~ personnel who have successfully completed required training and demonstrate competency in utilization of physical restraint.

G. ~~F.~~Agency ~~P~~providers utilizing physical restraint(s)/escort must establish, implement, and comply with written policies and procedures specifying appropriate use of physical restraint/escort. The policy/procedure must include, at a minimum:

1. Clear definition(s) of physical restraint(s)/escort and the appropriate conditions and documentation associated with their use. The definitions must state, at a minimum:

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(a) A physical restraint is personal restriction that immobilizes or reduces the ability of a~~n~~ ~~individual~~ person to move his or her arms, legs, or head freely. Such term does not include a physical escort.
(b) A physical escort is the temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a person ~~an individual~~ displaying inappropriate or risky behavior ~~who is acting out~~ to walk to a safe location.

2. Requirements that physical restraint(s)/escort may be utilized only in emergency situations to protect the ~~individual~~ person from injuring him~~self~~/herself or others. An emergency is defined as a situation where the ~~individual~~ person's behavior is violent or aggressive and where the behavior presents an immediate and serious danger to the safety of the ~~individual~~ person being served, other ~~individuals~~ people served by the agency provider ~~program~~, or employees ~~staff~~.

H. ~~G.~~ Requirements that physical restraints/escorts are used as specified in the Behavior Management Plan, ID/DD Waiver Behavior Support Plan/Crisis Intervention Plan only when all other less restrictive alternatives have been determined to be ineffective to protect the ~~individual~~ person or others from harm. The utilization of other less restrictive alternatives, such as positive behavior support, must be documented in the ~~individual~~ person's case record.

I. ~~H.~~ Agency ~~P~~providers must establish and implement policies and procedures that physical restraint is utilized only for the time necessary to address and de-escalate the behavior requiring such intervention and in accordance with the approved individualized plan for use of physical restraint. Additionally, ~~individuals~~ people must not be restrained for more than fifteen (15) minutes at any one (1) time. They must be released after those fifteen (15) minutes. A face-to-face assessment by senior personnel (refer to Rule 14.6.~~E~~ F) must take place while the ~~individual~~ person is being restrained.

J. ~~I.~~ Agency ~~P~~providers must establish and implement policies and procedures specifying that physical restraint(s)/escort must be in accordance with a written modification to the comprehensive plan of the ~~individual~~ person being served as well as all of the following:

1. Requirement(s) that physical restraint(s)/escort must be implemented in the least restrictive manner possible;
2. Requirement(s) that physical restraint(s)/escort must be in accordance with safe, approved restraining techniques based on techniques taught as part of certification in a behavior management technique; ~~and;~~
3. Requirement(s) that physical restraint(s)/escort must be ended at the earliest possible time (i.e., when the ~~individual~~ person's behavior has de-escalated and that ~~individual~~ person is no longer in danger of harming him/herself or others);
4. Requirement(s) that physical restraint(s)/escort must not be used as a form of punishment, coercion or ~~staff~~ employee convenience;
5. Requirement(s) that supine and prone restraints are prohibited as part of ~~an individual's~~ a person's Behavior Support Plan; and,

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6. Requirement(s) that all physical restraint(s)/escort can only be implemented by someone holding certification (see Rule 12.5.B.)

K. ~~J.~~ Requirements that physical restraint(s)/escort are being used in accordance with a Behavior Support Plan, ID/DD Waiver Behavior Support Plan/Crisis Intervention Plan by order of a physician or other licensed independent practitioner as permitted by State licensure rules/regulations governing the scope of practice of the independent practitioner and the agency provider and documented in the case record.

L. ~~K.~~ Agency ~~P~~providers must establish and implement written policies and procedures regarding the use of physical restraint(s)/escort with implementation (as applicable) documented in the Behavior Support Plan, ID/DD Waiver Behavior Support Plan/ Crisis Intervention Plan and in each individual case record:

1. Orders for the use of physical restraint(s)/escort must never be written as a standing order or on an as needed basis (that is, PRN).

2. A Behavior Support Plan must be developed by the ~~individual~~ person's treatment team when these techniques are implemented more than three (3) times within a thirty (30) day period with the same person ~~individual~~. The Behavior Support Plan or ID/DD Waiver Behavior Support/Crisis Intervention Plan must address the behaviors warranting the continued utilization of physical restraint(s)/escort procedure in emergency situations. The Behavior Support Plan or ID/DD Waiver Behavior Support/Crisis Intervention Plan must be developed with the signature of the ~~program's~~ agency provider's director who meets the qualification in Rule 11.3.

3. A supervisory or senior member of personnel ~~staff person~~ ~~with training and demonstrated competency in physical restraint(s)~~ who has successfully completed required training and demonstrate competency in utilization of physical restraint and who is competent to conduct a face-to-face assessment will conduct such an assessment of the ~~individual~~ person's mental and physical well-being as soon as possible but not later than within one (1) hour of initiation of the intervention. Procedures must also ensure that the supervisory or senior ~~staff person~~ personnel trained monitors the situation for the duration of the intervention.

4. Requirements that ~~staff~~ employees document ~~records~~ an account of the use of a physical restraint(s)/escort in a behavior management log that is maintained in the ~~individual~~ person's case record by the end of the working day.

5. If ~~staff~~ employees are unable to manage the ~~individual~~ person's behavior, policies must be developed to address additional options employees ~~staff~~ are to take (i.e., call ~~m~~Mobile ~~c~~Crisis ~~t~~Team, 911, etc.).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 14.7 Time-Out**

A. ~~Programs~~ Agency providers utilizing time-out must have written policies and procedures that govern the use of time-out and documentation of implementation of such procedures in case records of ~~individuals~~ people receiving services. The use of time-out is prohibited for ~~individuals~~ people with intellectual/~~and~~ development disabilities. The policy/procedures must include, at a minimum, the following provisions:

1. Clear definition(s) of time-out and the appropriate conditions and documentation associated with its use:
   (a) A time-out is a behavior management technique which removes a person ~~an individual~~ from social reinforcement into a non-locked room, for the purpose of calming. The time-out procedure must be part of an approved treatment program. Time-out is not seclusion.
   (b) Quiet time is a behavior management technique that is part of an approved treatment program and may involve the separation of the ~~individual~~ person from the group, for the purpose of calming. Quiet time is not time-out.
2. Requirement(s) ensuring that the use of time-out procedures is justified as documented and approved in an individual plan.
3. Requirement(s) ensuring that time-out is used only after less restrictive procedures have been implemented and determined to be ineffective. The utilization of other less restrictive alternatives must be documented in the individual case record.
4. Requirement(s) that a locked door must not be component of time-out.

B. ~~Programs~~ Agency providers utilizing time-out must have written and implemented policies and procedures that time-out is utilized only for the time necessary to address and de-escalate the behavior requiring such intervention and in accordance with the approved individualized plan for use of time-out. Placement of a person ~~an individual~~ in a time-out room cannot exceed one (1) hour. ID/DD Waiver and IDD Community Support Program Services of any type are prohibited from the use of time-out.

C. There must be written and implemented policies and procedures requiring that a Behavior Management Plan be developed by the ~~individual~~ person's treatment/support team, including participation of the ~~individual~~ person as appropriate, to address the behavior(s) warranting the utilization of the time-out procedure and adhere to the following:

1. The Behavior Management Plan must be developed in accordance with the ~~individual~~ person's plan and have signature approval by the services ~~program's~~ director who meets the qualification in Rule 11.3.
2. The Behavior Management Plan must not include the use of time-out as a form of punishment, coercion or for ~~staff~~ employee convenience.

D. The utilization of time-out must be documented in a behavior log completed/maintained in the ~~individual~~ person's case record.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 14.8 Search and Seizure**

A. Agency~~ies~~ providers must develop policies and procedures regarding the search of the ~~individual~~ person's room, person and/or possessions (Exception: Unannounced searches may not be conducted in Supported Living, Shared Supported Living and Host Home settings unless there is reason to believe that a crime has been committed), to include but not limited to;

   1. Circumstances in which a search may occur;
   2. ~~Staff~~ Employees designated to authorize searches;
   3. Documentation of searches; and,
   4. Consequences of discovery of prohibited items.

B. Policy regarding screening for prohibited/illegal substances (Exception: ~~Staff~~ Employees may not screen for prohibited/illegal substances in Supported Living, Shared Supported Living and Host Home settings unless there is reason to believe that a crime has been committed; in which case, law enforcement should be contacted immediately), to include but not limited to:

   1. Circumstances in which screens may occur;
   2. ~~Staff~~ Employees designated to authorize screening;
   3. Documentation of screening;
   4. Consequences of positive screening of prohibited substances;
   5. Consequences of refusing to submit to a screening; and,
   6. Process for ~~individuals~~ people to confidentially report the use of prohibited substances prior to being screened.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 15: ~~Serious~~ Incidents Reporting

**Rule 15.1 Incident Reporting Process**

A. Providers must report incidents in a system designated by DMH, according to the process outlined by DMH.

B. Reporting to DMH does not replace other legally mandated reporting.

C. ~~Rule 15.1 B.Serious~~ ~~i~~Incidents must be reported ~~in writing~~ to DMH, Office of Incident Management within ~~twenty-four (24) hours of the incident~~ required timelines (see below). Additional information may be requested based on the circumstances. The ~~written~~ report must address initial information known about the incident to include, but not limited to:

1. Name of Agency Provider;
2. Date;
3. Time;
4. Physical location;
5. Who was involved;
6. What led to the incident;
7. A description of the incident;
8. Consequences of incident;
9. Witnesses; and,
10. Notifications.

D. For IDD Home and Community-Based Services, Serious Incidents must be reported to Support Coordination or Targeted Case Management.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 15.2 ~~Serious~~ Incidents to Report to DMH Within Eight (8) Hours of Discovery or Notification of Incident**

A. ~~Serious~~ ~~i~~Incidents that must be reported to the DMH Office of Incident Management within eight (8) hours of discovery or notification of the incident include:

1. Death of a person ~~an individual~~ on agency provider property, participating in an agency provider-sponsored event, being served through a certified community living service ~~program~~, Crisis Residential ~~Stabilization~~ Unit, Primary Residential Treatment, Transitional Residential Treatment.~~, and/or being served through the ID/DD Waiver,~~
2. Death of a person receiving IDD Services,
3. ~~2.~~Unexplained absences from any of the previously mentioned service ~~programs~~ or Alzheimer's Day Services locations ~~programs~~.

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4. ~~3.~~ Suspicions of abuse, neglect or exploitation of a person ~~an individual~~ receiving services while on agency provider property, at an agency provider-sponsored event, or being transported by a DMH-c~~C~~ertified agency ~~P~~provider.

B. Verbal notification of the ~~The~~ above listed incidents must be made ~~reported verbally~~ to the Office of Incident Management within eight (8) hours to be followed by the ~~written Serious~~ Incident Report within twenty-four (24) hours as outlined in Rule 15.1.~~B~~.C. Reporting to DMH does not replace other legally mandated reporting.

C. For IDD Home and Community-Based Services, Incidents must be reported to Support Coordination or Targeted Case Management.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 15.~~1~~3 ~~Serious~~ Incidents to Report to DMH Within Twenty-Four (24) Hours of Incident**

A. The following are examples (not an exhaustive list) of types of serious incidents that must be reported to ~~the~~ DMH, Office of Incident Management and other appropriate authorities within twenty-four (24) hours, as specified below ~~(See the DMH Record Guide for additional guidance)~~:

1. Suicide attempts on agency provider property at an agency provider-sponsored event, or by a person ~~an individual~~ being served through a community living service ~~program~~;
2. Unexplained or unanticipated absence of ~~an individual~~ a person receiving services of any length of time from any DMH-certified service location ~~program~~ of any type;
3. Incidents involving injury of a person ~~an individual~~ receiving services while on agency provider property, at an agency provider-sponsored event, or being transported by a DMH-c~~C~~ertified agency ~~P~~provider;
4. Emergency hospitalization or emergency treatment of a person ~~an individual~~ receiving services;
5. Accidents which require hospitalization that may be related to abuse, neglect or exploitation, or in which the cause is unknown or unusual;
6. Disasters, such as fires, floods, tornadoes, hurricanes, blizzards, etc.;
7. Any type of mandatory evacuation by local authorities that affects the ~~program~~ service location/facility ~~or site~~; and,
8. Use of seclusion or restraint that was not part of ~~an individual's~~ a person's treatment Behavior Management Plan or that was planned but not implemented properly, or resulted in discomfort or injury for the person ~~individual~~.

**Rule 15.~~3~~4 Policies and Procedures for ~~Serious~~ Incidents Reporting**

The agency provider must have written and implemented policies and procedures in place regarding ~~serious~~ incidents that include:

A. Description of w~~W~~hat constitutes an ~~serious~~ incident;

B. Prevention of ~~serious~~ incidents;

C. Remedial actions;

D. Reporting of ~~serious~~ incidents;

E. Documentation of ~~serious~~ incidents;

F. Training and documentation that ~~staff~~ employees have received, and acknowledged, information on required reporting of abuse, neglect and/or exploitation of a vulnerable person;

G. Maintenance of documentation related to ~~serious~~ incidents;

H. Assurance of cooperation with DMH for follow-up to ~~serious~~ incidents;

I. Analysis of all ~~serious~~ incidents; and,

J. ~~Staff~~ Employees responsible for analysis of ~~serious~~ incidents.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 15.4~~5~~ Written Analyses of All ~~Serious~~ Reportable Incidents**

A. The governing authority or a committee designated by the governing authority must review all ~~serious~~ incidents and conduct a written analysis of all ~~serious~~ incidents at least quarterly. Written analysis must be made available to DMH for review upon request.

B. If a committee is designated by the governing authority, that committee must include representatives of multiple disciplines and positions within the agency provider. For example, medical personnel ~~staff~~, administrative personnel ~~staff~~, human resources, clinical personnel ~~staff~~, etc.

C. The written analysis must address the following:

1. A determination of the cause of each incident;
2. Identification of any trends in ~~serious~~ incidents; and,
3. Remedial actions to be taken to prevent similar future events.

D. Remedial actions must be communicated to ~~staff~~ employees affected by the required actions.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 16: Service Organization

**Rule 16.1 Determinations of Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), and/or Intellectual/Developmental Disability (IDD)**

A. All of the following information must be documented to support a determination of serious emotional disturbance and/or substance use disorder:

1. Youth has at least one (1) of the eligible diagnosable mental disorders defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
2. Youth with serious emotional disturbance and/or substance use disorders are birth up to twenty-one (21) years.
3. The identified disorder must have resulted in functional impairment in basic living skills, instrumental living skills, or social skills, as indicated by an assessment instrument/approach approved by ~~the~~ DMH.

B. All of the following information must be documented to support a determination of serious mental illness and/or substance use disorder:

1. ~~An individual~~ A person who meets the criteria for one (1) of the eligible diagnostic categories defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders ~~DSM~~.
2. Adults with serious mental illness and/or substance use disorders are age eighteen (18) and over.
3. The identified disorder must have resulted in functional impairment in basic living skills, instrumental skills or social skills, as indicated by an assessment instrument/approach approved by ~~the~~ DMH.

C. All of the following must be documented to determine eligibility and support admission to IDD services ~~programs~~:

1. All people interested in IDD Services must first be determined eligible through an evaluation by the Diagnostic and Evaluation Team at one of the State's ICF/IDD Regional Programs.
2. ~~1.~~ ID/DD Waiver Services:
   (a) The person meets the criteria for the level of care ~~found in an intermediate care facility~~ for people ~~individuals~~ with intellectual disabilities, developmental disabilities, and/or Autism Spectrum Disorders ~~(ICF/IID) as determined by the Diagnostic and Evaluation Team~~ as defined in the approved waiver application. ~~at one of the state's five (5) comprehensive IDD Regional Programs and~~
   (b) Is eligible for Medicaid through one (1) of the categories specified in the federally approved ID/DD Waiver application; ~~or~~

~~2. Other IDD Services: Meets the requirements for a Certificate of Developmental Disability as defined in the Developmental Disabilities Assistance Act.~~

3. IDD Community Support Program (CSP):

(a) Meets the Needs-Based Criteria established in the 1915(i) Medicaid State Plan Amendment and
~~(b) Meets the criteria for a Certificate of Developmental Disability.~~
~~(c) Medicaid eligibility~~
(b) Is eligible for Full Medicaid Benefits and
(c) Is eighteen (18) years of age or older and no longer attends school; and/or;
(d) Eligibility for IDD Targeted Case Management is the same as IDD Community Support Program but may be provided to people of all ages

4. Other IDD Services: Meets the requirements for a Certificate of Developmental Disability as defined in the Developmental Disabilities Assistance Act.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 16.2 Admission to Services**

A. ~~B.~~Written policies and procedures must address admission to services and must at a minimum:

1. Describe the process for admission and readmission to service(s).

2. Define the criteria for admission or readmission to service(s), including:
   (a) Description of the population to be served (age(s), eligibility criteria, any special populations, etc.)
   (b) Process for determination of appropriateness of services to address the needs of the person ~~individual~~ seeking services
   (c) Number of residents to be served (agency providers of community living services only)
   (d) Expected results/outcomes
   (e) Methodology for evaluating expected results/outcomes.

3. Assure equal access to treatment and services and non-discrimination based on ability to pay, race, sex, age, creed, national origin, or disability for ~~individuals~~ people who meet eligibility criteria.
   ~~(a) For the ID/DD Waiver, a provider chosen by an individual cannot refuse to admit him/her solely on the basis of the his/her support needs, if an appropriate placement is available.~~
   ~~(b) If an individual is denied admission, the provider must submit written justification for the denial to the individual's Support Coordinator to be maintained in the record;~~
   ~~(c) Support Coordination will not offer providers who deny admission to someone who has chosen them as a choice of provider for individuals for a period of one (1) month, or greater, depending on a provider's pattern of behavior of denying admission based on an individual's needed level of support.~~

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4. Describe the process or requirements for intake/initial assessment, including the process for requesting appropriate consent to obtain relevant records from other agency providers.

5. Describe the procedure for ~~individuals~~ people who are ordered into behavioral healthcare treatment by the court system.

6. Describe written materials provided to people ~~individuals~~ upon admission, including materials that may be included in an orientation packet, etc.

7. Describe the process for informing people ~~individuals~~, youth (if age appropriate) and youth's parent(s)/legal representative(s) of their rights and responsibilities (including any applicable service ~~program~~ rules) prior to or at the time of admission.

8. Describe the process to be followed when admission or readmission to service(s) offered by the agency provider is not appropriate for the person ~~individual~~, including referral to other agency~~ies~~ providers and follow-up, as appropriate. Such referral(s) and follow-up contacts must be documented.

9. Describe procedures for maintaining and addressing a waiting list for admission or readmission to service(s) available by the agency provider.

10. Assure equal access to treatment and services for HIV-positive people ~~persons~~ who are otherwise eligible

11. Describe procedures for providing a schedule to people ~~individuals~~ and their families for each service and/or service location ~~program~~ that includes the hours of daily operation, number of days per year the service/ service location ~~program~~ is available, and the scheduled dates of closure/unavailability and reasons.

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

B. ~~A.~~The agency provider must implement written policies and procedures for providing appointments for people ~~individuals~~ being discharged from inpatient care that:

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

ii. The requirements for admission of people under ID/DD Waiver or IDD Community Support Program include the following:

1. Support Coordination/Targeted Case Management/Transition Coordination meets with the person and their legal representative(s) to offer choice of services and agency

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providers.

2. The Support Coordinator/Targeted Case Manager/Transition Coordination contacts the IDD agency provider to determine if the agency provider has the capacity to enroll the person. An agency provider cannot refuse to admit a person solely on the basis of his/her support needs.

3. A Plan of Services and Supports is developed (See Rule 17.2.C.)

4. Once the Division of Medicaid makes the Overall Decision of eligibility, the Support Coordinator/Targeted Case Manager sends the IDD agency provider a Service Authorization and other documentation as required by the DMH Record Guide.

5. The IDD agency Provider admits the person according to their written policies and procedures (Rule 16.2.A.)

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 16.3 Discharge and Termination**

i. Discharge and termination are two (2) unique terms and actions.

ii. Termination is the action utilized and documented to discontinue a service and/or service location ~~program~~ within a DMH-c~~C~~ertified agency ~~P~~provider. For people receiving ID/DD Waiver or IDD Community Support Program, the Support Coordinator/Targeted Case Manager will send a Service Authorization with termination date.

iii. Discharge is the action utilized and documented to signify that a person ~~an individual~~ is no longer receiving services through that particular DMH-c~~C~~ertified agency ~~P~~provider.

iv. All agency providers must implement policies and procedures for discharge or termination from the service/agency provider ~~program~~ which must, at a minimum, address the following:

1. Reason(s) for discharge\termination~~.~~;
2. Assessment of progress toward objectives contained in the individual plan;
3. Discharge instructions given to the person ~~individual~~ who received services or their authorized representative, parent(s)/legal representative(s), including referrals made; and,
4. Any other information deemed appropriate to address the needs of the person ~~individual~~ being discharged from the service/agency provider ~~program~~.

v. In addition to Rule 16.3.D, all agency providers of community living services of ~~to~~ children/youth in the custody of ~~the~~ MS Department of ~~Human~~ Child Protection Services must adhere to the following regarding discharge:

1. The ~~DHS~~ MS Department of Child Protection Services social worker from the county of residence of the child/youth is provided the opportunity to be involved in the discharge/placement plans if the child is in the custody of ~~DHS~~ MS Department of Child Protection Services.
2. Children/~~ and~~ youth in the custody of the MS Department of ~~Human~~ Child Protection Services are provided an opportunity for one (1) pre-placement visit by their ~~DHS~~ MS Department of Child Protection Services Social Worker prior to discharge.
3. Documentation that an appointment has been scheduled with the Community Mental Health Center ~~CMHC~~ responsible for services in the county where the child/youth will reside upon discharge.

F. ~~Individuals~~ People living in community settings cannot be discharged or terminated from the service in a manner that is not in full compliance with the terms of the signed lease/rental/ residential fee agreement. In addition, the community living service provider must ensure that alternative living arrangements are made that are appropriate for the person ~~individual~~. Those arrangements should be designed to mitigate the likelihood that the person ~~individual~~ will be homeless as a result of being discharged or terminated from the community living service ~~program~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 16.4 ~~Program~~ Service Location Postings**

A. ~~Program~~ Service rules (if applicable) for any service/ ~~and/or program~~ service location must be posted in a location highly visible to the people ~~individuals~~ served and/or made readily available to those people ~~individuals~~. (Exception: ~~Supervised Living, Shared Supported Living, Supported Living and Host Homes~~ IDD Services.)

B. IDD Services should use person-centered practices and not impede on rights of people based on blanket rules. Policies and procedures should be readily available to the people being supported.

C. ~~B.All Programs must~~ For day service locations ~~programs~~ of all types, post emergency contact number(s) in a conspicuous location. ~~Program~~ Service postings in community living settings should not conflict with the efforts to provide a home-like environment for the people ~~individuals~~ living in the setting.

D. ~~C.~~For day service locations ~~programs~~ of all types, community living services ~~programs~~ of all types, and Crisis Residential ~~Stabilization~~ Units, the following contact information should be kept securely at the ~~program/~~service location and available to all employees ~~staff~~:

1. Family member(s) or other contacts (if appropriate and consent is on file)
2. Targeted Case Manager, Community Support Specialist, ~~t~~Therapist, and/or Support Coordinator for people ~~individuals~~ (if applicable).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 16.5 Service and ~~Program~~ Service Location Design**

A. Activities must be designed to address objectives/outcomes in the individual plan directing treatment/support for the person. At a minimum, individual plan objectives/outcomes must reflect individual strengths, needs, preferences and behavioral issues of people ~~individuals~~ and/or families/guardians (as appropriate) served by the service location ~~program~~ or through the service as reflected by intake/assessments and/or progress notes.

B. Services and service locations ~~programs~~ must be designed to provide a Person-Centered and/or Recovery Oriented system of services with a framework of supports that are self-directed, individualized, culturally responsive, trauma informed, holistic, strength-based, and that provide for community participation opportunities. Services should be measurable and individualized for each person ~~individual~~ receiving services.

C. IDD Services must be designed to provide Person-Centered Practices that support individual rights and provide opportunity for inclusion in the greater community. Agency providers must comply with the Home and Community-Based Services (HCBS) Final Rule and develop quality measures to ensure ongoing compliance.

D. ~~C.~~ Services and service locations ~~programs~~ must be designed to promote and allow independent decision making by the person ~~individual~~ and encourage independent living, without compromising the health and safety of the people ~~individuals~~ being served (Dignity of Risk.)

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

F. ~~E. Programs~~ Services and service locations must provide each person ~~individual~~ with activities and experiences to develop the skills they need to support a successful transition to a more integrated setting, level of service, or level of care (Dignity of Risk.)

G. ~~F.~~ The services provided as specified in the individual plan must be based on the requirements of what is important to and important for the person ~~individual~~ rather than on the availability of services and/or employees ~~staff~~.

H. ~~G.~~ All efforts must be implemented to design a service environment that is safe and conducive to positive learning and life experiences. People ~~Persons~~ served in the service or service location ~~program~~ whose behaviors are significantly disruptive to others in the same environment must be afforded the opportunity and assistance to change those behaviors through a systematic support plan. People ~~Persons~~ receiving services may not be discharged from a service or service location ~~program~~ due to disruptive behaviors

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unless they pose a risk for harm to other people receiving the service. ~~Efforts~~ The disruptive behaviors and interventions implemented to keep a person ~~an individual~~ enrolled in the service or service location ~~program~~ must be included in the plan and documented in the record.

I. ~~H.~~ For people ~~persons~~ enrolled in ID/DD Waiver, service providers must collaborate with the Support Coordinator and any other agency providers to determine a need for Behavior Support/ Crisis Support/ Crisis Intervention Services before a decision is finalized to discharge a person from the service.

J. ~~I. If mental health services are provided in a school setting, the~~ The agency provider must initiate and maintain ~~a~~ the standardized Memorandum of Understanding (MOU) ~~current written interagency agreement(s)~~ (including a confidentiality statement), signed by the Executive Officer of the mental health ~~provider~~ agency provider and the superintendent of ~~the~~ each school district in the region served by the agency provider ~~that at a minimum~~:

~~1. Describes in detail the respective responsibility(ies) of each entity in the provision of mental health services provided in the local school and any support services necessary for the provision of that service (such as facilities, staffing, transportation, etc.).~~
~~2. Includes a written acknowledgment of the school district's receipt and understanding of standards applicable to the children's mental health services.~~

K. ~~J.~~ Within twenty-four (24) hours prior to the release or discharge of any civilly committed person ~~individual~~ from community ~~mental health~~ service~~s~~ providers, other than a temporary pass or because of absence due to sickness or death in the person's ~~patient's~~ family, the ~~program~~ Service ~~d~~Director or Executive Director must give or cause to be given notice of such release or discharge to one (1) member of the ~~individual~~ person's immediate family, provided the person ~~individual,~~ is eighteen (18) years or older, has signed an appropriate consent to release such discharge information and has provided in writing a current address and telephone number, if applicable, to the director for such purpose.

~~L. Services 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.~~

K. ~~L.~~For IDD ~~Waiver~~ Services, required ~~staff~~ employees must participate in the development of each person's Plan of Services and Supports and the Activity Support Plan.

L. ~~M.~~DMH will not approve any new IDD Home and Community-Based Settings that are:

1. Located in or near nursing homes, hospitals, institutions for mental disease, or Intermediate Care Facility for People with Intellectual Disabilities (ICF/IID),
2. Publicly or privately-owned facilities providing inpatient treatment

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3. Isolating or have the effect of isolating people from the broader community of people not receiving Medicaid Home and Community-Based Services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

~~**Rule 16.6 Staffing**~~

~~A. All services and programs must provide the level of staffing needed to ensure the health, safety, and welfare of the individuals served, and provide essential administrative and service functions.~~

~~B. Only a licensed health care professional can provide nursing care, medical services, or medication, in accordance with the criteria, standards, and practices set forth by their respective licensing entity.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

**Rule 16.7 Confidentiality**

A. Personnel must maintain the confidentiality rights of people ~~individuals~~ they serve at all times across situations and locations, such as in waiting areas to which the public has access, while speaking on the telephone or, in conversing with colleagues.

B. The agency provider must have written policies and procedures and related documentation pertaining to the compilation, storage, and dissemination of individual case records that assures ~~an~~ ~~individual~~ person's right to privacy and maintains the confidentiality of ~~individuals'~~ people's records and information.

C. Compilation, storage and dissemination of individual case records, including related documentation, must be in accordance with these policies and procedures, which at a minimum must include:

1. Designated person(s) to distribute records to employees ~~staff~~;

2. Specific procedures to assure that records are secure in all locations;

4. Procedures to limit access to records to only those who have been determined to have specific need for the record, including written documentation listing those people ~~persons~~;

5. Procedures for release of information that are in accordance with all applicable state and federal laws. Generally, this means case records and information shall not be released except upon prior written authorization of the person ~~individual~~ receiving services or his/her legally authorized representative; upon order of a court of

competent jurisdiction; upon request by medical personnel in a medical emergency; or, when necessary for the continued treatment or continued benefits of the person ~~individual~~. These procedures at a minimum must:

a) Describe the process for releasing information about people ~~individuals~~ receiving services only upon written consent, including the identification of the employee ~~staff~~ responsible for processing inquiries or requests for information regarding people ~~individuals~~ receiving services.
b) Describe the process for releasing information about a person ~~an individual~~ receiving services without prior written consent, that is, in cases of a medical emergency or upon receipt of a court order.
c) Provide that written consent to release information is not combined with any other consents or releases by the person ~~individual~~ receiving services.

6. Procedures prohibiting the disclosure that a person answering to a particular description, name, or other identification has or has not been attending the service ~~program~~ without prior written consent of the person specifically authorizing such disclosure;

7. Procedures prohibiting re-disclosure of information obtained by the agency provider ~~program~~ and released by the agency provider ~~program~~ without specific prior written consent of the person to whom it pertains;

8. Procedures requiring written consent of the person ~~individual~~ receiving services or their guardian, when appropriate, prior to disclosing identifying information to third-party payer; and,

9. Procedures addressing the release of information regarding people ~~individuals~~ receiving ~~alcohol and other drug disorders~~ Substance Use S~~s~~ervices, in accordance with applicable federal regulations.

D. Records containing any information pertaining to people ~~individuals~~ receiving services must be kept in a secure room or in a locked file cabinet or other similar container when not in use;

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; and,

F. No ~~program~~ agency provider shall release records of people ~~individuals~~ receiving services for review to a state or federal reviewer other than DMH ~~staff~~ personnel without a written statement indicating:

1. The purpose of the review;
2. ~~Staff~~ Employee to conduct the review;
3. That reviewer(s) are bound by applicable regulations regarding confidentiality and all others that apply; and,

4. Reviewer(s) signature(s) and the date signed.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 16.8 Case Record Management**

A. A single case record must be maintained for each person ~~individual~~ receiving services (~~e~~Exception: ~~A/D~~ Substance Use Prevention Services, Consultation and Education Services and Family Support and Education Services) from the ~~provider~~ agency provider. In lieu of access to case records, ~~staff~~ employees may utilize an on-site working record that contains information from the case record that is utilized to provide services at that location (e.g., individual plans, emergency contact information, and medication profile).

B. The agency provider must maintain an indexing or referencing system that allows for locating particular individual case records whenever they are removed from the central file area.

C. Records of people ~~individuals~~ served must be readily accessible to authorized ~~staff~~ personnel and there must be written procedures assuring accessibility to records by emergency ~~staff~~ personnel after hours.

D. All entries in people's ~~individuals'~~ records must be in a permanent form (i.e. ink), accurate, legible, dated, signed, and include the credentials of ~~staff~~ employees making the entry. Corrections in the original information entered in the record(s) of ~~individuals~~ people receiving services ~~served by the program~~ must be made by marking a single line through the changed information. Changes must be initialed and dated by the person ~~individual~~ making the change. The correct information should be entered in the next available space. Correction fluid, erasing, or totally marking out original information is not permissible.

E. Late entries to the record should be avoided. However, late entries must also be documented. Late entries should be documented as soon as possible. Late entries should be identified as a "late entry". The date and time when the entry is actually being made must be included. Events described in the late entry must include the actual date and time (if available) that the event(s) occurred.

F. No information in a person's ~~an individual's~~ record shall contain the whole name or other identifiable information of another person ~~individual~~ receiving services.

G. For substance use ~~disorders~~ service~~s~~ records, the case must be closed when no contacts are recorded for ninety (90) days.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 16.9 Assessment**

A. Adults with a serious mental illness ~~(SMI)~~ and children/ ~~and~~ youth with serious emotional disturbance ~~(SED)~~ must be seen in person or by telemedicine and evaluated by a licensed physician, licensed psychologist, psychiatric/mental health nurse practitioner, physician assistant, licensed professional counselor (LPC) , licensed marriage and family therapist (LMFT), or ~~L~~licensed ~~C~~certified (clinical) ~~S~~social ~~W~~worker ~~(LCSW)~~ to certify that the services planned are medically/therapeutically necessary for the treatment of the person ~~individual~~. These professionals must see the person ~~individual~~ in person or by telemedicine annually (or more often if medically indicated) to certify the same in the record.

B. Certification and recertification must be documented as part of the individual plan directing treatment/support.

C. For all people ~~individuals~~ receiving mental health services and/or substance use ~~disorders~~ services, the initial ~~biopsychosocial~~ assessment and subsequent ~~biopsychosocial~~ assessments are the face-to-face securing of information from the person ~~individual~~ receiving services and/or collateral contact, of the ~~individual~~ person's family background, educational/vocational achievement, needs ~~presenting problem(s)~~, problem history, history of previous treatment, medical history, current medication(s), source of referral and other pertinent information in order to determine the nature of the ~~individual~~ person's or family's needs ~~problem(s)~~, barriers, strengths, ~~the factors contributing to the problem(s),~~ and the most appropriate course of treatment for the person ~~individual~~ and/or family.

D. The initial ~~biopsychosocial~~ assessment and subsequent ~~biopsychosocial~~ assessments must be completed by a DMH Credentialed Mental Health Therapist, DMH Credentialed IDD Therapist, DMH Credentialed Addictions Therapist or professionally licensed individual.

E. The following priority groups of ~~individuals~~ people with serious mental illness, children/youth with serious emotional disturbance and ~~individuals~~ people with an intellectual/developmental disability must receive an ~~I~~initial ~~A~~assessment within fourteen (14) days of the date that services are sought and/or the date the referral is made.

1. ~~Individuals~~ People discharged from an inpatient psychiatric facility
2. ~~Individuals~~ People discharged from an institution
3. ~~Individuals~~ People discharged or transferred from Crisis Residential ~~Stabilization~~ Services
4. ~~Individuals~~ People referred from Crisis Response Services.

F. For people ~~individuals~~ in need of Psychiatric/Physician Services, an appointment for those services must be made and documented during the initial ~~biopsychosocial~~ assessment.

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G. For adults receiving Outpatient Mental Health Services, a DMH approved functional assessment must be conducted within thirty (30) days of ~~I~~initial ~~A~~assessment and at least every twelve (12) months thereafter.

H. For children/ ~~and~~ youth receiving mental health services, a DMH approved functional assessment must be conducted within (30) days of ~~I~~initial ~~A~~assessment and at least every six (6) months thereafter.

1. If a child/youth has been evaluated by the school district or other approved examiner to determine the need/eligibility for special education services, the mental health service provider must document their request and/or receipt of such evaluation results, provided that appropriate written consent was obtained from the parent(s)/legal representative(s) to do so. Copies of the request(s) for the release of information and any special education evaluation results received must be maintained in the case record.

I. ~~For individuals~~ People with intellectual/developmental disabilities ~~IDD who have been~~ must be evaluated by one (1) of the ~~five (5)~~ Diagnostic and Evaluation Teams located at the IDD Regional Programs, or by another licensed examiner to determine the need for/eligibility for ICF/ IID level of care, ID/DD Waiver, ~~the~~ IDD Community Support Program and/or other IDD Services. People's record must include documentation of a Certificate of Developmental Disability (if applicable), the ~~evaluation(s) to include the~~ psychological, and social summary. ~~and An Interdisciplinary Summary, must be maintained in each individual's record as part of the initial assessment process.~~

~~J. For children ages thirty-six (36) months and younger, the assessment requirements for First Steps Early Intervention Programs are applicable.~~

~~K. For children participating in DMH Child Development Programs, a functional skills assessment must be administered annually. The provider may select the functional skills assessment with approval from the BIDD.~~

J. ~~L.~~For ~~individuals~~ people receiving substance use ~~disorders~~ services, a DMH approved functional assessment must be conducted within timelines according to the service(s) received.

K. ~~M.~~For ~~Alcohol and Other Drug Disorders~~ Substance Use Services, all ~~individuals~~ people receiving substance ~~ab~~use treatment services must receive the TB and HIV/AIDS Risk Assessment at the time of the ~~I~~intake/~~I~~initial ~~A~~assessment except under the following circumstances:

1. For Transitional Residential Services - The Assessment/Educational Activities Documentation Form (or a copy) is in the ~~individual's~~ person's case record verifying the assessment(s) was administered, with documentation of follow-up ~~of~~ results if applicable, in a primary treatment services ~~program~~ completed within the last thirty (30) days.

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2. For Recovery Support Services - The Assessment/Educational Activities Documentation Form (or a copy) is in the ~~individual~~ person's case record verifying that both risk assessment(s) were administered with documentation of follow-up and results, if applicable, during substance ~~ab~~use treatment services ~~program~~ completed within the last thirty (30) days.

L. ~~N.~~In addition to the ~~I~~initial ~~A~~assessment, a Driving Under the Influence (DUI) Diagnostic Assessment for people ~~individuals~~ in the DUI ~~program~~ services for second and subsequent offenders must contain the following information:

1. A motor vehicle report (or evidence of a written request) which is obtained by the service provider from the Department of Public Safety. This record must contain: Previous DUI's and Moving violations.
2. The results and interpretations of the Substance Abuse Subtle Screening Inventory (SASSI) or other DMH approved diagnostic instrument. The approval must be obtained in writing.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 17: Individual Planning of Treatment, Services and Supports

**Rule 17.1 Individual Plans**

A. The individual plan is the overall plan that directs the treatment and support of the person ~~individual~~ receiving services. The individual plan should be designed to increase or support independence and community participation. The individual plan may be referred to as the Treatment Plan, Plan of Services and Supports, Individual Service Plan, Wraparound Plan or Person-Centered Plan. The name of the plan is dependent upon the population being served and the process utilized to develop the plan.

B. The plan must be based on the strengths, challenges, desired outcomes, and activities to support outcomes of the person ~~individual~~ receiving services and his/her ~~family~~ parent(s)/legal representative(s) (if applicable). Outcomes should be identified by the person ~~individual~~, ~~family~~ parent(s)/legal representative(s), ~~(if applicable),~~ and/or natural supports (if applicable). ~~treatment/support team.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 17.2 Development of Individual Plans**

A. Agency ~~P~~providers must utilize planning approaches that are considered to be best practices or evidence-based by their respective areas of focus (i.e. working with adults with serious mental illness ~~SMI~~, children/youth with serious emotional disturbance ~~SED~~, people ~~individuals~~ with co-occurring disorders, ~~individuals~~ people with substance use disorders and people ~~individuals~~ with intellectual/developmental disabilities, the elderly, etc.). Planning approaches must be documented and implemented through the development of policies and procedures specific to this process and the population being served.

B. Planning approaches must address the following, at a minimum:

1. The development of an individualized treatment/support team that includes the person ~~individual~~, service providers and other supports (as appropriate) that may be identified and utilized by the person ~~individual~~ or team members;
2. A focus on recovery/resiliency and/or person-centeredness, depending on the population;
3. A focus on individual strengths and how to build upon strengths to achieve positive outcomes; and,
4. Proactive crisis planning, depending on the person ~~individual~~ receiving services.

C. The Plan of Services and Supports for ~~individuals~~ people with intellectual/developmental disabilities ~~IDD~~:

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1. Each person has only one (1) Plan of Services and Supports across all IDD Services (regardless of funding source). The Plan of Services and Supports is developed by Support Coordination or Transition Coordination for people enrolled in ID/DD Waiver or Targeted Case Management for people enrolled in IDD Community Support Program. If a person receives an IDD Service and is not enrolled in ID/DD Waiver or IDD Community Support Program, the IDD agency provider must develop the Plan of Services and Supports.

2. The person ~~individual~~ will lead the person- centered planning process where possible. The ~~individual~~ person's representative/legal guardian should have a participatory role, as needed and as defined by the person ~~individual~~. The meeting:
   a) Includes people chosen by the person ~~individual~~.
   b) Provides necessary information and support to ensure the person ~~individual~~ directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
   c) Is timely and occurs at times and places convenient to the person ~~individual~~.
   d) Reflects the cultural considerations of the person ~~individual~~.
   e) Includes strategies for resolving conflict or disagreement within the process including clear conflict-of-interest guidelines for all planning participants.
   f) Offers informed choices to the person ~~individual~~ regarding the services and supports they received and from whom.
   g) Includes a method for the person ~~individual~~ to request updates to the plan as needed.
   h) Records the alternative home and community-based settings that were considered by the person ~~individual~~.

3. The Plan of Services and Supports must:
   (a) Reflect the services and supports that are important to the person ~~individual~~ to meet needs identified through an assessment of functional need as well as what is important for him/her with regard to preferences for the delivery of such services and supports.
   (b) Reflect that the setting in which the person ~~individual~~ resides is chosen by the person ~~individual~~. The setting must be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as a person ~~an individual~~ not receiving IDD services.
   (c) Reflect the ~~individual~~ person's strengths and preferences.
   (d) Reflect clinical and support needs as identified through the functional assessment.
   (e) Include individually identified outcomes for services.
   (f) Reflect the services and supports (paid and unpaid) that will assist the person ~~individual~~ to achieve identified outcomes and the agency providers of those services and supports, including natural supports.
   (g) Reflect risk factors and measures in place to minimize them, including individual back-up plans and strategies when needed.

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(h) Be understandable to the person ~~individual~~ receiving services and supports, and the people ~~individuals~~ important in supporting him/her. At a minimum, for the ~~PSS~~ Plan of Services and Supports to be understandable, it must be written in plain language and in a manner that is accessible to ~~individuals~~ people with disabilities and people ~~persons~~ who have limited English language proficiency.

(i) Identify the person ~~individual~~ and/or entity responsible for monitoring the Plan of Services and Supports ~~PSS~~.

(j) Be finalized and agreed to, with the informed consent of the person ~~individual~~ in writing, and be signed by all people ~~individuals~~ and service providers responsible for its implementation.

(k) Be distributed to the person ~~individual~~ and others involved in implementing the Plan of Services and Supports ~~PSS~~.

(l) Must prevent the provision of unnecessary or inappropriate services and supports.

(m) Must document that any modifications made to a person's ability to access the community or make choices about his/her daily life:

(1) Identify a specific and individualized assessed need.

(2) Have documentation of the positive behavior interventions and supports used prior to any modification of the person-centeredness of the Plan of Services and Supports ~~PSS~~.

(3) Have documentation that less intrusive methods have been tried and did not work.

(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.

(5) Include regular collection and review of data to measure the ongoing effectives of the modification.

(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

(7) Include the informed consent of the person ~~individual~~.

(8) Include an assurance that interventions and supports will cause no harm to the person ~~individual~~.

(n) Reviewed and revised upon reassessment of the functional need, at least annually, when the individual circumstances or needs change significantly, or at the request of the person ~~individual~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 18: Mental Health Targeted Case Management Services

**Rule 18.1 Mental Health Targeted Case Management Activities**

A. Targeted Case Management Services are defined as services that provide information/referral and resource coordination for people ~~individuals~~ and/or his/her family, or other supports. Targeted Case Management Services are directed towards helping the person ~~individual~~ maintain his/her highest possible level of independence. Case managers monitor the individual service plan and ensure team members complete tasks that are assigned to them, that follow-up and follow through occur and help identify when the person's team may need to review the service plan for updates if the established plan is not working.

B. Targeted ~~c~~Case ~~m~~Management may be provided face-to-face or via telephone. Targeted ~~c~~Case ~~m~~Management is not designed to be a mobile service, but there is no prohibition on services being provided in a location other than a community mental health center or IDD Regional Program.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 18.2 Provision of Mental Health Targeted Case Management Services**

A. Targeted Case Management must be included in the ~~individual~~ person's plan.

B. The frequency of Targeted Case Management ~~s~~Services will be determined by the complexity of the situation and the need of the person ~~individual~~ receiving services, but shall not occur less than once monthly.

C. The ~~staff~~ employee caseload for Mental Health Targeted Case Management Services must not exceed one hundred (100) people ~~individuals~~. Caseload sizes must be based on the complexity of the needs of the person and whether or not the employee ~~staff member~~ has additional responsibilities.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

~~**Rule 18.3 Provision of IDD Targeted Case Management Services**~~

~~A. IDD Targeted Case Management is provided by one (1) of the State's five (5) IDD Regional Programs.~~

~~B. IDD Targeted Case Managers are responsible for the following:~~

~~1. Development of the Plan of Services and Supports~~
~~2. Coordination and monitoring of services to include the following:~~

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~~(a) Services are adequate, appropriate and meet the person's unique needs.~~
~~(b) Follow-up activities and contact that are necessary to ensure the PSS is effectively implemented and adequately addresses the person's support needs.~~
~~(c) Ensuring the changing needs of the individual are addressed on an ongoing basis.~~
~~(d) Providing resource information and referral to link individuals with medical, social, employment, educational or other providers and programs and services to meet the person's needs and achieve the outcomes identified in the PSS.~~
~~(e) Reassessing an individual at least annually for eligibility to ensure he/she continues to meet the needs-based criteria.~~

~~C. Contacts include face-to-face or phone contacts with the person, family or legal representative(s), service providers or other entities. At least monthly, the IDD Targeted Case Manager must contact the individual receiving services and his/her legal representative to assess satisfaction with services and to address any changing needs. The IDD Targeted Case Manager must have face-to-face contact with the individual at least every other month in the service setting. If a person is not receiving other services, the Targeted Case Manager must see him/her face-to-face at least quarterly.~~

~~D. The caseload for IDD Targeted Case Management is thirty-five (35).~~

~~E. IDD Targeted Case Managers must adhere to the requirements and guidelines in the IDD Targeted Case Management Manual.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

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## Part 2: Chapter 19: Crisis Services

**Rule 19.1 Crisis Response Services**

A. Crisis Response is an intensive therapeutic service which allows for the assessment of and intervention in a mental health crisis. Crisis Response Services are provided to children and adults who are experiencing a significant emotional/behavioral crisis in which the ~~individual~~ person's mental health and/or behavioral health needs exceed the ~~individual~~ person's resources (in the opinion of the mental health professional assessing the situation.) Trained Crisis Response ~~staff~~ personnel provide~~s~~ crisis stabilization directed toward preventing hospitalization. ~~Staff~~ Employees must be able to triage and make appropriate clinical decisions, including assessing the need for inpatient services or less restrictive alternatives. Crisis Response Services will deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the person ~~individual~~ is experiencing the crisis. Without Crisis Response intervention, the person ~~individual~~ experiencing the crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital or inpatient treatment facility. (Crisis Response Services do not include the Crisis Intervention/Crisis Support Services provided through the ID/DD Waiver.)

B. Crisis Response Services must be made available to the general public in every county/area served by agency providers certified by DMH to provide Crisis Response Services.

C. Crisis Response Services must be available twenty-four (24) hours a day, seven (7) days a week, and three hundred sixty-five (365) days a year. Crisis Response Services must have the capability to respond to multiple crisis calls at a time. Services include:

   1. A single toll-free telephone number which covers the agency provider's entire catchment area for crisis calls.
   2. Mobile Crisis Response capability for the agency provider's entire catchment area.
   3. "Walk-in" Crisis Response capability at all DMH-certified service locations in the agency provider's catchment area.

D. The "on-call" Crisis Response ~~staff~~ personnel answering the toll-free telephone number must:

   1. Ensure that a mental health representative is available to speak with a person ~~an individual~~ in crisis and/or family member(s)/legal representative(s) of the person ~~individual~~ at all times.
   2. Have the ability to triage and determine the need to deploy Mobile Crisis Response Services.
   3. Ensure people ~~individuals~~ or family member(s)/legal representative(s) of the person ~~individual~~ in crisis should only have to call a single time to the toll-free number to request and receive assistance.

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E. Crisis Response Services must coordinate with ~~the~~ DMH Office of Consumer Support ~~(OCS)~~ and respond to crisis call referrals from ~~the~~ DMH Office of Consumer Support ~~OCS~~ generated from the DMH Help Line (1-877-210-8513) or any agency provider DMH contracts with to provide after-hours Help Line coverage.

F. The agency provider must:

1. Ensure Crisis Response Services availability is publicized, including a listing in the telephone directories for each county served by the agency provider and on the homepage of the agency provider's website.
2. Ensure the ~~individual~~ person speaks with a trained professional if an answering service is used after typical work hours (which are permissible.) Automated answering devices are not permissible.
3. Ensure the agency provider's toll-free number is provided to DMH~~,~~ Office of Consumer Support (1-877-210-8513~~.~~).

G. Mobile Crisis Response Services with a mental health professional(s) must:

1. Be able to respond within one (1) hour of initial time of contact if in an urban setting and within two (2) hours of initial time of contact if in a rural setting.
2. Designate a strategic, publicized location where the person in crisis can meet with a mental health professional. The ~~staff person~~ professional is not required to see the person ~~individual~~ in the ~~individual~~ person's home, but this is permissible and recommended.
3. Complete an assessment of the person's ~~individual~~'s risk and acuity using an assessment tool as required by DMH. The assessment will include, but not be limited to, current risk level related to suicide/homicide, substance ~~ab~~use, mental status, current and past mental health diagnoses and treatment, coping skills and medical condition.
4. Utilize a team approach to Mobile Crisis Response if warranted to adequately address the crisis situation. Law enforcement should accompany the Mobile Crisis Response Team if safety is a concern.
5. Work to immediately stabilize the ~~individual~~ person's crisis situation using solution-focused and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration or placement in a more segregated setting.
6. Assess current natural supports and make a determination if the person ~~individual~~ can safely remain in the community.
7. Transport or arrange transportation to the most appropriate treatment setting if the person ~~individual~~ is determined to be a danger to self or others.
8. Provide for the level of service the person ~~individual~~ requires, mitigate the crisis situation and if known, support his/her long term recovery goals (~~e~~Example:~~.~~ Crisis Support Plan, Advanced Directive.)

H. Policies and procedures must be in place which detail how "walk-in" crisis situations will be handled by Crisis Response Services. The policies and procedures must be specific to each DMH-certified location in the agency provider's catchment area.

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I. Crisis Response Services must have access to medical and psychiatric support as needed twenty-four (24) hours a day, seven (7) days a week, and three hundred sixty-five (365) days a year ~~(24/7/365 days a year)~~. Medical and psychiatric support can be provided through the use of telemedicine (i.e., computer tablet, laptop, etc.)

J. Crisis Response Services must facilitate and verify formal initial assessment and therapy appointments, when the crisis situation subsides, with the mental health provider of the ~~individual~~ person's choice (if the person ~~individual~~ is able to remain in the community) utilizing the "warm handoff" method. A "warm handoff" is an approach to care transitions in which health care providers directly link people ~~individuals~~ with typical service providers, using face-to-face or phone transfer. "Warm handoff" achieves very high rates of treatment enrollment for this vulnerable group.

K. Follow-up daily and provide any necessary services to the person ~~individual~~ between the initial stabilization of the crisis and the initiation of typical therapeutic and psychiatric care.

L. Recipients of Crisis Response Services do not have to be currently or previously enrolled in any of the services provided by the agency provider. Crisis Response Services may be provided to a person ~~an individual~~ before he/she participates in the initial assessment that is part of the intake/admission process.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.2 Crisis Response Services Staffing Requirements**

A. ~~B.~~Crisis Response Services must consist, at a minimum, of the following employees ~~staff~~:

1. A Certified Peer Support Specialist~~(s)~~ Professional with specific roles and responsibilities as a member of the team~~,~~;
2. A Licensed and/or Credentialed Master's Level Therapist~~(s)~~ with experience and training in crisis response (Provisionally Licensed and/or Credentialed Therapists are excluded)~~,~~;
3. A Community Support Specialist(s) with experience and training in crisis response~~,~~;
4. A Crisis Response Coordinator for the agency provider's catchment area. Coordinator must be a Licensed and/or Credentialed Master's Level Therapist with a minimum of two (2) years' experience and training in crisis response~~.~~; and,
5. At least one (1) ~~staff member~~ employee must have experience and training in crisis response to each population served~~ices~~ by the agency provider (MH, IDD, and/or SUD).

B. There must be documentation that all ~~staff~~ employees assigned to Crisis Response Services are trained in the policies and procedures required for Pre-Evaluation Screening and Civil Commitment Examinations. Master's level ~~staff~~ employees must be certified to complete the Pre-Evaluation Screening for Civil Commitment.

C. All ~~staff members~~ employees providing Crisis Response Services must obtain and maintain certification in a professionally recognized method of crisis intervention and de-escalation (~~e~~Example:~~.~~ CPI, ~~the~~ ~~Mandt~~ MANDT ~~system~~ or Nonviolent Crisis Intervention~~.)~~).

D. All ~~staff members~~ employees providing Crisis Response Services must obtain nationally recognized training for specialized mental health crisis response/intervention training (i.e. Mental Health First Aid~~.~~).

E. All ~~staff members~~ employees providing Crisis Response Services must obtain nationally recognized training for suicide prevention (i.e., Applied Suicide Intervention Skills Training~~.~~).

F. Crisis Response Services will provide training to all clinical co-workers regarding the development and implementation of Crisis Support Plans.

G. Crisis Response Coordinator must request to be a member of all adult and children's Multi-Disciplinary Assessment and Planning (Making a Plan) ~~(MAP)~~ Teams in the agency provider's catchment area and attend meetings regularly. If there is no local adult or children's Making a Plan ~~MAP~~ Team, the Crisis Coordinator is required to initiate the development of ~~MAP~~ Making a Plan Teams within their catchment area.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.3 Crisis Response Service Coordination**

A. Crisis Response Services must provide crisis assessment and crisis support when requested by entities providing services to the following:

   1. ~~Individuals~~ People held in a Certified Mental Health ~~H~~holding ~~F~~facility who are waiting for bed availability after an inpatient commitment.
   2. ~~Individuals~~ People held in a local jail with a mental health emergency.
   3. ~~Individuals~~ People presenting in local emergency rooms with a mental health emergency.

B. Crisis Response Services must offer to all licensed hospitals with emergency departments in the catchment area:

   1. Training of emergency room ~~staff~~ personnel in handling mental health emergencies.
   2. Consultation in the care of people ~~individuals~~ who are admitted to the hospital for medical treatment of suicide attempts or other mental health emergencies.

C. Crisis Response Services must provide assessment and arrange transportation twenty-four (24) hours a day, seven (7) days a week to ~~the~~ DMH-certified Crisis Residential Services

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(Crisis Residential ~~Stabilization~~ Unit) designated for the agency provider's catchment area for people ~~individuals~~ in need of Crisis Residential Services.

D. Crisis Response Services must attempt to develop a close working relationship with law enforcement (i.e. city police, county sheriff, campus police, county jails, youth detention centers, etc.) in the agency provider's catchment area and request appointment of officers to the agency provider's Mobile Crisis Response Team. The Crisis Response Coordinator must maintain documentation of contacts with these agencies.

E. Crisis Response Services will offer and provide mental health crisis response/intervention training to law enforcement agencies. The Crisis Response Coordinator must maintain documentation of the request, response and training provided.

F. Crisis Response Services will attempt to develop a close working relationship with all Chancery Courts and Clerks in the agency provider's catchment area. The Crisis Response Coordinator must maintain documentation of contacts with these agencies.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.4 Crisis Response Services Documentation Requirements:**

A. Crisis Response Services must maintain written documentation (i.e. crisis log or list) of all crisis response contacts (face-to-face and telephone contacts), including, at a minimum:

1. Identification of the person ~~individual~~ in crisis.
2. Time and date contact was made.
3. Type of contact (face-to-face contact and/or telephone contact.)
4. The location of contact, if it was face-to-face.
5. Name of the ~~staff member(s)~~ employee(s) addressing the emergency/crisis.

B. A Crisis Contact Summary as described in the DMH Record Guide must be completed for each person ~~individual~~ in which Crisis Response Services are provided.

C. Crisis Response Services will submit data as determined and required by ~~the Department of Mental Health~~ DMH.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.5 Crisis Residential ~~Stabilization~~ Services – Crisis Residential ~~Stabilization~~ Units**

A. Crisis Residential ~~Stabilization~~ Services are time-limited residential treatment services provided in a Crisis Residential ~~Stabilization~~ Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive

psychotherapy (individual, family and/or group) to people ~~individuals~~ who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Residential ~~Stabilization~~ Services must be designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Residential ~~Stabilization~~ Services content may vary based on each ~~individual~~ person's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

B. Crisis Residential ~~Stabilization~~ Services may be provided to children/youth with serious emotional/behavioral disturbance or adults with a serious and persistent mental illness.

C. Children receiving Crisis Residential ~~Stabilization~~ Services must be a minimum of six (6) years of age. Children/youth up to age eighteen (18) cannot be served in the same facility as adults.

D. Crisis Residential ~~Stabilization~~ Services must be designed to accept admissions (voluntary and involuntary) twenty-four (24) hours per day, seven (7) days per week.

E. Crisis Residential ~~Stabilization~~ Services must provide the following within twenty-four (24) hours of admission to determine the need for Crisis Residential ~~Stabilization~~ Services and to rule out the presence of mental symptoms that are judged to be the direct physiological consequence of a general medical condition and/or illicit substance/medication use;

1. Initial assessment
2 Medical screening
3. Drug toxicology screening
4. Psychiatric consultation

F. Crisis Residential ~~Stabilization~~ Services must consist of;

1. Evaluation
2. Observation
3. Supportive counseling
4. Substance ~~ab~~use counseling
5. Individual, Group and Family Therapy
6. Targeted Case Management and/or Community Support Services
7. Family Education
8. Therapeutic Activities (i.e., recreational, psycho-educational, social/interpersonal)

G. Direct services (i.e., ~~S~~supportive counseling, therapy, recreational, psycho-education, social/interpersonal activities) can be provided seven (7) days per week but must at a minimum be;

1. Provided five (5) days per week.

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2. Provided five (5) hours per day.
3. Provided two (2) hours per day for children/youth if attending school.

H. A daily schedule must be maintained and posted in a prominent location. The schedule must show the entire day (24 hours).

I. Crisis Residential ~~Stabilization~~ Services must also provide adequate nursing and psychiatric services to all people ~~individuals~~ served. At a minimum, these services must be provided every seven (7) days (or more often if clinically indicated).

J. An initial individual therapy session must be provided to each person ~~individual~~ admitted within the first seventy-two (72) hours of his/her admission.

K. Prior to discharge from Crisis Residential ~~Stabilization~~ Services, an appointment must be made for the person ~~individual~~ to begin or continue services from the local Community Mental Health Center or other mental health provider.

L. Crisis Residential ~~Stabilization~~ Services must have a full-time (forty (40) hours per week) on-site director.

M. Crisis Residential ~~Stabilization~~ Services must have a full-time (forty (40) hours per week) on-site ~~m~~Mental ~~h~~Health ~~t~~Therapist.

N. Crisis Residential ~~Stabilization~~ Services must maintain at least ~~a~~ one (1) direct service ~~staff~~ personnel to four (4) people ~~residents~~ ratio twenty-four (24) hours per day, seven (7) days per week. A ~~R~~registered ~~N~~nurse must be on-site during all shifts and may be counted in the required staffing ratio.

O. All Crisis Residential ~~Stabilization~~ Services ~~staff~~ personnel must successfully complete training and hold certification in a nationally recognized or DMH-Approved Program for managing aggressive or risk-to-self behavior.

P. ~~The~~ DMH only allows seclusion to be used in Crisis Residential ~~Stabilization~~ Services with people ~~individuals~~ over the age of eighteen (18). Time-~~O~~out may be utilized for people ~~individuals~~ under the age of eighteen (18).

Q. If a ~~program~~ service location uses a room for seclusion(s), the service location ~~program~~ must be inspected by DMH and obtain written approval of the use of such room from the DMH Review Committee prior to its use for seclusion. A room must meet the following minimum specifications in order to be considered for approval by ~~the~~ DMH for use in seclusion:

1. Be constructed and located to allow visual and auditory supervision of the person ~~individual~~
2. The dimensions of the room must be at least forty-eight (48) square feet

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3. Be suicide resistant and have break resistant glass (if any is utilized in the room or door to the room).

R. ~~CSU~~ Crisis Residential Unit providers utilizing seclusion must establish and implement written policies and procedures specifying appropriate use of seclusion. The policies and procedures must include, at a minimum:

1. Clearly define seclusion and the appropriate conditions and documentation associated with its use. Seclusion is defined as behavioral control technique involving locked isolation. This does not include a time-out.

2. Require that seclusion is used only in emergencies to protect the person ~~individual~~ from injuring him~~self~~/herself or others. "Emergency" is defined as a situation where the ~~individual~~ person's behavior is violent or aggressive and where the behavior presents an immediate and serious danger to the safety of the person ~~individual~~ being served, other people ~~individuals~~ served by the service location ~~program~~, employees ~~staff~~, or others.

3. Require that seclusion is used only when all other less restrictive alternatives have been determined to be ineffective to protect the person ~~individual~~ or others from harm and documented in the ~~individual~~ person's case record.

4. Require that seclusion is used only in accordance with the order of a physician or other licensed independent practitioner, as permitted by ~~S~~state licensure rules/regulations governing the scope of practice of the independent practitioner and the provider. This order must be documented in the case record. The following requirements must be addressed in the policies and procedures regarding the use and implementation of seclusion and implementation (as applicable) and be documented in the individual case record:
   a) Orders for the use of seclusion must never be written as a standing order or on an as needed basis (that is, PRN)
   b) The treating physician must be consulted as soon as possible, if the seclusion is not ordered by the ~~individual~~ person's treating physician
   c) A physician or other licensed independent practitioner must see and evaluate the need for seclusion within one (1) hour after the initiation of seclusion
   d) Each written order for seclusion must be limited to four (4) hours. After the original order expires, a physician or licensed independent practitioner (as permitted by ~~S~~state licensure rules/regulations governing scope of practice of the independent practitioner and the provider) must see and assess the person ~~individual~~ in seclusion before issuing a new order
   e) Seclusion must be in accordance with a written modification to the Individual Service Plan of the person ~~individual~~ being served
   f) Seclusion must be implemented in the least restrictive manner possible
   g) Seclusion must be in accordance with safe, appropriate techniques
   h) Seclusion must be ended at the earliest possible time.

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5. Requirements that seclusion is not used as a form of punishment, coercion, or ~~staff~~ employee's convenience.

6. Requirements that all ~~staff~~ employees which have direct contact with people ~~individuals~~ being served must have ongoing education and training in the proper, safe use of seclusion.

7. Requirements that trained employees ~~staff~~ (as described above) observe the person ~~individual~~ and record such observation at intervals of fifteen (15) minutes or less and that they record the observation in a behavior management log that is maintained in the case record of the person ~~individual~~ being served.

8. Requirements that the original authorization order of the seclusion may only be renewed for up to a total of twenty-four (24) hours by a licensed physician or licensed independent practitioner, if less restrictive measures have failed.

S. DMH states, "Providers are prohibited from the use of chemical restraints." A chemical restraint incapacitates a person ~~an individual~~ rendering them unable to function as a result of the medication. However, a therapeutic agent may be used to treat behavioral symptoms during a crisis. The therapeutic agent can be used to calm agitation, to help the person ~~individual~~ concentrate, and make him/her more accessible to interpersonal intervention. Regardless of indication, medication administration during a crisis must be preceded by an appropriate clinical assessment and documentation of the assessment must be maintained in the ~~individual~~ person's record.

T. An "as needed," prescription for a therapeutic agent at admission for all people ~~individuals~~ is prohibited. If the clinical assessment at admission indicates the need for a therapeutic agent then it may be administered. A verbal approval for the use of a therapeutic agent by the psychiatrist or psychiatric nurse practitioner must be documented in the record as soon as possible.

U. Smoking is not permitted within ten (10) feet of the entrance of a Crisis Residential ~~Stabilization~~ Unit.

V. All Crisis Residential ~~Stabilization~~ Service providers must conduct an assessment, at least annually, of the following;

A. Evaluation of the level of observation that is required for all people ~~individuals~~ receiving services at the Crisis Residential ~~Stabilization~~ Unit. Policy and procedures should allow for assessment upon admission and at regular intervals during the course of treatment. If the assessment or clinical judgement indicates a greater frequency of observation is necessary, policies and procedures should reflect those practices. Policy and procedures should identify who is responsible for conducting the assessment(s).

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2. Review of the physical environment of care to assess for potential risks and /or access to lethal means. Mitigation efforts must be put into place when risks are identified.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.6 Environment and Safety for Crisis Residential ~~Stabilization~~ Units**

A. This rule applies to environmental and safety requirements that are in addition to or more stringent than the requirements in Chapter 13 and are specific to Crisis Residential ~~Stabilization~~ Units. ~~CSUs~~ Crisis Residential Units must have procedures in place to routinely assess for access to potential lethal means and eliminate such risks.

B. The provider must assign, maintain and document on-site employee ~~staff~~ coverage twenty-four (24) hours a day and seven (7) days a week with an employee ~~staff member~~ designated as responsible for the agency provider ~~program~~ at all times and male/female ~~staff~~ employee coverage when necessary.

C. All service providers must ensure that service locations ~~programs~~ have furnishings that are safe, comfortable, appropriate, and adequate.

D. All service locations ~~providers~~ must ensure adequate visiting areas are provided for residents and visitors.

E. All service locations ~~providers~~ must ensure the laundry room has an exterior ventilation system for the clothes dryer free from excessive lint and dust accumulation.

F. All service locations ~~providers~~ must have separate storage areas for:

1. Sanitary linen;
2. Food (Food supplies cannot be stored on the floor); and,
3. Cleaning supplies.

G. All service locations ~~providers~~ must ensure an adequate, operable heating and cooling system is provided to maintain temperature between sixty-eight (68) degrees and seventy-eight (78) degrees Fahrenheit.

H. All Crisis Residential Units ~~CSUs~~ of two (2) stories or more in height where residents are housed above the ground floor must be protected throughout by an approved automatic sprinkler system and a fire alarm and detection system.~~;~~

I. Auditory smoke/fire alarms with a noise level loud enough to awaken residents must be located in each bedroom, hallways and/or corridors, and common areas.~~;~~

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J. ~~CSUs~~ Crisis Residential Units using fuel burning equipment and/or appliances (i.e., gas heater, gas water heater, gas/diesel engines, etc.) must have carbon monoxide alarms/detectors placed in a central location outside of sleeping areas.~~;~~

K. Residents must not have to travel through any room not under their control (i.e., subject to locking) to reach designated exit, visiting area, dining room, kitchen, or bathroom.~~;~~

L. Two (2) means of ~~exit~~ egress per common area must be provided and must be readily accessible at all times, remote from each other, and so arranged and constructed to minimize any possibility that both may be blocked by fire or other emergency condition.

M. ~~CSUs~~ Crisis Residential Unit must have the capacity to monitor unauthorized entrance, egress, or movement through the facility.~~; and,~~

N. ~~CSUs~~ Crisis Residential Unit must have emergency exit doors operated by a magnetic/electronic (or similar) release system. This system must be in place for all doors with signage identifying the door as an emergency exit. The system must be in a readily accessible and secure location that only ~~staff~~ employees can access.

O. ~~CSU~~ Crisis Residential Unit bedrooms must have an outside exposure at ground level or above. Windows must not be over forty-four (44) inches off the floor.

P. ~~CSU~~ Crisis Residential Unit bedrooms must meet the following dimension requirements:

1. Single room occupancy - at least one hundred (100) square feet; and,
2. Multiple occupancy - at least eighty (80) square feet for each resident.~~;~~

Q. ~~CSU~~ Crisis Residential Unit bedrooms must house no more than two (2) people ~~persons~~ each.~~;~~

R. ~~S.CSU~~ Crisis Residential Unit bedrooms must be located so as to minimize the entrance of unpleasant odors, excessive noise, or other nuisances.~~;~~

S. ~~R.CSU~~ Crisis Residential Unit bedrooms must be appropriately furnished with a minimum of a single bed per resident~~,~~ and adequate storage must be provided for each resident's belongings.~~;~~

T. Beds must be provided with a good grade of mattress which is at least four (4) inches thick on a raised bed frame. Cots or roll-away beds may not be used.~~; and~~

U. Each bed must be equipped with a minimum of one (1) pillow and case, two (2) sheets, spread, and blanket(s). An adequate supply of linens must be available to change linens at least once a week or sooner if they become soiled.

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V. All ~~CSUs~~ Crisis Residential Units must have a bathroom(s) with at least one (1) operable toilet, one (1) operable lavatory/sink and one (1) operable shower or tub for every six (6) residents.

W. All Crisis Residential Units ~~CSUs~~ must ensure bathtubs and showers are equipped with suicide resistant:

1. Soap dishes;
2. Towel racks;
3. Shower curtains or doors; and,
4. Grab bars (as needed by the residents).

X. Providers must develop policies regarding pets and animals on the premises and must address, at a minimum, the following:

1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained at the service location ~~on site~~;
2. Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.);
3. Procedures to ensure pets will be kept away from food preparation sites and eating areas; and,
4. Procedures for controlling pets to prevent injury to people ~~individuals~~ receiving services as well as visitors and ~~staff~~ employees (e.g., animal in crate, put outside, put in a secure room, etc.).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.7 Crisis Residential ~~Stabilization~~ Unit Orientation**

A. In addition to information contained in the agency provider's policy and procedure manual, providers of Crisis Residential ~~Stabilization~~ Services must develop an orientation package which includes policies and procedures for the provision of Crisis Residential ~~Stabilization~~ Services. The orientation package is to be provided to the ~~individual~~ person/parent(s)/legal representative(s) during orientation. Orientation may need to be delayed until the person ~~individual~~ is stable enough to comprehend the information being provided.

B. All agency providers of Crisis Residential ~~Stabilization~~ Services must document that each person ~~individual~~ (and/or parent(s)/legal representative(s) ~~guardian~~) being served is provided with an orientation as soon as it is appropriate based on the functioning of the person ~~individual~~.

C. The service and site-specific orientation package must be written in a person-first, person-friendly manner that can be readily understood by the ~~individual~~ person/parent(s)/legal representative(s).

D. Crisis Residential ~~Stabilization~~ Service~~s~~ providers must have a written plan for providing the orientation package information in a ~~individual~~ person's language of choice when necessary.

E. The Crisis Residential ~~Stabilization~~ Services' orientation package must not simply be a book of rules. The orientation package must include the expectations of Crisis Residential ~~Stabilization~~ Services and how the person ~~individual~~ can be successful in the service.

F. At a minimum, the Crisis Residential ~~Stabilization~~ Services' orientation package must address the following:

1. A person-friendly, person-first definition and description of the service being provided;

2. The philosophy, purpose and overall goals of the service;

3. A description of how Crisis Residential ~~Stabilization~~ Services addresses the following items, to include but not limited to:
   (a) Visitation guidelines (as they apply to family, significant others, friends and other visitors).
      (1) ~~Individual's~~ People's right to define their family and support systems for visitation purposes unless clinically/socially contraindicated.
      (2) All actions regarding visitors (restrictions, defining person ~~individual~~ and family support systems, etc.) must be documented in the ~~individual~~ person's case record.
      (3) Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the ~~individual~~ person's stated rights.
   (b) Daily private communication (phone, mail, email, etc.) without hindrance unless clinically contraindicated.
      (1) Any restrictions on private telephone use must be reviewed daily.
      (2) All actions regarding restrictions of outside communication must be documented in the case record.
      (3) Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the ~~individual~~ person's stated rights.
   (c) Dating
   (d) Off-site activities
   (e) Housekeeping tasks
   (f) Use of alcohol, tobacco and other drugs
   (g) Respecting the rights of other residents' privacy, safety, health and choices.

4. Policy regarding the search of the ~~individual~~ person's room, person and/or possessions to include but not limited to:
   (a) Circumstances in which a search may occur;
   (b) ~~Staff~~ Employees designated to authorize searches;
   (c) Documentation of searches; and,

(d) Consequences of discovery of prohibited items.

5. Policy regarding screening for prohibited/illegal substances to include but not limited to:
   (a) Circumstances in which screens may occur;
   (b) ~~Staff~~ Employees designated to authorize screening;
   (c) Documentation of screening;
   (d) Consequences of positive screening of prohibited substances;
   (e) Consequences of refusing to submit to a screening; and,
   (f) Process for people ~~individuals~~ to confidentially report the use of prohibited substances prior to being screened.

G. Methods for assisting people ~~individuals~~ in arranging and accessing emergency medical and dental care:
   a) Agreements with local physicians, hospitals and dentists to provide emergency care; and,
   b) Process for gaining permission from parent(s)/legal representative(s) ~~guardian~~, if necessary.

H. Description of the ~~staff~~ employee's responsibility for implementing the protection of the ~~individual~~ person and his/her personal property and rights.

I. Determination of the need for and development, implementation and supervision of behavior change/management services ~~programs.;~~

J. Description of how risks to health and safety of people ~~individuals~~ in the services ~~program~~ are assessed and the mitigation strategies put in place as a result of assessment.~~; and,~~

K. Criteria for termination/discharge from Crisis Residential ~~Stabilization~~ Services.

L. Providers of Crisis Residential ~~Stabilization~~ Services must also address:

1. A description of the meals, which must be provided at least three (3) times per day, and snacks to be provided. This must include development of a menu that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be prepared.
2. Personal hygiene care and grooming, including any assistance that might be needed;
3. Medication management (including storing and dispensing); and,
4. Prevention of and protection from infection, including communicable diseases.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.8 ID/DD Waiver Crisis Intervention Services**

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A. Crisis Intervention provides immediate therapeutic intervention, available to a person ~~an individual~~ on a twenty-four (24) hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the person ~~individual~~ or others and/or may result in the ~~individual~~ person's removal from his/her current living arrangement.

B. Crisis Intervention Services are used in situations in which the need is immediate and exceeds the scope of Behavior Support Services.

C. This service is provided on a one-to-one (1:1) employee ~~staff~~ to ~~individual~~ person ratio.

D. There are three models and primary service locations: 1) Crisis Intervention in the ~~individual~~ person's home 2) Crisis Intervention provided in an alternate community living setting or 3) Crisis Intervention provided in the ~~individual~~ person's usual day setting.

   1. ~~Individual~~ Person's home- The agency provider will provide or coordinate support services with the ~~individual~~ person's community living and day services provider(s). These services will, to the greatest extent possible, allow the person ~~individual~~ to continue to follow his/her daily routine in the service setting, with accommodations consistent with the Crisis Intervention Plan and the ~~individual~~ person's current behaviors. The Crisis Intervention Plan indicates any adaptations/changes needed in the environments in which the person ~~individual~~ typically spends his/her days.

   2. Alternate residential setting- In the event a person ~~an individual~~ needs to receive Crisis Intervention ~~s~~Services in a setting away from his/her primary residence, the agency provider must have pre-arranged for such a setting to be available. This may be an apartment, motel or a bedroom at a different DMH-certified residence. The Crisis Intervention personnel ~~staff~~, to the greatest extent possible, maintains the ~~individual~~ person's daily routine and follows the Crisis Intervention Plan to transition the ~~individual~~ person back to his/her primary residence. The Crisis Intervention Plan indicates any adaptations/changes needed in the environments in which the person ~~individual~~ typically spends his/her days.

   3. ~~Individual~~ Person's usual day setting- Crisis Intervention ~~staff~~ personnel will deliver services in such a way as to maintain the ~~individual~~ person's normal routine to the maximum extent possible, including direct support during Day Services-Adult, Prevocational Services, or Supported Employment.

E. The agency provider must develop policies and procedures for locating someone to an alternate residential setting(s). This includes the type of location, whether people ~~individuals~~ will be alone or with others, and plans for transporting people ~~individuals~~. The policies and procedures must include a primary and secondary means for providing an alternate residential setting(s). These settings must be equipped with all items necessary to create a home-like environment for the person ~~individual~~.

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F. The agency provider must have an on-call system that operates twenty-four (24) hours a day, seven (7) days per week to ensure there are ~~is~~ sufficient ~~staff~~ employees available to respond to crises.

G. Agency ~~P~~providers of Crisis Intervention shall consist of a team (see Rule 11.4 for qualifications) which must include:

1. Licensed Psychologist;
2. ~~Program~~ Service Director;
3. Qualified Intellectual/ Disabilities Professional ~~QIDP~~; and,
4. Direct service ~~staff~~ personnel.

H. Crisis Intervention Services may be indicated on a~~n individual~~ person's Plan of Services and Supports prior to a crisis event when there is a reasonable expectation, based on past occurrences or immediate situational circumstances in which the person ~~individual~~ is at risk of causing physical harm to him/herself, causing physical harm to others, damaging property, eloping, or being unable to control him/herself in a manner that allows participation in usual activities of daily life. The agency provider will be chosen at the time the service is approved on the Plan of Services and Supports; therefore, if a crisis arises, the agency provider can be dispatched immediately.

I. Upon receiving information that someone is in need of Crisis Intervention, the agency provider immediately sends trained ~~staff~~ personnel to the person ~~individual~~ to assess the situation and provide direct intensive support when a person ~~an individual~~ is physically aggressive or there is concern that the person ~~individual~~ may take actions that threaten the health and safety of self and others.

J. As soon as is feasible, the person ~~individual~~ must be evaluated by medical personnel to determine if there are any physical/medication factors affecting his/her behavior.

K. When the immediate crisis is stabilized, appropriately qualified personnel ~~staff~~:

1. Continue analyzing the psychological, social and ecological components of the extreme dysfunctional behavior or other factors contributing to the crisis;
2. Assess which components are the most effective targets of intervention for the short-term amelioration of the crisis;
3. Develop and write a Crisis Intervention Plan;
4. Consult and, in some cases, negotiate with those connected to the crisis in order to implement planned interventions, and follow-up to ensure positive outcomes from interventions or to make adjustments to interventions;
5. Continue providing intensive direct supervision/support;
6. Assist the person ~~individual~~ with self-care when the primary caregiver is unable to do so because of the nature of the ~~individual~~ person's crisis situation;
7. Directly counsel or develop alternative positive experiences for people ~~individuals~~ while planning for the phase out of Crisis Intervention ~~s~~Services and return of the person ~~individual~~ to his/her living arrangement, if applicable; and,

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8. Train ~~staff~~ employees and other caregivers who normally support the person ~~individual~~ in order to remediate the current crisis as well as to support the person ~~individual~~ long term once the crisis has stabilized in order to prevent a reoccurrence.

L. Crisis Intervention ~~staff~~ personnel may remain with the person twenty-four (24) hours a day and seven (7) days a week ~~24/7~~ until the crisis is resolved; Crisis Intervention is authorized for up to twenty-four (24) hours per day in seven (7) day segments with the goal being a phase out of services in a manner which ensures the health and welfare of the person ~~individual~~ and those around him/her. Additional seven (7) day segments can be authorized by the Bureau of Intellectual/ Developmental Disabilities (BIDD), depending on a person's ~~individual~~ need and situational circumstances.

M. Episodic Crisis Intervention is provided in short-term (less than 24 hours) segments and is intended to address crises such as elopement, immediate harm to self or others, damage to property, etc. that can be managed through less intensive measures than daily Crisis Intervention. The maximum amount that can be approved is one hundred sixty-eight (168) hours. Additional hours can be authorized by the Bureau of Intellectual/ Developmental Disabilities ~~BIDD~~, depending on the person's ~~individual~~ need and situational circumstances.

N. If a person ~~an individual~~ requires a higher level of supervision/support than can be safely provided through Crisis Intervention ~~s~~Services, he/she will be appropriately referred to other more intensive services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 19.9 ID/DD Waiver Crisis Support Services**

A. Crisis Support is provided in an ICF/IID and is used when a person's behavior or family/primary caregiver situation becomes such that there is a need for immediate specialized services that exceed the capacity of Crisis Intervention or Behavior Support Services. (Crisis Intervention and/or Behavior Support is not a pre-requisite for Crisis Support Services. Such situations involve:

1. Behavioral Issues
   (a) People who have exhibited high risk behavior, placing themselves and others in danger of being harmed
   (b) Directly causes serious injury of such intensity as to be life threatening or demonstrates the propensity to cause serious injury to self, others or animals
   (c) Sexually offensive behaviors
   (d) Less intrusive methods have been tried and failed
   (e) Criminal behavior
   (f) Serious and repeated property destruction
2. Family/other Issues
   (a) The primary caregiver becomes unexpectedly incapacitated and the person's support needs cannot adequately be met by other ID/DD Waiver Services

(b) The primary caregiver passes away and the person's support needs cannot adequately be met by other ID/DD Waiver Services
(c) The person is in need of short-term services in order to recover from a medical condition that can be treated in an ICF/IID rather than a nursing facility
(d) The primary caregiver is in need of relief that cannot be met by other ID/DD Waiver services

B. Crisis Support Services include:
1. Medical Care
2. Nutritional Services
3. Personal Care
4. Behavioral Services
5. Social Services
6. Leisure Activities as deemed appropriate

C. The Support Coordinator must be notified of a person's need for Crisis Support. Approval from the Bureau of Intellectual/Developmental Disabilities at DMH is required for admission to an ICF/IID for Crisis Support Services.

D. Crisis Support is time-limited in nature. Crisis Support is provided a maximum of thirty (30) days. Additional days must be authorized by the Bureau of Intellectual/Developmental Disabilities at DMH prior to end of the authorized date.

E. The designated ICF/IID personnel will contact the person's parent(s)/legal representative(s)/supported decision maker or community living provider within twenty-four (24) hours of admission to obtain necessary information to provide Crisis Support Services.

F. People may attend the ICF/IID day services, activities and events with people receiving ICF/IID services and attend community services accompanied by an employee providing Crisis Support.

G. People served in Crisis Support who are prescribed psychotropic medications will continue their current regime unless a change is determined by a physician. The ICF/IID consulting psychiatrist or physician will have the opportunity to evaluate the person and review the person's record to make appropriate recommendations and/or adjustments to the medication regime. This assessment will be maintained in the person's record.

H. If a person has a Behavior Support Plan upon admission all employees working with the person should be trained and a copy placed in the person's record. If the Behavior Support Plan is implemented, employees should document the incident and place it in the person's record. The use of restraints is not allowed in the ID/DD Waiver.

I. If a person does not have a Behavior Support Plan, behavior instructions may be developed as deemed appropriate by the Crisis Support Team to provide specific

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procedures for consistent interactions for anyone supporting the person. The use of restraints is not allowed in the ID/DD Waiver.

J. A transition/discharge planning meeting is required with the person, legal representative/ supported decision maker, Crisis Support Team, Support Coordinator, community service provider personnel and any others the person chooses to attend. All efforts must be made to include all parties involved in the transition process including audio participation from remote locations. The meeting must occur within five (5) working days of discharge. The transition/discharge planning meetings' purpose is to discuss changes or updates to the Plan of Services and Supports including risk factors, current medications, and referral to community resources such as community mental health centers, medical services and any other support services needed to ensure a person's successful transition back to the community. The Support Coordinator must conduct a face-to-face follow-up visit within seven (7) calendar days following discharge to determine any additional needs the person may have.

~~(a) Crisis Support is provided in an ICF/IID and is used when an individual's behavior or family/primary caregiver situation becomes such that there is a need for immediate specialized services that exceed the capacity of Crisis Intervention or Behavior Support services.~~

~~(b) Individuals cannot be admitted to an ICF/IID without prior approval from BIDD.~~

~~(c) Crisis Support is provided a maximum of thirty (30) days. Additional days must be prior authorized by BIDD.~~

~~(d) Providers must follow all requirements in Rule 14.6.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 20: Mental Health Community Support Services

**Rule 20.1 Mental Health Community Support Services – General**

A. Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists. Community Support Specialists ~~CSS~~ are only provided by certified DMH/C and DMH/P providers. Community Support Specialists ~~CSS~~ are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each person ~~individual~~. The purpose/intent of Community Support Specialist ~~CSS~~ is to provide specific, measurable, and individualized services to each person served. Community Support Specialists ~~CSS~~ should be focused on the ~~individual~~ person's ability to succeed in the community; to identify and access needed services; and, to show improvement in school, work, family, and community participation (Excludes IDD).

B. Community Support Services should be person-centered and focus on the ~~individual~~ person's recovery and ability to succeed in the community; to identify and access needed services; and, to show improvement in home, health, purpose and community. Community Support Services shall include the following:

1. Identification of strengths which will aid the person ~~individual~~ in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community.
2. Individual therapeutic interventions with a beneficiary that directly increase the acquisition of skills needed to accomplish the goals set forth in the Individual Service Plan.
3. Monitoring and evaluating the effectiveness of interventions, as evidenced by symptom reduction and progress toward goals.
4. Psychoeducation on the identification and self-management of prescribed medication regimen and communication with the prescribing provider.
5. Direct interventions in de-escalating situations to prevent crisis.
6. Assisting a person ~~an individual~~ in accessing needed services such as medical, social, educational, transportation, housing, substance ~~ab~~use, personal care, employment and other services that may be identified in the Recovery Support Plan as components of Health, Home, Purpose and Community.
7. Assisting the person ~~individual~~ and natural supports in implementation of therapeutic interventions outlined in the Individual Service Plan.
8. Relapse prevention and disease management strategies.
9. Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs of the person ~~individual~~.
10. Facilitation of the Individual Service Plan and/or Recovery Support Plan which includes the active involvement of the beneficiary and the people identified as important in the person's life.

C. Providers of ~~CSS~~ Community Support Services must, at a minimum:

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1. Have a designated Director of Community Support Services ~~CSS~~ to supervise the provision of Community Support Services ~~CSS~~.
2. Assign a full-time, DMH Credentialed Community Support Specialist for each person ~~individual~~ enrolled in the service.
3. Maintain a list of each Community Support Specialist's caseload that must be available for review by DMH personnel ~~staff~~.
4. Maintain a current, comprehensive file of available formal and informal supports that is readily accessible to all Community Support Specialists.
5. Electronically maintained resource information is permissible. This resource file must include at a minimum:
   (a) Name of entity;
   (b) Eligibility requirements (if applicable);
   (c) Contact person;
   (d) Services and supports available; and,
   (e) Phone number.

D. The following priority groups of people ~~individuals~~ with serious mental illness, children/youth with serious emotional disturbance and people ~~individuals~~ with an intellectual/~~or~~ developmental disability must be offered Community Support Services ~~CSS~~ within fourteen (14) days of the date of his/her ~~I~~initial ~~A~~assessment. ~~CSS~~ Community Support Services must be provided within fourteen (14) days of the ~~I~~initial ~~A~~assessment unless the person ~~individual~~ states, in writing, that he/she does not want to receive the service.

1. ~~Individuals~~ People discharged from an inpatient psychiatric facility;
2. ~~Individuals~~ People discharged from an institution;
3. ~~Individuals~~ People discharged or transferred from Crisis Residential ~~Stabilization~~ Services; and,
4. ~~Individuals~~ People referred from Crisis Response Services.

E. ~~Individuals~~ People with serious mental illness, serious emotional disturbance and/or an intellectual/developmental disability not included in these priority groups should be assessed to determine the need for ~~CSS~~ Community Support Services within thirty (30) days of his/her ~~I~~initial ~~A~~assessment. ~~CSS~~ Community Support Services must be provided within thirty (30) days of the ~~I~~initial ~~A~~assessment if the assessment indicates a need for such, unless the person ~~individual~~ states, in writing, that he/she does not want to receive the service.

F. Caseloads of Community Support Specialists must not exceed eighty (80) people ~~individuals~~ receiving services.

G. Frequency of the provision of Community Support Services should be based on the needs of the person ~~individual~~ receiving the service.

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

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 20.2 Community Supports for Adults with Serious Mental Illness**

Providers of Community Support Services for Adults with serious mental illness ~~SMI~~ must also adhere to Rule 20.1.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 20.3 Community Support Services for Children/Youth with Serious Emotional Disturbance ~~SED~~**

A. Providers of Community Support Services for Children/Youth with serious emotional disturbance ~~SED~~ must also adhere to Rule 20.1.

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

C. The case load for a single Community Support Specialist providing services to children, youth, and transition-age youth enrolled in federal System of Care grants must not exceed twenty-five (25).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

~~**Rule 20.4 Community Support Services for Individuals with Intellectual/Developmental Disabilities – Adults and Children**~~

A. ~~Providers of Community Support Services for Individuals with IDD must also adhere to Rule 20.1.~~

B. ~~Community Support Services for this population must target individuals who are dually diagnosed with a serious mental illness or serious emotional disturbance and an intellectual/developmental disability. Community Support Services for this population must focus on rehabilitation efforts that target an individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family; and community integration.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

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## Part 2: Chapter 21: Psychiatric/Physician Services

**Rule 21.1 Psychiatric/Physician Services**

A. Psychiatric/Physician~~'s~~ Services are services of a medical nature provided by medically trained personnel ~~staff~~ to address medical conditions related to the ~~individual~~ person's mental illness or emotional disturbance. Medical services include medication evaluation and monitoring, nurse assessment, and medication injection.

B. If indicated by the ~~I~~initial ~~A~~assessment, the following priority groups of people ~~individuals~~ with serious mental illness, children/youth with serious emotional disturbance and people ~~individuals~~ with an intellectual/~~or~~ developmental disability (if applicable) must be provided Psychiatric/Physician's Services within fourteen (14) days of the date of his/her ~~I~~initial ~~A~~assessment unless the person ~~individual~~ states, in writing, that he/she does not want to receive the service. Appointment cancellations or "no shows" must be documented in the ~~individual~~ person's case record.

1. ~~Individuals~~ People discharged from an inpatient psychiatric facility;
2. ~~Individuals~~ People discharged from an institution;
3. ~~Individuals~~ People discharged or transferred from Crisis Residential ~~Stabilization~~ Services; and,
4. ~~Individuals~~ People referred from Crisis Response Services.

C. Medication Evaluation and Monitoring is the intentional face-to-face interaction between a physician or a nurse practitioner and a person ~~an individual~~ for the purpose of: assessing the need for psychotropic medication~~,~~; prescribing medications;~~,~~ and, regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.

D. Nursing assessment takes place between a registered nurse and a person ~~an individual~~ for the purpose of assessing extra-pyramidal symptoms, medication history, medical history, progress on medication, current symptoms, progress or lack thereof since last contact and providing education to the person ~~individual~~ and the family about the illness and the course of available treatment.

E. Medication injection is the process of a licensed practical nurse, registered nurse, physician, or nurse practitioner injecting a person ~~an individual~~ with prescribed psychotropic medication for the purpose of restoring, maintaining or improving the ~~individual~~ person's role performance and/or mental health status.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 22: Outpatient Therapy Services

**Rule 22.1 Psychotherapeutic Services**

A. Outpatient Psychotherapeutic Services include initial assessment, and individual, family, group, and multi-family group therapies. Outpatient Psychotherapeutic Services are defined as intentional, face-to-face interactions (conversations or non-verbal encounters, such as play therapy) between a ~~m~~Mental ~~h~~Health ~~t~~Therapist, IDD ~~t~~Therapist or A/D ~~t~~Therapist (as appropriate to the population being served) and a person ~~an individual~~, family or group where a therapeutic relationship is established to help resolve symptoms of a mental and/or emotional disturbance.

B. Individual Therapy is defined as one-on-one psychotherapy that takes place between a Mental Health Therapist and the ~~individual~~ person receiving services.

C. Family Therapy shall consist of psychotherapy that takes place between a ~~m~~Mental ~~h~~Health ~~t~~Therapist and ~~an individual~~ a person's family members with or without the presence of the person ~~individual~~. Family Therapy may also include others (MS Department of Child Protection Services ~~DHS~~ personnel ~~staff~~, foster family members, etc.) with whom the ~~individual~~ person lives or has a family-like relationship. This service includes family psychotherapy and psychoeducation provided by a ~~m~~Mental ~~h~~Health ~~t~~Therapist.

D. Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and at least two (2) but no more than ten (10) children or at least two (2) but not more than twelve (12) adults at the same time. Possibilities include, but are not limited to, groups that focus on relaxation training, anger management and/or conflict resolution, social skills training, and self-esteem enhancement.

E. Multi-Family Group Therapy shall consist of psychotherapy that takes place between a ~~m~~Mental ~~h~~Health ~~t~~Therapist and family members of at least two (2) different people ~~individuals~~ receiving services, with or without the presence of the person ~~individual~~, directed toward the reduction/resolution of identified mental health problems so that the ~~individual~~ person and/or their families may function more independently and competently in daily life. This service includes psychoeducational and family-to-family training.

F. Outpatient Psychotherapeutic ~~s~~Services must be available and accessible at appropriate times and places to meet the needs of the population to be served. The provider must establish a regular schedule, with a minimum of three (3) hours weekly for the provision of Outpatient Psychotherapeutic ~~s~~Services during evenings and/or weekends.

G. Providers utilizing Evidence-Based Practices (EBP) or best practices in the provision of Outpatient Psychotherapeutic Services must show verification that employee's ~~staff members~~ utilizing those practices have completed appropriate training or independent study as recommended by the developers of the model/practice for the practices being utilized.

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H. For DMH/C and DMH/P agency 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 agency provider. If the school district does not accept the agency provider's offer to provide ~~o~~Outpatient ~~p~~Psychotherapeutic ~~s~~Services, written documentation of the denial (for the current school year) by the school district superintendent must be on file at the agency provider for review by DMH personnel.

I. There must be written policies and procedures for:

1. Admission;
2. Coordination with other services in which the person ~~individual~~ is enrolled;
3. Follow-up designed to minimize dropouts and maximize treatment compliance;
4. Therapist assignments;
5. Referral to other appropriate services as needed; and,
6. Discharge planning.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 22.2 Intensive Outpatient Psychiatric Services for Children/Youth (IOP-C/Y) with Serious Emotional Disturbance ~~SE~~D**

A. Intensive Outpatient Psychiatric for Children/Youth (IOP-C/Y) services are defined as treatment provided in the home or community to children/ ~~and~~ youth with serious emotional disturbance up to the age of twenty-one (21) for family stabilization. Based on a wraparound model, the goal is to diffuse the current crisis, stabilize the living arrangement, and offer the family and children/youth alternatives to being in crisis. Intensive Outpatient Psychiatric for Children/Youth is intended to safely intervene with families that request treatment but cannot commit to the intensity of MS Youth Programs Around the Clock (MYPAC) services in their home. ~~this service is a time-limited, intensive family intervention intended to diffuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence. The ultimate goal is to stabilize the living arrangement, promote reunification or prevent the utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, and residential treatment facility).~~

1. The crisis can safely be managed with clinical services and support for two (2) to four (4) hours, three (3) to five (5) days per week.

B. In order to receive Intensive Outpatient Psychiatric ~~IOP~~ ~~s~~Services, ~~individuals~~ people must meet all the following criteria:

1. The youth has been diagnosed by a psychiatrist or licensed psychologist ~~in the past sixty (60) days~~ with a mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria for serious emotional disturbance ~~(SED)~~ specified within

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the current version of the Diagnostic and Statistical Manual of Mental Disorders ~~(DSM)~~. ~~The primary diagnosis must be psychiatric.~~

~~2. The youth has a full scale IQ of sixty (60) or above (or, if IQ score is lower than sixty (60) and there is substantial evidence that the IQ score is suppressed due to psychiatric illness).~~

~~3. The evaluating psychiatrist or licensed psychologist advises that the youth meets criteria for PRTF level of care.~~

2. ~~4.~~The youth needs specialized services and supports from multiple agency~~ies~~ providers including ~~c~~Community ~~s~~Support ~~s~~Services or ~~t~~Targeted ~~c~~Case ~~m~~Management, and an array of clinical interventions and family supports.
3. For transition from MS Youth Programs Around the Clock, the youth has sufficiently stabilized following ninety (90) days of MS Youth Programs Around the Clock Services and request or choose less intensive interventions than MS Youth Programs Around the Clock.
4. For transition from Psychiatric Residential Treatment Facility (PRTF), the youth has been discharged from Psychiatric Residential Treatment Facility greater than one hundred eighty (180) days.

C. Providers of Intensive Outpatient Psychiatric Services must meet the following requirements:

1. Hold certification by DMH to provide Community Support Services and wraparound facilitation;
2. Have a psychiatrist on staff;
3. Have appropriate clinical ~~staff~~ personnel to provide therapy services needed;
4. Coordinate services and needed supports with other providers and/or natural supports when appropriate and with consent;
5. Provide education on wellness, recovery and resiliency;
6. Providers must have procedures in place for twenty-four (24) hour, seven (7) days a week availability and response (inclusive of ~~m~~Mobile ~~c~~Crisis ~~r~~Response ~~s~~Services).

D. Intensive Outpatient Psychiatric for Children/Youth ~~IOP-C/Y~~ must be provided to children/youth based on the child/youth's needs as identified as a part of the wraparound or individual plan.

E. Intensive Outpatient Psychiatric for Children/Youth ~~IOP-C/Y~~ is an all-inclusive service designed to meet the clinical needs of the children/youth and families. Component parts of Intensive Outpatient Psychiatric ~~IOP~~ must also be certified by DMH if applicable certification is available.

F. Each beneficiary receiving Intensive Outpatient Psychiatric for Children/Youth ~~IOP-C/Y~~ must have on file an individualized plan which describes the following:

1. Services to be provided;
2. Frequency of service provision;
3. Who provides each service and their qualifications;

4. Formal and informal supports available to the participant and family; and,
5. Plan for anticipating, preventing and managing crises.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 22.3 Intensive Outpatient Programs for Adults with a Substance Use Disorder**

A. The ten (10) week Intensive Outpatient Program for ~~Individuals~~ Adults with a Substance Use_Disorder (IOP-SUD) is a community-based outpatient service ~~program~~ which provides an alternative to traditional Residential Treatment Services or hospital settings. The service ~~program~~ is directed to adults eighteen (18) years or older who need services more intensive than traditional outpatient services, but who have less severe ~~alcohol and other drug~~ substance use disorders than those typically addressed in Residential Treatment Services. The ~~IOP-SUD~~ Intensive Outpatient Program for ~~Individuals~~ Adults with a Substance Use Disorder allows people ~~individuals~~ to continue to fulfill their obligations to family, job, and community while obtaining intensive treatment. Intensive Outpatient Program for Adults with a Substance Use Disorder ~~IOP-SUD~~ may be conducted during the day or at night in order to meet the needs of the ~~Individuals~~ people being served.

B. ~~IOP-SUD~~ Intensive Outpatient Program for Adults with a Substance Use Disorder must be limited to twelve (12) people ~~individuals~~ per session.

C. ~~IOP-SUD~~ Intensive Outpatient Program for Adults with a Substance Use Disorder must provide the following services:

1. Group therapy for a minimum of three (3) sessions per week for at least ten (10) weeks. Session~~s~~ times may vary but cannot be less than one (1) hour and cannot exceed three (3) hours daily. ~~Individuals~~ People must receive and not exceed nine (9) total hours of group therapy per week. Groups may be of the following types: Psychoeducational groups, ~~S~~skills-development groups, ~~D~~drug or alcohol refusal training, ~~R~~relapse prevention techniques, ~~A~~assertiveness training, ~~S~~stress management, ~~S~~support groups (e.g., process-oriented recovery groups), ~~S~~single-interest groups (can include gender issues, sexual orientation, criminal offense, and histories of physical and sexual abuse) family or couples groups;
2. Individual therapy at a minimum of one (1) counseling session, for a minimum of one (1) hour, per week; and,
3. Involvement of family to include no less than two (2) therapeutic family group sessions during the ten (10) week period, offered to meet the needs of the person ~~individual~~.

D. Outpatient services must be located in their own physical space, separated from other substance use services and impermeable to use by other services during hours of service operations.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 22.4 Intensive Outpatient Programs for Adolescents with a Substance Use Disorder**

A. Adolescent-Intensive Outpatient Program (A-IOP) is a community-based outpatient service ~~program~~ which provides an alternative to traditional Residential Treatment Services or hospital settings. The service ~~program~~ is directed to adolescents ages twelve – eighteen (12-18) who need services more intensive than traditional outpatient services, but who have less severe ~~alcohol and other drug~~ substance use disorders than those typically addressed in Residential Treatment Services. The ~~A-IOP~~ Adolescent-Intensive Outpatient Program allows people ~~individuals~~ to continue to fulfill their obligations to family, job, school, and community while obtaining treatment. ~~A-IOP~~ Adolescent-Intensive Outpatient Program is primarily conducted in the evening, but may be offered at varying locations and times to suit the needs of the adolescents being served.

B. ~~A-IOP~~ Adolescent-Intensive Outpatient Program must be limited to twelve (12) people ~~individuals~~ per session.

C. ~~A-IOP~~ Adolescent-Intensive Outpatient Program must provide the following services:

1. Group therapy must be offered over the course of at least ten (10) weeks for six and a half (6.5) hours per week. Times and locations for groups may vary based on the needs of the adolescents being served. Groups may be of the following types: ~~P~~psychoeducational groups, ~~S~~skills-development groups, ~~D~~drug or alcohol refusal training, ~~R~~relapse prevention techniques, ~~A~~assertiveness training, ~~S~~stress management, ~~S~~support groups (e.g., process-oriented recovery groups), ~~S~~single-interest groups (can include gender issues, sexual orientation, criminal offense, and histories of physical and sexual abuse) family or couples groups.

2. Individual therapy at a minimum of one (1) counseling session, for a minimum of one (1) hour, per week.~~; and~~

3. Involvement of family to include no less than two (2) therapeutic family group sessions during the ten (10) week period, offered to meet the needs of the person ~~individual~~.

4. Providers utilizing Evidence-Based Practices ~~(EBP)~~ or best practices in the provision of ~~A-IOP~~ Adolescent-Intensive Outpatient Program must show verification that ~~staff members~~ employees' utilizing those practices have completed appropriate training or independent study as recommended by the developers of the model/practice for the practices being utilized.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 23: Acute Partial Hospitalization Services for Children with Serious Emotional Disturbance ~~SED~~, Adults with ~~SMI~~ Serious Mental Illness and Partial Hospitalization Programs for Adults or Children with Substance Use Disorders

**Rule 23.1 Acute Partial Hospitalization Services (APH) for ~~to~~ Children with Serious Emotional Disturbance ~~SED~~ or Adults with Serious Mental Illness ~~SMI~~**

A. Acute Partial Hospitalization Services ~~(APH)~~ provide medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to people ~~individuals~~ who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. ~~APH~~ Acute Partial Hospitalization Service is designed to provide an alternative to inpatient hospitalization for such people ~~individuals~~ or to serve as a bridge from inpatient to outpatient treatment. ~~Program~~ Service content may vary based on need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms. ~~APH~~ Acute Partial Hospitalization Services may be provided to children with serious emotional disturbance or adults with serious and persistent mental illness.

B. The ~~APH program~~ Acute Partial Hospitalization Services must be a part of a written comprehensive plan of ~~c~~Crisis ~~s~~Stabilization and ~~c~~Community-~~b~~Based ~~s~~Support ~~s~~Services offered to people ~~individuals~~ participating in the ~~APH~~ Acute Partial Hospitalization Service ~~program~~ that includes, at a minimum, family intervention, Targeted Case Management, medication monitoring, Crisis Response Services and Community Support Services. The ~~APH~~ Acute Partial Hospitalization Service ~~program~~ must be designed to assist people ~~individuals~~ in making the transition from acute inpatient services, and/or serve as an alternative to inpatient care.

C. There must be written policies and procedures implemented for providing Acute Partial Hospitalization Services ~~APH~~ that include at a minimum:

1. Admission criteria and procedures. These procedures must require that a physician conduct an admission evaluation and certify that the service is required to reduce or prevent inpatient services.
2. Procedures requiring documented medical supervision and follow along with on-going evaluation of the medical status of the person ~~individual~~.
3. Procedures requiring documented support services for families and significant others.
4. Procedures implementing and documenting discharge criteria to include follow-up planning.

D. The ~~staff~~ employees for ~~APH Services~~ Acute Partial Hospitalization services must include at each service location ~~site~~ a full-time director who plans, coordinates, and evaluates the service ~~program~~.

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E. ~~APH~~ Acute Partial Hospitalization Services ~~staff~~ personnel must meet the following minimum requirements:

1. At least one (1) ~~staff member~~ employee with a minimum of a Master's degree in a mental health or related field must be on-site for six (6) or fewer people ~~persons~~ for which the service ~~program~~ is certified to serve. The ~~staff~~ employee can be the on-site ~~Program~~ Service Director if he/she is actively engaged in programmatic activities with people ~~individuals~~ during all service ~~program~~ hours.

2. At least one (1) ~~staff member~~ employee with a minimum of a Master's degree in a mental health or related field and at least one (1) ~~staff~~ employee with a minimum of a Bachelor's degree in a mental health or related field when seven (7) through twelve (12) participants are served.

3. At least one (1) ~~staff~~ employee with a minimum of a Master's degree in a mental health or related field, at least one (1) ~~staff~~ employee with a minimum of a Bachelor's degree in a mental health or related field and at least one (1) support ~~staff~~ employee when thirteen (13) through eighteen (18) participants are served in the service ~~program~~.

F. The ~~APH~~ Acute Partial Hospitalization Service ~~Program~~ must provide adequate nursing and psychiatric services to all people ~~individuals~~ served. At a minimum, these services must be provided weekly (and more often if clinically indicated). Provision of these services must be documented through an implemented written procedure carried out by the agency provider or through contractual agreement.

G. Medical supervision and nursing services must be immediately available and accessible to the service ~~program~~ during all hours of operation.

H. The ~~APH~~ Acute Partial Hospitalization Service ~~Program~~ can be operated seven (7) days per week, but must at minimum:

1. Operate three (3) days per week;~~.~~
2. Operate four (4) hours per day, excluding transportation time; and,~~.~~
3. Be available twelve (12) months per year.

I. The ~~APH~~ Acute Partial Hospitalization Service ~~Program~~ must be designed for a maximum number of eighteen (18) people ~~individuals~~ with a maximum length of stay of thirty (30) service days. Service in the ~~APH~~ Acute Partial Hospitalization Service ~~Program~~ may only go beyond thirty (30) service days with written justification provided by the attending physician.

J. The service provider must maintain a daily schedule of therapeutic activities to include individual, group, family, and other activities that are designed to provide intensive support to the people ~~individuals~~ in the service ~~program~~ and reduce acute symptomology.

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K. The service location ~~program~~ must have sufficient space to accommodate the full range of service ~~program~~ activities and services and must provide a minimum of fifty (50) square feet of multipurpose space for each person ~~individual~~ served.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 23.2 Partial Hospitalization Program (PHP) for ~~Individuals~~ People with Substance Use Disorders**

A. Partial Hospitalization Program ~~(PHP)~~ provides direct access to psychiatric, medical and laboratory services to meet the needs that warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting. Partial Hospitalization Program ~~PHP~~ is designed to provide an alternative to inpatient hospitalization for such people ~~individuals~~ or to serve as a bridge from inpatient to outpatient treatment. Program content may vary based on need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

B. There must be written policies and procedures implemented for providing Partial Hospitalization Program Program ~~PHP~~ that include at a minimum:

1. Admission criteria and procedures. These procedures must require that a physician conduct an admission evaluation and certify that the service is required to reduce or prevent inpatient services.
2. Procedures requiring documented medical supervision and follow along with on-going evaluation of the medical status of the person ~~individual~~.
3. Procedures requiring documented support services for families and significant others.
4. Procedures implementing and documenting discharge criteria to include follow-up planning.

C. The ~~staff~~ employees for Partial Hospitalization Program ~~PHP~~ Services must include at each location ~~site~~ a full-time director who plans, coordinates, and evaluates the services ~~program~~.

D. ~~PHP~~ Partial Hospitalization Program Services ~~staff~~ personnel must have adequate substance use and addictive disorders experience and meet the following minimum educational requirements:

1. At least one (1) ~~staff member~~ employee with a minimum of a Master's degree in a mental health or related field must be on-site for six (6) or fewer people ~~persons~~ for which the program is certified to serve. The ~~staff~~ employee can be the on-site ~~P~~program ~~D~~director if he/she is actively engaged in programmatic activities with people ~~individuals~~ during all program hours.

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2. At least one (1) ~~staff member~~ employee with a minimum of a Master's degree in a mental health or related field and at least one (1) ~~staff~~ employee with a minimum of a Bachelor's degree in a mental health or related field when seven (7) through twelve (12) participants are served.

3. At least one (1) ~~staff~~ employee with a minimum of a Master's degree in a mental health or related field, at least one (1) ~~staff~~ employee with a minimum of a Bachelor's degree in a mental health or related field and at least one (1) support ~~staff~~ employee when thirteen (13) through eighteen (18) participants are served in the program.

E. The ~~PHP Program~~ Partial Hospitalization Program must provide adequate nursing and psychiatric services to all people ~~individuals~~ served as needed. At a minimum, Psychiatric services must be offered at admission to the program. Services thereafter must be offered according to the person's ~~individual's~~ mental health condition.

F. Medical supervision and nursing services must be immediately available and accessible to the service location ~~program~~ during all hours of operation.

G. The ~~PHP~~ Partial Hospitalization Program can be operated seven (7) days per week, but must at minimum:

1. Operate four (4) days per week;~~.~~
2. Operate four (4) hours per day, excluding transportation time;~~.~~
3. Provide at least twenty (20) hours of treatment service per week; and,
4. Be available twelve (12) months per year.

H. The ~~PHP~~ Partial Hospitalization Program must be designed for a maximum number of eighteen (18) people ~~individuals~~ with a maximum length of stay of thirty (30) service days. Service in the ~~PHP~~ Partial Hospitalization Program may only go beyond thirty (30) service days with written justification provided by the attending physician.

I. The agency provider must maintain a daily schedule of therapeutic activities to include individual, group, family, and other activities that are designed to provide intensive support to the people ~~individuals~~ in the program.

J. The ~~program~~ service location must have sufficient space to accommodate the full range of program activities and services and must provide a minimum of fifty (50) square feet of multipurpose space for each person ~~individual~~ served.

K. Partial Hospitalization Program must be located in their own physical space, separated from other substance use services and impermeable to use other services/service locations during hours of service operation.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 24: Day Programs–and Employment Related Services ~~Programs~~ for Adults with Serious Mental Illness ~~SMI~~

**Rule 24.1 Psychosocial Rehabilitation Services**

A. Psychosocial Rehabilitative Services (PSR) consists of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the service ~~program~~ is to promote recovery, resiliency, and empowerment of the person ~~individual~~ in his/her community. Service ~~Program~~ activities aim to improve reality orientation, social skills and adaptation, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the person ~~individual~~ into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.

B. ~~PSR~~ Psychosocial Rehabilitative Services ~~programs~~ must utilize systematic, curriculum based interventions for recovery skills development for participants. The curriculum based interventions must be evidence-based or recognized best practices in the field of mental health as recognized by Substance Abuse and Mental Health Services Administration (SAMHSA). Curriculum based interventions must address the following outcomes for the people ~~individuals~~ participating in Psychosocial Rehabilitative Services ~~PSR~~:

1. Increased knowledge about mental illnesses;
2. Fewer relapses;
3. Fewer re-hospitalizations;
4. Reduced distress from symptoms;
5. Increased consistent use of medications; and,
6. Increased recovery supports to promote community living.

C. The Psychosocial Rehabilitative Services ~~PSR~~ systematic and curriculum based interventions must address the following core components:

1. Psychoeducation;
2. Relapse Prevention;
3. Coping Skills Training; and,
4. Utilizing Resources and Supports (inclusive of crisis planning).

D. The Psychosocial Rehabilitative Services ~~PSR~~ systematic and curriculum based interventions must, at a minimum, include the following topics:

1. Recovery strategies;
2. Facts about mental illnesses;
3. Building social supports;
4. Using medications effectively;

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5. Drug and alcohol use;
6. Reducing relapse;
7. Coping with stress;
8. Coping with problems and symptoms of mental illnesses; and,
9. Self-advocacy.

E. All people ~~individuals~~ are required to have a~~n Individual Recovery Action Plan (IRAP) or Wellness Recovery Action Plan (WRAP)~~ Recovery Support Plan. People ~~Individuals~~ must participate in setting goals and assessing their own skills and resources related to goal attainment. Goals are set by exploring strengths, knowledge and needs in the ~~individual~~ person's living, learning, social, and working environments.

F. Each person ~~individual~~ must be provided assistance in the development and acquisition of needed skills and resources necessary to achieve stated recovery goals.

G. Documentation of therapeutic activities must be provided in weekly progress notes.

~~H. Individuals participating in PSR services may participate in the service up to five (5) hours per day up to five (5) days per week.~~

H. Psychosocial Rehabilitative Services must be provided in each location a minimum of three (3) days per week for a minimum of four (4) hours per day, excluding travel time.

I. ~~PSR~~ Psychosocial Rehabilitative Service locations ~~services~~ must have sufficient space to accommodate the full range of therapeutic activities and must provide at least fifty (50) square feet of space for each person ~~individual~~.

J. ~~PSR services~~ Psychosocial Rehabilitative Services must be located in their own physical space, separate from other mental health center activities or institutional settings and impermeable to use by other services~~/programs~~ during hours of service ~~program~~ operation.

K. The ~~PSR~~ Psychosocial Rehabilitative Service ~~program~~ must include, at each service location ~~site~~, a full-time supervisor (see qualifications, Rule 11.3). A ~~D~~director or Mental Health Therapist (see qualifications section) with the responsibility of therapeutic oversight must be on-site a minimum of five (5) hours per week. The ~~Program~~ service ~~D~~director or Mental Health Therapist must plan, develop and oversee the use of an Evidenced-Based ~~c~~Curriculum implemented to address the needs of ~~the~~ people ~~individuals~~ receiving Psychosocial Rehabilitative Services ~~PSR services~~. The chosen Evidence-Based Curriculum must be implemented to fidelity. In addition to the minimum of five (5) hours of on-site supervision, the ~~D~~director or Mental Health Therapist must also participate in clinical staffing and/or Treatment Plan review for the people ~~individuals~~ in the ~~program~~ service(s) that he/she directs.

L. ~~PSR services~~ Psychosocial Rehabilitative Services must maintain a minimum of one (1) qualified ~~staff member~~ employee to each twelve (12) or fewer people ~~individuals~~ present

in a Psychosocial Rehabilitative Service ~~PSR program~~. The supervisor may be included in this ratio.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 24.2 Senior Psychosocial Rehabilitation Services**

A. Senior Psychosocial Rehabilitation Services (Senior PSR) are structured activities designed to support and enhance the ability of the elderly to function at the highest possible level of independence in the most integrated setting appropriate to their needs. The activities target the specific needs and concerns of the elderly, while aiming to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Activities in the service ~~program~~ are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal, and feelings of low self-worth.

B. Senior Psychosocial Rehabilitation Services ~~PSR~~ must be designed to serve elderly people ~~persons~~ with serious mental illness who need assistance in socialization, training for daily living skills, use of leisure time activities, or other structured assistance in activities of life.

C. No person ~~individuals~~ under fifty (50) years of age can be considered for Senior Psychosocial Rehabilitation Services ~~PSR~~.

D. Senior Psychosocial Rehabilitation Services ~~PSR~~ ~~programs~~ must have an average daily attendance of at least five (5) people ~~individuals~~.

E. Each Senior Psychosocial Rehabilitation Service ~~PSR~~ ~~program~~ must have a written schedule of daily activities on file, which must include group therapy, socialization activities, activities of daily living, and recreational activities.

F. Senior Psychosocial Rehabilitation Services ~~PSR~~ must have activities and physical surroundings that are age appropriate.

G. The service location ~~program~~ must have sufficient space to accommodate the full range of ~~program~~ service activities and services and must provide at least fifty (50) square feet of usable space for each person ~~individual~~.

H. ~~Staff~~ Employees must be assigned full-time to Senior Psychosocial Rehabilitation Services ~~PSR~~.

I. There must be a full-time supervisor at each location ~~site~~ (see qualifications, Rule 11.3). A ~~D~~director or Mental Health Therapist (see qualifications section) with the responsibility of therapeutic oversight must be on-site a minimum of five (5) hours per

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week. The Service ~~Program~~ Director (see qualifications, Rule 11.3) or Mental Health Therapist must plan, develop and oversee the use of systematic curriculum based interventions implemented to address the needs of ~~the~~ people ~~individuals~~ receiving Psychosocial Rehabilitation Services ~~PSR services~~. In addition to the minimum of five (5) hours of on-site supervision, the director or Mental Health Therapist must also participate in clinical staffing and/or Treatment Plan review for the people ~~individuals~~ in the ~~program~~ service(s) that he/she directs.

J. In addition to Rule 24.2.I, Senior Psychosocial Rehabilitation Services ~~PSR~~ located in a Community Mental Health Center operated facility must meet the following:

1. There must be at least one (1) ~~staff member~~ employee with minimum of a Bachelor's degree in a mental health or intellectual/developmental disabilities or related field who must be on-site and be actively engaged in service ~~program~~ activities during all programmatic hours; this ~~staff person~~ employee can be the on-site supervisor.
2. The ~~staff person~~ employee with a Bachelor's (who must be on-site and actively engaged in service ~~program~~ activities during all programmatic hours and who may or may not be the on-site supervisor) is required for eight (8) or fewer people.
3. When the service ~~program~~ is certified for nine (9) or more people, there must be another employee ~~staff person~~ for every eight (8) people ~~individual~~s.
4. Develop and implement plans to involve ~~the~~ people ~~individuals~~ participating in Senior Psychosocial Rehabilitation Services ~~PSR~~ in community activities to the maximum extent possible.
5. Senior Psychosocial Rehabilitation ~~PSR s~~Services must be provided in each service location a minimum of three (3) days per week for a minimum of four (4) hours per day, excluding travel time.

K. In addition to Rule 24.2.I, Senior Psychosocial Rehabilitation Services ~~PSR~~ located in a Licensed Nursing facility must meet the following:

1. There must be at least one (1) ~~staff member~~ employee with minimum of a Bachelor's degree in a mental health or intellectual/developmental disabilities or related field who must be on-site and be actively engaged in service ~~program~~ activities during all programmatic hours; this ~~staff person~~ employee can be the on-site supervisor.
2. The ~~staff person~~ employee with a Bachelor's degree (who must be on-site and actively engaged in service ~~program~~ activities during all programmatic hours and who may or may not be the on-site supervisor) is required for eight (8) or fewer people.
3. When the service location ~~program~~ is certified for nine (9) or more people, there must be another ~~staff person~~ employee for every eight (8) people ~~individuals~~ for which the service location ~~program~~ is certified to serve.
4. DMH will accept verification of licensure from the MS State Department of Health as evidence that service locations ~~programs~~ are addressing and meeting requirements for environment and safety.
5. ~~SPSR~~ Senior Psychosocial Rehabilitation S~~s~~ervices must be provided in each service location a minimum of three (3) days per week for a minimum of two (2) hours per day, excluding travel time.

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6. ~~Individuals~~ People receiving Senior Psychosocial Rehabilitation ~~PSR~~ ~~s~~Services who are also Medicaid beneficiaries must also be authorized through the Pre-admission Screening and Resident Review (PASRR) Rules.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 24.3 Training Requirements for Senior Psychosocial Rehabilitation Services**

Senior Psychosocial Rehabilitation Services ~~Programs~~ must conduct quarterly employee ~~staff~~ trainings that address the specialized needs of seniors, to include substance ~~ab~~use issues. All Senior Psychosocial Rehabilitation ~~PSR~~ ~~staff~~ employees are required to attend. Training must be documented in the employee ~~staff~~ personnel record with a copy kept at the service ~~program~~ location.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 24.4 Supported Employment Services for ~~SMI~~ Serious Mental Illness**

A. Supported Employment Services for serious mental illness ~~SMI~~ are provided to ~~individuals~~ people with severe and persistent mental illnesses that have indicated ~~that~~ employment is one (1) of their goals. The activities of Supported Employment help people ~~individuals~~ achieve and sustain recovery. The ultimate goal of the supported employment services ~~program~~ is to assist people ~~individuals~~ with serious mental illness in discovering paths of self-sufficiency and recovery rather than disability and dependence.

B. Supported Employment Services will develop policies and procedures to provide and expand evidence-based supported employment services (such as the Individual Placement and Support (IPS) model), to adults with severe and persistent mental illness as listed in the most current edition of the Diagnostic and Statistical Manual ~~(DSM)~~ of the American Psychiatric Association. All adult people ~~clients~~ with severe mental disorders are eligible, including dual disorders of substance ~~ab~~use and mental illness.

C. Supported Employment Services must be voluntary.

D. Supported Employment Services will have no eligibility restrictions such as; job readiness, no substance ~~ab~~use, no violent behavior, minimal intellectual functioning, or mild symptoms.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 24.5 Staffing Requirements for Supported Employment for Serious Mental Illness ~~SMI~~**

A. Supported Employment Services must be delivered by a full-time Supported Employment Specialist. The Supported Employment Specialist will have at least a Bachelor's degree and will function as a part of a multidisciplinary mental health team.

B. Supported Employment service locations ~~sites~~ must have the organizational capacity to provide at least (1) full-time equivalent ~~(FTE)~~ Supported Employment Specialist dedicated to employment services. The location ~~site~~ may choose to have more than one (1) Employment Specialist, but each position must be full-time employment.

   1. Supported Employment Expansion Site must have the organization to provide at least one (1) full-time equivalent Support Employment Specialist dedicated to employment services.

C. The Employment Specialist must be fully integrated into the treatment team. Progress notes must show collaboration among therapist, community support specialist, Doctor, etc.

D. The Employment Specialist will have an individual employment caseload not to exceed twenty (20) ~~individuals~~ people for any full-time Supported Employment Specialist.

   1. Serious Mental Illness Supported Employment Expansion Specialist will have an individual employment caseload not less than twenty-five (25) or exceed forty (40) people. The referrals for the supported expansion project will be sent to Vocational Rehabilitation (VR) for employment in. The Supported Employment Expansion Specialist will conduct follow-along services to the people as required by the project.

E. Supported Employment Specialists must only provide employment services.

F. If an agency provider employs multiple Supported Employment Specialists they must have group supervision weekly to share information and help each other with cases. When necessary the Supported Employment Specialists can provide services, backup, and support to another Specialist's caseload.

G. Supported Employment Services must have a designated supervisor. If the agency provider has more than ten (10) Supported Employment Specialists, the supervisor must be full-time to the Supported Employment Services ~~program~~.

H. The responsibilities of the Supported Employment supervisor must include but are not limited to;

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1. Conduct weekly supported employment supervision designed to review people's ~~client~~ situations and identify new strategies and ideas to help people ~~clients~~ in their work lives.
2. Communicate with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work.
3. Attend a meeting for each mental health treatment team on a quarterly basis.
4. Accompany Supported Employment Specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.
5. Review current ~~client~~ outcomes with Employment Specialists at least quarterly and set treatment goals to improve service ~~program~~ performance.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 24.6 Supported Employment for ~~SMI~~ Serious Mental Illness Service Requirements**

A. Any person ~~individual~~ that determines that employment is a treatment goal must be referred to the Supported Employment Specialist. The agency provider must develop policies and procedures to design a referral system throughout the agency provider.

B. Supported Employment Services must:

1. Be individually tailored for each person to address the preferences and identified goals of each person ~~individual~~.
2. Be mobile and develop relationships with local businesses to establish employment opportunities.
3. Be delivered in an ongoing rather than time-limited basis to aid the process of recovery and ensure permanent employment.

C. Supported ~~E~~employment ~~S~~specialists will conduct job discovery with each person ~~individual~~ served and find and maintain competitive work in the community. The Supported ~~E~~employment ~~S~~specialist and other members of the treatment team will offer on-going support to the person ~~individual~~ to help ensure that employment is maintained.

D. A vocational assessment and profile will be completed, updated and maintained for each person utilizing the service.

E. Each service ~~program~~ must maintain an active updated Local Employer Inventory for their area which includes;

1. Name
2. Type of business
3. Business mission

4. Hiring practices
5. Workforce aim
6. Location
7. Name of ~~p~~Personnel ~~d~~Director
8. Notes of interest, etc.

F. Each Supported Employment Specialists carries out all phases of vocational service, including engagement, assessment, job placement, and follow-up before step down to less intensive employment support from another mental health practitioner.

G. Supported Employment Specialists serve as members of one (1) or two (2) mental health treatment teams from which of the Employment Specialist's caseload is comprised.

H. Supported Employment Specialists will attend mental health treatment team meetings and participate actively in treatment team meetings with shared decision-making. The Employment Specialist should help the team assess employment possibilities for people who have not been referred to supported employment services.

I. The Supported Employment Specialist's office must be in close proximity to (or shared with) their mental health treatment team members.

J. The Supported Employment Specialist must collaborate with Vocational Rehabilitation counselors on a regular basis for the purpose of discussing shared people ~~clients~~ and identifying potential referrals.

   1. The Serious Mental Illness Supported Employment Expansion Specialist will work directly with the local office of Vocational Rehabilitation (VR) to make referrals for employment. The supported employment specialist will assist with any required paper work that must be completed and sent to Vocational Rehabilitation (Vocational Rehabilitation referral form, vocational profile, and requested documentation).

K. The agency~~'s~~ provider's ~~Q~~quality ~~A~~assurance process includes an explicit internal review of the Supported Employment Service ~~SE program~~, or components of the service ~~program~~, at least every six (6) months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter by the DMH Fidelity Review Team. The agency~~'s~~ provider's quality assurance ~~QA~~ process uses the results of the fidelity assessment to improve supported employment ~~SE~~ implementation and sustainability.

L. Supported Employment Specialists or other ~~MH~~ mental health practitioners must offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They must also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. ~~Clients~~ People are provided information and assistance about reporting earnings to the Social Security Administration (SSA), housing programs, etc., depending on the person's benefits.

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M. Supported Employment Specialists provide people ~~clients~~ with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability. Employment Specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers. Employment Specialists discuss disclosure on more than one (1) occasion (e.g., if people ~~clients~~ have not found employment after two (2) months or if ~~clients~~ people report difficulties on the job.)

N. Supported Employment Specialists must complete an initial vocational assessment, which can occur over two - three (2-3) sessions and information is documented on a vocational profile form which includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. The vocational profile form is updated with each new job experience. The assessment aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the person ~~client~~, treatment team, clinical records, and with the ~~client~~ person's permission, family members and previous employers. Employment Specialists help people ~~clients~~ learn from each job experience~~s~~ and also work with the treatment team to analyze job loss, job problems and job successes.

O. The initial employment assessment and first face-to-face employer contact must occur within one (1) month after services begin.

P. Employer contacts are based on the person's ~~clients'~~ job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, symptomatology, and health, etc., and how they affect a good job and setting match) rather than the job market (i.e., what jobs are readily available).

Q. Each employment specialist makes at least six (6) face to-face employer contacts per week on behalf of the person ~~clients~~ desiring employment. An employer contact is counted even when an employment specialist meets the same employer more than one (1) time in a week, and when the person ~~client~~ is present or not present. ~~Client~~ Person-specific and generic contacts are included. Employment specialists must use a weekly tracking form to document employer contacts that is reviewed by the ~~S~~supported ~~E~~employment supervisor on a weekly basis.

1. Supported Employment Expansion Specialist must conduct employment contacts at least two (2) days per week on behalf of the project for people desiring employment. The expansion specialist must follow the tracking method as required for fidelity method.

R. Supported ~~E~~employment ~~S~~specialists must build relationships with employers through multiple visits in person to learn the needs of the employer, convey what the Supported

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Employment Service ~~SE program~~ offers to the employer, and describe people's ~~client~~ strengths that are a good match for the employer.

S. Supported ~~E~~employment ~~S~~specialists must assist people ~~clients~~ in obtaining different types of jobs. Employment specialists provide job options that are in different settings.

T. Supported ~~E~~employment ~~S~~specialists must assist people ~~clients~~ in obtaining jobs with different employers.

U. Supported ~~E~~employment ~~S~~specialists must provide competitive job options that have permanent status rather than temporary or time-limited status, (e.g., TEPs). Competitive jobs pay at least minimum wage and are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)

V. ~~Clients~~ People must receive different types of support that are based on the job, people's ~~client~~ preferences, work history, needs, etc. These supports are individualized and ongoing. Employment specialists also provide~~s~~ employer support (e.g., educational information, job accommodations) at ~~client~~ people's request. The employment specialist helps people move on to more preferable jobs and also helps people with school or certified training programs.

W. Supported ~~E~~employment ~~S~~specialists must have face-to-face contact with people ~~client~~ within one (1) week before starting a job, within three (3) days after starting a job, weekly for the first month, and at least monthly for a year or more, as desired by the person ~~clients~~. ~~Clients~~ People will be transitioned to step down job supports from a mental health worker following steady employment.

X. Vocational services such as engagement, job finding and follow-along supports are provided in natural community settings. Supported ~~E~~employment ~~S~~specialists must spend seventy percent (70%) or more time in the community.

1. Supported Employment Expansion Specialist must provide follow-along supports (vocational assessment and support service's needs (appointment, medication, etc.)) in the office or community setting as required by the project.

Y. Assertive engagement and outreach must be implemented by integrated treatment team. There must be evidence that all six (6) strategies for engagement and outreach are used:

1. Service termination is not based on missed appointments or fixed time limits.
2. Systematic documentation of outreach attempts.
3. Engagement and outreach attempts made by integrated team members.
4. Multiple home/community visits.
5. Coordinated visits by employment specialist with integrated team member.
6. Connect with family, when applicable.

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Z. ~~Programs~~ Agency providers should organize and utilize Community Business Advisory Board as part of their community engagement and outreach efforts. At least one (1) member of the agency provider's executive team must actively participate on the Board. Meetings must occur at least every six (6) months for high fidelity services ~~programs~~ and at least quarterly for services ~~programs~~ that have not yet achieved high fidelity.

AA. ~~Programs~~ Agency providers should adhere to Data and Record Keeping Requirements for Good IPS Fidelity (according to guidelines).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 25: Day Services for ~~Individuals~~ People with Alzheimer's and Other Dementia

**Rule 25.1 Alzheimer's Day Services**

A. The key elements of Alzheimer's Day Services are community-based services ~~programs~~ designed to meet the needs of adults with physical and psychosocial impairments, including memory loss, through individualized care plans. These structured, nonresidential services ~~programs~~ provide a variety of social and related support services in a safe setting. Alzheimer's Day Services includes ~~Alzheimer's Day Programs and~~ Alzheimer's Respite Services ~~Programs~~. Alzheimer's Day Services ~~Programs~~ operate up to eight (8) hours per day, five (5) days per week. Alzheimer's Respite Services ~~Programs~~ operate up to twenty (20) hours per week with operating times to be determined by the agency provider. Alzheimer's Day Services focus on the strengths and abilities of people ~~individuals~~ served by the agency provider ~~program~~ and optimizing the health of the people ~~individuals~~. Alzheimer's Day Services provide a structured environment for people ~~individuals~~ with Alzheimer's disease and related dementia; counseling for family members and/or other caregivers; education and training for people ~~individuals~~ providing services to those with Alzheimer's disease and related dementia and also to family members and/or caregivers; and, respite. By supporting families and caregivers, Alzheimer's Day Services enable people ~~individuals~~ with Alzheimer's disease and other dementia to live in the community.

B. Alzheimer's Day Services provide services for adults with physical and psychosocial impairments, who require supervision, including:

1. ~~Individuals~~ People who have few or inadequate support systems.
2. ~~Individuals~~ People who require assistance with activities of daily living (ADLs).
3. ~~Individuals~~ People with memory loss and other cognitive impairment(s) resulting from Alzheimer's and other dementia that interfere with daily functioning.
4. ~~Individuals~~ People who require assistance in overcoming the isolation associated with functional limitations or disabilities.
5. ~~Individuals~~ People whose families and/care givers need respite.
6. ~~Individuals~~ People who, without intervention, are at risk of premature long-term placement outside the home because of memory loss and/or other cognitive impairment(s).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 25.2 Alzheimer's Day ~~Programs~~ Services**

A. Alzheimer's Day Services ~~Programs~~ must meet the following minimum staffing requirements:

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1. A full-time service ~~program~~ supervisor with at least a Bachelor's degree in a mental health, intellectual/developmental disabilities, social service or a related field and be under the supervision of a person ~~an individual~~ with a Master's degree in mental health or intellectual/developmental disabilities, or a related field;
2. A full-time Activities Coordinator with a minimum of a high school diploma or equivalent and at least one (1) year of experience in developing and conducting activities for the population to be served;
3. A full-time service ~~program~~ assistant with a minimum of a high school diploma or equivalent and at least one (1) year of experience in working with adults in a health care or social service setting;
4. If volunteers are utilized, people ~~individuals~~ who volunteer must demonstrate willingness to work with people ~~persons~~ with Alzheimer's disease or related dementia, and they must successfully complete agency provider ~~program~~ orientation and training. The duties of volunteers must be mutually determined by volunteers and employees ~~staff~~. Volunteers' duties, to be performed under the supervision of an employee ~~staff member~~, can either supplement employees ~~staff~~ in established activities or provide additional services for which the volunteer has special talents.

B. In addition to General Orientation, Alzheimer's Day Service ~~Program~~ personnel ~~staff~~ must attend training specific to address the needs of people ~~persons~~ with cognitive impairment including communication techniques, redirection techniques, and activity interventions.

C. The ratio of employees ~~staff~~ to people ~~individuals~~ served by the service location ~~program~~ must be at least one (1) full-time employee ~~staff member~~ per four (4) people ~~individuals~~ served. The service ~~program~~ supervisor may be included in the staffing ratio if he/she is on-site and actively engaged in the service ~~program~~.

D. The Alzheimer's Day Service ~~Program~~ must provide a balance of purposeful activities to meet people's ~~individuals'~~ interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical, and spiritual). Activities may include, but are not limited to:

1. Personal interaction;
2. Individualized activities;
3. Small and large group activities;
4 Intergenerational experiences;
5. Outdoor activities, as appropriate;
6. Self-care activities; and,
7. Culturally and ethnically relevant celebrations.

E. ~~Individuals~~ People served by the service location ~~program~~ should be encouraged to take part in activities, but may choose not to do so or may choose another activity.

F. ~~Individuals~~ People must be allowed time for rest and relaxation and to attend to personal and health care needs.

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G. Activity opportunities must be available whenever the ~~center~~ service location is in operation. Activity opportunities are defined as structured opportunities for socialization and interaction that are available in large group, small group or individual formats. Opportunities for socialization should be individualized to meet the preferences of the person ~~participants~~.

H. Creative arts activities must be provided to improve or maintain physical, cognitive, and/or social functioning of people ~~individuals~~ served by the service location ~~program~~.

I. Family education and training must be made available at least monthly to family(ies) and/or caregiver(s) of people ~~individuals~~ served by the agency provider ~~program~~. This training must be designed to improve the well-being and functional level of the people ~~individuals~~ served and/or families/caregivers. Provision of family education and training must be documented in the case record. A family education log must be kept by the ~~Program S~~supervisor.

J. Opportunities for case staffing (including problem-solving as to how to respond to challenging scenarios involving people ~~individual~~s who receive services) between supervisory and all service personnel ~~program staff~~ must be made on a monthly basis or more frequently if determined necessary by the service ~~program~~ supervisor.

K. The service ~~program~~ must provide individualized assistance with and supervision of ~~A~~activities of ~~D~~daily ~~L~~living ~~(ADLs)~~ in a safe and hygienic manner, with recognition of a person's ~~an individual's~~ dignity and right to privacy, and in a manner that encourages people's ~~individuals'~~ maximum level of independence.

L. The service ~~program~~ will ensure that each person ~~individual~~ receives a minimum of one (1) mid-morning snack, one (1) nutritious noon meal, and one (1) mid-afternoon snack, as well as adequate liquids throughout the day.

M. Each Alzheimer's Day Services ~~Program~~ location must adhere to the following:

1. Must have its own separate, identifiable space for all activities conducted during operational hours. The Alzheimer's Day Service ~~Program~~ must provide at least fifty (50) square feet of service ~~program~~ space for multipurpose use for people ~~individuals~~ served in the service location ~~program~~.
2. A single service location ~~program~~ may serve no more than twenty (20) people ~~individuals~~ at a time.
3. The facility must be flexible and adaptable to accommodate variations of activities (group and/individual) and services and to protect the privacy of people ~~individuals~~ receiving services.
4. Identified space for people ~~individuals~~ and/or family/caregivers to have private discussions with employees ~~staff~~ must be available.
5. Restrooms must be located as near the activity area(s) as possible.

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6. A rest area for people ~~individuals~~ served in the service location ~~program~~ must be available. That area must have a minimum of one (1) reclining chair per six (6) people ~~individuals~~ served in the service location ~~program~~.
7. An operable electronic security system that has the capacity to monitor unauthorized entrance or egress, or other movement through the entrance/exits must be utilized.
8. Outside space that is used for outdoor activities must be safe, accessible to indoor areas, and accessible to people ~~individuals~~ with disability~~(ies)~~ and shall include the following:
   (a) Must have secure, exterior pathway(s), a minimum of four (4) feet in width.
   (b) Adequate outside seating.
   (c) Exterior fencing, a minimum of six (6) feet in height, must enclose the outside area(s) where pathways and seating for people ~~individuals~~ served by the service location ~~program~~ are provided.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 25.3 Alzheimer's Respite Service ~~Program~~**

A. Alzheimer's Respite Service ~~Programs~~ must meet the following minimum staffing requirements:

1. A full-time service ~~program~~ supervisor with a Bachelor's degree in a mental health, intellectual/developmental disabilities, social service or related field and at least one (1) year of supervisory experience in a mental health, social or health service setting or two (2) years of comparable technical and human services training, with demonstrated competence and experience as a manager in a human services setting; this person can also serve as the Activities Coordinator;

2. A full-time Activities Coordinator with a minimum of a high school diploma or equivalent and at least one (1) year of experience in developing and conducting activities for the population to be served;

3. A full-time ~~program~~ service assistant with a minimum of a high school diploma or equivalent and at least one (1) year of experience in working with adults in a health care or social service setting; and,

4. If volunteers are utilized, people ~~individuals~~ who volunteer must demonstrate willingness to work with people ~~persons~~ with Alzheimer's disease or related dementia, and they must successfully complete agency provider ~~program~~ orientation and training. The duties of volunteers must be mutually determined by volunteers and employees ~~staff~~. Volunteers' duties, to be performed under the supervision of an employee ~~staff member~~, can either supplement employees ~~staff~~ in established activities or provide additional services for which the volunteer has special talents.

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B. In addition to General Orientation, Alzheimer's ~~Day~~ Respite Service ~~Program~~ personnel ~~staff~~ must attend training specific to address the needs of people ~~persons~~ with cognitive impairment including communication techniques, redirection techniques, and activity interventions.

C. The ratio of ~~staff~~ employees to people ~~individuals~~ served by the service location ~~program~~ must be at least one (1) full-time employee ~~staff member~~ per four (4) people ~~individuals~~ served. The service ~~program~~ supervisor may be included in the staffing ratio if he/she is on-site and actively engaged in the service ~~program~~. Volunteers may be included in the employee ~~staff~~ ratio provided that at least two (2) service ~~program~~ employees ~~staff~~ are ~~on-~~ at the service location ~~site at the program~~.

D. The Alzheimer's Respite Service ~~Program~~ must provide a balance of purposeful activities to meet people's ~~individuals'~~ interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical, and spiritual). Activities may include, but are not limited to:

1. Personal interaction;
2. Individualized activities;
3. Small and large group activities;
4 Intergenerational experiences;
5. Outdoor activities, as appropriate;
6. Self-care activities; and,
7. Culturally and ethnically relevant celebrations.

E. ~~Individuals~~ People served by the service location ~~program~~ should be encouraged to take part in activities, but may choose not to do so or may choose another activity.

F. ~~Individuals~~ People must be allowed time for rest and relaxation and to attend to personal and health care needs.

G. Activity opportunities must be available whenever the service location ~~center~~ is in operation. Activity opportunities are defined as structured opportunities for socialization and interaction that are available in large group, small group or individual formats. Opportunities for socialization should be individualized to meet the preferences of the participants.

H. Creative arts activities must be provided to improve or maintain physical, cognitive, and/or social functioning of people receiving services ~~individuals served by the program~~.

I. Family education and training must be made available at least monthly to family(ies) and/or caregiver(s) of people receiving services ~~individuals served by the program~~. This training must be designed to improve the well-being and functional level of the people ~~individuals~~ served and/or families/caregivers. Provision of family education and training must be documented in the case record. A family education log must be kept by the Service ~~Program~~ Supervisor.

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J. Opportunities for case staffing (including problem-solving as to how to respond to challenging scenarios involving people ~~individuals~~ who receive services) between supervisory and all service personnel ~~program staff~~ must be made on a monthly basis or more frequently if determined necessary by the service ~~program~~ supervisor.

K. The services ~~program~~ must provide individualized assistance with and supervision of ~~A~~activities of ~~D~~daily ~~L~~living ~~(ADLs)~~ in a safe and hygienic manner, with recognition of a person's ~~an individual's~~ dignity and right to privacy, and in a manner that encourages people's ~~individuals'~~ maximum level of independence.

L. The service ~~program~~ will ensure that each person ~~individual~~ receives a minimum of one (1) snack and one (1) nutritious noon meal, as well as adequate liquids throughout the day for services ~~programs~~ that operate four (4) or less hours a day. Services ~~Programs~~ operating more than four (4) hours a day will ensure each person ~~individual~~ receives a minimum of two (2) snacks and one (1) nutritious noon meal, as well as adequate liquids throughout the day.

M. Each Alzheimer's Respite Service ~~Program~~ location must adhere to the following:

1. Must have its own separate, identifiable space for all activities conducted during operational hours. The Alzheimer's Respite Service ~~Program~~ must provide at least fifty (50) square feet of service ~~program~~ space for multipurpose use for people ~~individuals~~ served in the service location ~~program~~.
2. A single service ~~program~~ may serve no more than twenty (20) people ~~individuals~~ at a time.
3. The facility must be flexible and adaptable to accommodate variations of activities (group and/individual) and services and to protect the privacy of people ~~individuals~~ receiving services.
4. Identified space for people ~~individuals~~ and/or family/caregivers to have private discussions with employees ~~staff~~ must be available.
5. Restrooms must be located as near the activity area(s) as possible.
6. A rest area for people ~~individuals~~ served in the service location ~~program~~ must be available. That area must have a minimum of one (1) reclining chair per ten (10) people ~~individuals~~ served ~~in the program~~.
7. An operable electronic security system that has the capacity to monitor unauthorized entrance or egress, or other movement through the entrance/exits must be utilized.
8. The use of outside space is encouraged but not required. If a service location ~~program~~ utilizes outside space, the following guidelines shall be followed:
   a. Must have secure, exterior pathway(s), a minimum of four (4) feet in width.
   b. Adequate outside seating.
   c. Exterior fencing, a minimum of six (6) feet in height, must enclose the outside area(s) where pathways and seating for people receiving services ~~individuals served by the program~~ are provided.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 26: Day Programs for Children/Youth with Serious Emotional Disturbance ~~SED~~

**Rule 26.1 Day Treatment Services-General**

A. Day Treatment Services are the most intensive outpatient services available to children/youth with serious emotional disturbance ~~SED~~. The services must provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services are a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school-age children/adolescents with serious emotional disturbances the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principles and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular service location ~~site~~ and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.

B. At a minimum, one (1) Children's Day Treatment Program must be offered to each school district in the region served by each DMH/C or DMH/P agency provider.

C. Children/youth must have the following in order to receive Day Treatment Services;

1. An eligibility determination for one of the following: Serious Emotional Disturbance or Autism/Asperger's.
2. A justification of the need for Day Treatment Services which must include documentation of the intensity and duration of problems, as part of the initial assessment or as part of a post-intake case staffing and at least annually thereafter.

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

E. Each individual Day Treatment program must operate at a minimum of two (2) hours per day, two (2) days per week up to a maximum of five (5) hours per day, five (5) days per week. Each child/youth enrolled in Day Treatment Services must receive the service a minimum of four (4) hours per week.

F. To ensure each child's confidentiality, no children other than those enrolled in Day Treatment Services can be present in the room during the time Day Treatment Services are being provided.

G. Only one (1) Day Treatment Service~~s~~ program is allowed per room during the same time period.

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H. Each individual Day Treatment Service~~s~~ program must operate under a separate DMH Certificate of Operation.

I. The Day Treatment Services Director or their designee (as approved by DMH) must:

1. Supervise, plan, coordinate, and evaluate Day Treatment Services. Supervision must be provided at least one (1) continuous hour per month. This should include participation in clinical staffing and/or Treatment Plan review for the people ~~individuals~~ in the program(s) that he/she implements or directs.
2. Provide at least thirty (30) continuous minutes of direct observation to each individual Day Treatment Service~~s~~ program at least quarterly. Documentation of the supervision/observation must be maintained for review.

J. The Day Treatment Specialist must participate in clinical staffing and/or Treatment Plan review for the people ~~individuals~~ in the program that he/she serves as the primary clinical employee ~~staff member~~.

K. ~~The~~ DMH Division of Certification must be notified immediately of any interruption of service with an individual Day Treatment program extending over thirty (30) days. If operation has been interrupted for sixty (60) calendar days, the DMH Certificate of Operation for that individual program must be returned to the DMH Division of Certification.

L. Day Treatment Services are intended to operate year-round and cannot be designed to operate solely during the summer months.

M. Day Treatment Service programs that are unable to provide services during a school's summer vacation will be allowed to hold that individual program Certificate of Operation until it can be reopened the following school year. If the program has not reopened within sixty (60) calendar days from the first day of the school year, the Certificate of Operation must be returned to DMH Division of Certification.

N. Individual Day Treatment Service programs that do not meet during summer vacation must offer services (i.e. Community Support Services, outpatient therapy, etc.) for the child/youth to the parent(s)/legal representative(s) for the period Day Treatment Services are temporarily not in operation. Documentation must be maintained in each child/youth's record that availability of other services was explained and offered to the parent(s)/legal representative(s).

O. Individual Day Treatment programs operated in a school must ensure that Day Treatment Services continue to adhere to all DMH Operational Standards for MH/IDD/SUD Community Service Providers for this service. Day Treatment Services are a separate program from educational programs which must meet applicable State Department of Education standards and regulations. Day Treatment Services and educational services may not be provided concurrently.

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P. Each Day Treatment program must be designed and conducted as a therapeutic milieu as evidenced by the use of a curriculum approved by ~~the~~ DMH and must include, but not be limited to, such skill areas as functional living skills, socialization or social skills, problem-solving, conflict resolution, self-esteem improvement, anger control and impulse control. The approved curriculum must be kept on-site. All activities and strategies implemented must be therapeutic, age appropriate, developmentally appropriate and directly related to the objectives in each child/youth's Individual Service Plan.

Q. All Day Treatment Programs must include the involvement of the family or people ~~individuals~~ acting in loco parentis as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.

R. Each Day Treatment Program must operate with a minimum of four (4) and a maximum of ten (10) children/youth. A Day Treatment roll/roster cannot exceed ten (10) children/youth per program.

S. Day Treatment Programs developed and designed to serve primarily children/youth with a diagnosis of Autism shall not include more than four (4) children/youth with a diagnosis of Autism.

T. In order to participate in the Day Treatment ~~p~~Program, a child or youth must be on the permanent roster for the program. They shall not participate on an intermittent basis.

U. Each Day Treatment Program must have a monthly Master Schedule on file at each location to include, at a minimum, the specific skill areas 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.

V. Each Day Treatment Program must comply with the following:

1. A minimum of twenty (20) square feet of usable space per child/youth.
2. In cases of programs located in a school, the mental health provider is responsible for ensuring that the school district provides a site or facility that meets all DMH Health and Safety requirements. Programs that are conducted in space that is currently accredited by the Mississippi Department of Education will be considered as meeting all Environment/Safety standards.
3. Furnishings, equipment, square footage and other aspects of the Day Treatment Program environment must be age-appropriate, developmentally appropriate, and therapeutic in nature.

W. The ratio of ~~staff~~ employees to children/youth receiving services in each Day Treatment Program will be maintained at a minimum ratio of two (2) employees on-site ~~persons~~ for a minimum of four (4) up to a maximum of ten (10) children/youth per program. Each program must be led by a Day Treatment Specialist. Day Treatment Assistants serve as the second needed employees ~~staff~~ in this ratio.

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X. For all children/youth participating in Day Treatment Programs, there must be documentation of plans for transitioning a child to a less intensive therapeutic service. This documentation must be a part of each child's Individual Service Plan and/or case staffing. Transition planning should be initiated when the child begins to receive Day Treatment Services and must be documented within one (1) month of the child's start date for the service.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 26.2 Day Treatment Services for Pre-K**

A. In addition to Rule 26.1, the standards that follow pertain to agency providers of Day Treatment Services for Pre-K that serve children three-five (3-5) years of age who are identified as having a serious emotional disturbance.

B. All children must be signed in and out of the program by a parent/legal representative. If a child is being transported by the program employee ~~staff~~, the parent/legal representative must sign when they put the child on and take the child off of the van. The parent/legal representative must sign their full name along with the time. If the child is to be signed in/out by any person other than the parent/legal representative, written permission from the parent/legal representative must be in the child's record. Sign ~~I~~in/~~O~~out documentation must be available for review.

C. Chairs and tables used in the room where Day Treatment Services for Pre-K are provided must be appropriate to the size and age of the children. This furniture must be kept clean with frequent disinfection.

D. Individual hooks or compartments must be provided for each child for hanging or storing outer and/or extra clothing. Individual hooks or compartments must be spaced well apart so that clothes do not touch those of another child. Each child must have an extra change of properly sized and season-appropriate clothes stored at the program at all times.

E. All children participating in Day Treatment Services for Pre-K must be age-appropriately immunized and must have a Mississippi State Department of Health Certificate of Immunization Compliance on file.

F. Any child who is suspected of having a contagious condition must be removed from the room where Day Treatment Services are being provided and sent home with their parent/legal representative as soon as possible. The child will not be allowed to return to the Day Treatment program until they have been certified by a physician as no longer being contagious. Conditions that would require exclusion from the program include fever, diarrhea, vomiting, rash, sore throat if accompanied by a fever, and/or eye discharge.

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G. During the hours the Day Treatment Program for Pre-K is in operation, children must be offered adequate and nutritious meals and snacks. Menus must be available for review.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 27: IDD Day and Employment-Related Services ~~Programs~~

**Rule 27.1 Day Services – Adult**

A. Day Services-Adult is the provision of regularly scheduled, individualized activities in a non-residential setting, separate from the participant's private residence or other residential living arrangements. Group and individual participation in activities that include daily living and other skills that enhance community participation and meaningful days for each person ~~individual~~ are provided. Personal choice of activities as well as food, community participation, etc. is required and must be documented and maintained in each person's record.

B. Activities and environments are designed to foster meaningful day activities for the ~~individual~~ person to include the acquisition and maintenance of skills, building positive group, individual and interpersonal skills, greater independence and personal choice. Services must optimize, not regiment individual initiative, autonomy and independence in making informed life choices including what he/she does during the day and with whom they interact. Opportunities to seek employment, work in competitive integrated settings, and control personal resources must be offered. The setting must be selected by the person from among setting options, including non-disability specific settings. The setting options are identified and documented in the person-centered service plan and are based on the person's needs and preferences.

C. Day Services-Adult must have a community component that is individualized and based upon the choices of each person. ~~Community participation activities must be offered to the same degree of access as someone not receiving ID/DD Waiver services. Community participation can be provided individually or in groups of up to three (3) people.~~

   1. People have the freedom to control their own schedules and activities, with employee support.
   2. Community participation activities must allow access to the community to the same degree of access as someone not receiving Home and Community-Based Services.
   3. Community participation can be provided individually or in groups of three (3) people.

D. Community participation activities occur at times and places of a person's choosing (community opportunities must be available on a daily basis to optimize not regiment activities) ~~opportunities must be offered to each individual at least weekly~~ and address at least one of the following:

   1. Activities which address daily living skills; and,
   2. Activities which address leisure/social/other community activities and events.

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E. ~~Individuals~~ People who may require one-on-one (1:1) assistance must be offered the opportunity to participate in all activities, including those offered on-site and in the community.

F. Transportation must be provided to and from the service location ~~program~~ and for community participation activities. Agency providers must provide wheelchair accessible transportation.

G. Day Services-Adult includes assistance for people ~~individuals~~ who cannot manage their toileting and other personal care needs during the day.

H. A person's dignity, respect, privacy and freedom from coercion and restraint must be protected at all times. This includes during community outings, at the service location and with regard to personal needs. A private changing/dressing area must be provided at the service location and in the community, when needed to ensure the dignity, respect and privacy of each person ~~individual~~.

I. All supplies and equipment must be appropriate for adults, in good repair, clean and adequate enough in number to meet all needs and allow participation in activities as desired.

J. The agency ~~program~~ must provide equipment (e.g., adaptive seating, adaptive feeding supplies, safety equipment, etc.) which allows people ~~individuals~~ to participate fully in all service ~~program~~ activities and events, both at the certified location ~~site~~ and in the community.

K. ~~Individuals~~ People must be assisted in using communication and mobility devices when indicated in the individualized Plan of Services and Supports.

L. ~~Staff~~ Employees must provide people ~~individuals~~ with assistance with eating/drinking as needed and as indicated in each ~~individual~~ person's Plan of Services and Supports.

M. The agency provider is responsible for providing the following: ~~one (1) mid-morning snack, a noon meal and an afternoon snack. Individuals must be offered choices about what they eat and drink~~.

1. A mid-morning snack,
2. A noon meal and
3. An afternoon snack.

N. People must be allowed to choose when, where and with whom they eat. People must be offered choices about whey they eat and drink.

O. ~~N.~~Each ~~individual~~ person must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.

P. ~~O.Individuals~~ People receiving Day Services-Adult may also receive Prevocational, Supported Employment, or Job Discovery ~~s~~Services but not at the same time of the day.

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Q. ~~P.~~The ~~program~~ service location must be in operation at least five (5) days per week, six (6) hours per day. The number hours of service is based on the person's ~~individual's~~ approved Plan of Services and Supports.

R. ~~Q.~~There must be a minimum of fifty (50) square feet of usable space per every person in the service area ~~program~~. Additional square footage may be required based on the needs of a person ~~an individual~~.

S. ~~R.~~Day Services-Adult activities must be ~~distinct~~ separate from Prevocational Services activities. Community participation activities cannot be comprised of people ~~individuals~~ receiving Day Services-Adult with those receiving Prevocational Services. ~~Day Habilitation and Day Services-Adult can be provided in the same area of a building and community participation activities can be conducted jointly.~~

T. ~~S.~~The amount of employee ~~staff~~ supervision and assistance someone receives is based on tiered levels of support determined by a person's ~~score~~ support level determined by the ~~on the~~ Inventory for Client and Agency Planning (ICAP) and risk reflected in the Plan of Services and Supports and the Activity Support Plan.

U. ~~T.Individuals~~ People must be at least eighteen (18) years of age and have documentation in their record to indicate they have received either a ~~diploma or certificate~~ diploma, certificate of completion or no longer in school if they are under the age of twenty-two (22).

V. ~~U.~~Day Services-Adult does not include services funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

W. ~~V.~~The service location ~~program~~ must be located in the community so as to provide access to the community at large including shopping, eating, parks, etc. to the same degree of access as someone not receiving ID/DD Waiver services.

X. Employees invited to the Plan of Services and Supports meeting by the person must attend and participate in the development and review of the person's Plan of Services and Supports.

Y. Employees must be trained regarding the person's Plan of Services and Supports and Activity Support Plan prior to beginning work with the person. This training must be documented in the person's record.

Z. ~~W.~~Day Service-Adult setting requirement must comply with Rule 16.5.L. ~~Individuals receiving Day Services-Adult cannot be left alone at any time.~~ Day Services-Adult must be physically accessible to the person and must:

1. Be integrated in and support full access of people receiving Home and Community-Based Services to the greater community, to the same degree of access as people not receiving Home and Community-Based Services;

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2. Be selected by the person from among setting options including non-disability specific settings. The options are identified and documented in the person-centered service plan and are based on the person's needs and preferences;
3. Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint;
4. Optimize, but not regiment, person initiative, autonomy, and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;
5. Facilitate individual choice regarding services and supports, and who provides them; and,
6. Allow person to have visitors of their choosing at any time they are receiving Day Services-Adult.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 27.2 Community Respite**

A. Community ~~R~~respite is provided in a DMH-certified community setting that is not a private residence and is designed to provide caregivers an avenue of receiving respite while the person ~~individual~~ is in a setting other than his/her home.

B. Community ~~R~~respite is designed to provide caregivers a break from constant care giving and provide the person ~~individual~~ with a place to go which has scheduled activities to address individual preferences/requirements.

C. The Community ~~R~~respite agency provider must assist the person ~~individual~~ with toileting and other hygiene needs.

D. ~~Individuals~~ People must be offered and provided choices about snacks and drinks. There must be meals available if ~~C~~community ~~R~~respite is provided during a normal mealtime such as breakfast, lunch or dinner.

E. For every eight (8) people ~~individuals~~ served, there must be at least two (2) ~~staff~~ employees actively engaged in service ~~program~~ activities. One (1) of these ~~staff~~ employees may be the on-site supervisor.

F. The amount of employee supervision and assistance someone receives is based on tiered levels of support determined by a person's support level determined by the Inventory for Client and Agency Planning, and risk reflected in the Plan of Services and Supports and the Activity Support Plan. ~~Individuals receiving Community Respite cannot be left unattended at any time.~~

G. Community ~~R~~respite cannot be provided overnight.

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H. Community Respite is not used in place of regularly scheduled day activities such as Supported Employment, Day Services-Adult, Prevocational Services, or services provided through the school system.

I. ~~Individuals~~ People who receive Host Home Services, Supervised Living, Shared Supported Living or Supported Living or who live in any type of staffed residence cannot receive Community Respite.

J. All supplies and equipment must be age appropriate, in good repair, clean and adequate enough in number to meet all needs and allow participation in activities as desired.

K. The service ~~program~~ must provide equipment (e.g., adaptive seating, adaptive feeding supplies, safety equipment, etc.) which allows people ~~individuals~~ to participate fully in all service ~~program~~ activities and events.

L. ~~Individuals~~ People must be assisted in using communication and mobility devices when indicated in the individualized Plan of Services and Supports.

M. ~~Staff~~ Employees must provide people ~~individuals~~ with assistance with eating/drinking as needed and as indicated in each ~~individual~~ person's Plan of Services and Supports.

N. Adults (18 and older) and children cannot be served together in the same area of the building. There must be a clear separation of space and employees ~~staff~~.

O. The service location ~~program~~ must be located in the community so as to provide access to the community at large including shopping, eating, parks, etc. to the same degree of access as someone not receiving Home and Community-Based Services ~~(HCBS) services~~.

P. Each person ~~individual~~ must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.

Q. There must be a minimum of fifty (50) square feet of usable space per person in the service area ~~program space~~. Additional square footage may be required based on the needs of people ~~individuals~~ served.

R. Community respite must be physically accessible to the person and must:

1. Be integrated in and support full access of people receiving Home and Community-Based Services to the greater community, to the same degree of access as people not receiving Home and Community-Based Services;
2. Be selected by the person from among setting options including non-disability specific settings. The options are identified and documented in the person-centered service plan and are based on the person's needs and preferences;
3. Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint;

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4. Optimize, but not regiment, person initiative, autonomy, and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;
5. Facilitate individual choice regarding services and supports, and who provides them; and,
6. Allow person to have visitors of their choosing at any time they are receiving Community Respite.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 27.3 Prevocational Services**

A. Prevocational Services provide meaningful day activities of learning and work experiences, including volunteer work, where the person ~~individual~~ can develop general, non-job task specific strengths and skills that contribute to paid employment in integrated community settings.

B. Prevocational Services are expected to be provided over a defined period of time with specific outcomes to be achieved as determined by the person ~~individual~~ and his/her team. There must be a written plan that includes job exploration, work assessment and work training. The plan must also include a statement of needed services and the duration of work activities.

C. ~~Individuals~~ People receiving Prevocational Services must have employment related outcomes in their Plan of Services and Supports; the general habilitation activities must be designed to support such employment outcome.

D. Prevocational Services must enable each person ~~individual~~ to attain the highest level of work in an integrated setting with the job matched to the ~~individual~~ person's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines.

E. Services are intended to develop and teach general skills that are associated with building skills necessary to perform work in competitive, integrated employment. Teaching job specific skills is not the intent of Prevocational Services. Examples include but are not limited to:

1. Ability to communicate effectively with supervisors, coworkers and customers;
2. Generally accepted community workplace conduct and dress;
3. Ability to follow directions; ability to attend to tasks;
4. Workplace problem solving skills and strategies;
5. General workplace safety and mobility training;
6. Attention span;
7. Motor skills; and,
8. Interpersonal relations.

F. Participation in Prevocational Services is not a prerequisite for Supported Employment.

~~An individual~~ A person receiving Prevocational Services may pursue employment opportunities at any time to enter the general work force.

G. Prevocational Services may be furnished in a variety of locations in the community and are not limited to fixed service ~~program~~ locations.

H. Community job exploration activities must be offered ~~to each individual at least one time per month and~~ at least one (1) time per week and based on choices/requests of the people served and may be provided individually or in groups of up to three (3) people. Documentation of the choice to participate must be documented in each individual's record. ~~Individuals~~ People who require one-on-one (1:1) assistance must be included in community job exploration activities. Community participation activities must be offered to the same degree of access as someone not receiving services.

I. Transportation must be provided to and from the service location ~~program~~ and for community integration/job exploration.

J. Any person ~~individual~~ receiving Prevocational Services who is performing productive work as a trial work experience that benefits the organization or that would have to be performed by someone else if not performed by the person ~~individual~~ must be paid commensurate with members of the general work force doing similar work per wage and hour regulations of the U.S. Department of Labor.

K. At least annually, agency providers will conduct an orientation informing people ~~individuals~~ about Supported Employment and other competitive employment opportunities in the community. This documentation must be maintained on-site. Representative(s) from the Mississippi Department of Rehabilitation Services must be invited to participate in the orientation.

L. Personal care assistance from employees ~~staff~~ must be a component of Prevocational Services. ~~Individuals~~ People cannot be denied Prevocational Services because they require assistance from employees ~~staff~~ with toileting and/or other personal care needs.

M. Mobile crews, enclaves and entrepreneurial models that do not meet the definition of Supported Employment and that are provided in groups of up to three (3) people can be included in Prevocational Services away from the service location ~~program site~~ and be documented as part of the individual plan.

N. There must be a minimum of fifty (50) square feet of usable space per person ~~individual~~ receiving services in the service area. Additional square footage may be required based on the needs of a person ~~an individual~~.

O. The service ~~program~~ must be in operation a minimum of five (5) days per week, six (6) hours per day. The number hours of service is based on ~~an individual~~ a person's approved Plan of Services and Supports.

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P. The agency provider ~~program~~ must ensure it will make available lunch and/or snacks for people ~~individuals~~ who do not bring their own.

Q. ~~Individuals~~ People receiving Prevocational Services may also receive Day Services-Adult, or Job Discovery and/or Supported Employment, but not at the same time of day. ~~Individuals receiving Day Habilitation cannot receive Prevocational Services on the same day.~~

R. ~~Individuals~~ People must be at least eighteen (18) years of age and have documentation in their record to indicate they have received either a diploma or certificate of completion or are no longer receiving educational services if they are under the age of twenty-two (22).

S. Documentation is maintained that the service is not otherwise available under an agency provider ~~program~~ funded under the Section 110 Rehabilitation Act of 1973 or Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401 et seq).

T. Prevocational Services activities must be ~~distinct~~ separate from other service activities. Additionally, community participation activities cannot be comprised of people ~~individuals~~ receiving Prevocational Services and people ~~individuals~~ receiving another service.

U. Services must optimize, not regiment individual initiative, autonomy and independence in making informed life choices, including but not limited to daily activities, physical environment and with whom they interact.

V. A private changing/dressing area must be provided to ensure the dignity of each person ~~individual~~.

W. ~~For the ID/DD Waiver, Individuals aging out of~~ People who have completed educational services ~~school services~~ and are under the age of twenty-two (22) must be referred to the Mississippi Department of Rehabilitation Services and exhaust those Supported Employment benefits before being able to enroll in Prevocational Services.

X. The amount of employee ~~staff~~ supervision someone receives is based on tiered levels of support determined by a person's score on the Inventory for Client and Agency Planning ~~(ICAP)~~ and risk reflected in the Plan of Services and Supports and the Activity Support Plan.

Y. Each person ~~individual~~ must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.

Z. Prevocational Services must be physically accessible to the person and must:

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1. Be integrated in and support full access of people receiving Home and Community-Based Services to the greater community, to the same degree of access as people not receiving Home and Community-Based Services;
2. Be selected by the person from among setting options including non-disability specific settings. The options are identified and documented in the person-centered service plan and are based on the person's needs and preferences;
3. Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint;
4. Optimize, but not regiment, person initiative, autonomy, and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;
5. Facilitate individual choice regarding services and supports, and who provides them; and,
6. Allow person to have visitors of their choosing at any time they are receiving Pre-Vocational Services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 27.4 Job Discovery**

A. Job Discovery includes, but is not limited to, the following types of person-centered services:

1. Face-to-face interviews that include a review of current and previous supports and services
2. Assisting the person ~~individual~~ with volunteerism, self-determination and self-advocacy
3. Identifying support needs
4. Developing a plan for achieving integrated employment
5. Job exploration
6. Job shadowing
7. Internships
8. Employment (informational) seeking skills; current labor market
9. Interviewing skills
10. Job and task analysis activities
11. Job negotiation
12. Employment preparation (i.e. resume development, work procedures, soft skills)
13. Business plan development for self-employment.
14. Environmental and work culture assessments

B. Job Discovery must include:

1. Contact with the Community Work Incentives Coordinators at the MS Department of Rehabilitation Services to determine the impact of income on benefits.

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2. Facilitation of a meeting held prior to discovery with the person ~~individual~~ and family/friends as appropriate, which describes the job discovery process and its ultimate outcome of securing a community job for the job seeker.
3. Referral to MS Department of Rehabilitation Services
4. ~~3.~~Visit(s) to the ~~individual~~ person's home (if invited; if not, another location) for the purposes of gaining information about routines, hobbies, family supports, activities and other areas related to a person's living situation.
5. ~~4.~~Observation of the neighborhood/areas/local community near the ~~individual~~ person's home to determine nearby employment, services, transportation, sidewalks and other safety concerns.
6. ~~5.~~Interviews with two ~~(2)~~ to three (2-3) people ~~persons~~, both paid and not paid to deliver services, who know the person ~~individual~~ well and are generally active in his/her life.
7. ~~6.~~ Observations of the person ~~individual~~ as he/she participates in typical life activities outside of their home. At least one (1) observation is required.
8. ~~7.~~ Participation with the person ~~individual~~ as he/she participates in typical life activities outside the home. At least two (2) activities are required.
9. ~~8.~~ Participation in a familiar activity in which the person ~~individual~~ is at his/her best and most competent. At least one (1) activity is required.
10. ~~9.~~ Participation in a new activity in which the ~~individual~~ person is interested in participating but has never had the opportunity to do so. At least one (1) activity is required.
11. ~~10.~~ Review of existing records and documents.
12. ~~11.~~ Development of discovery notes, Discovery Logs, and photos along with collecting other information that will be useful in development of the individual ~~D~~discovery ~~P~~profile.
13. ~~12.~~ Development of a person-centered, strength-based ~~the~~ discovery ~~document~~ profile.
14. ~~13.~~ Development of an employment/career plan.

C. Job Discovery is intended to be time-limited; it cannot exceed ~~twenty (20)~~ thirty (30) hours of service over a three (3) month period.

~~D. The Development of the Discovery Profile results in a person-centered, strength based profile and the development of an Employment/Career Plan.~~

D. ~~E.~~ Individual ~~staff~~ employees must receive or participate in Customized Employment training as specified by DMH before providing Job Discovery ~~s~~Services.

E. ~~F. Individuals~~ People who are currently employed or who are receiving Supported Employment Services cannot receive Job Discovery ~~s~~Services.

F. ~~G. An Individual~~ A Person can receive Prevocational Services and ~~or~~ Day Services-Adult, but not at the same time of day.

G. ~~H. Persons~~ People eligible for Job Discovery include:

1. Someone who is an adult (age eighteen (18) ~~21~~) and has never worked.
2. ~~6.~~ If less than twenty-one (21) years of age must have documentation in their record to indicate they have received either a diploma, certificate of completion, or otherwise not receiving school services.
3. ~~2.~~ Someone who has previously had two (2) or more unsuccessful employment placements.
~~3. Someone who is leaving a nursing facility or ICF/IID.~~
4. Someone who has had a significant change in life situation/support needs that directly affects his/her ability to maintain a job. ~~with multiple disabilities who has previously or never been successful in obtaining community employment.~~
5. Someone with multiple disabilities who cannot represent him/herself without assistance and who has previously or never been successful in obtaining community employment.

~~H. I. Individuals receiving Job Discovery cannot be left alone at any time.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 27.5 Supported Employment for IDD**

A. Before a person enrolled in the ID/DD Waiver/IDD Community Support Program can receive Supported Employment services, he/she must first be referred by his/her ~~s~~Support ~~c~~Coordinator/Targeted Case Manager to the Department of Rehabilitation Services to determine his/her eligibility for services from that agency provider. Documentation must be maintained in the record of each person ~~individual~~ receiving Supported Employment Services that verifies the service is not available under an agency provider ~~program~~ funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

B. Employment must be in an integrated work setting in the general workforce where a person ~~an individual~~ is compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by people ~~individuals~~ without disabilities.

C. Agency ~~P~~providers must work to reduce the number of hours of employee ~~staff~~ involvement as the person ~~employee~~ becomes more productive and less dependent on paid supports. This is decided on a personalized basis based on the job. The amount of support is decided with the person and all employees ~~staff~~ involved as well as the employer, the Department of Rehabilitation Services and the person's team.

D. Supported Employment Services are provided in a work ~~site~~ location where people ~~individuals~~ without disabilities are employed; therefore, payment is made only for adaptations, supervision, and training required by people ~~individuals~~ receiving waiver services as a result of their disabilities, but does not include payment for the supervisory activities rendered as a normal part of the business setting.

E. Other workplace supports may include services not specifically related to job skills training that enable the person ~~individual~~ to be successful in integrating into the job setting (i.e., appropriate attire, social skills, etc.).

F. Each person ~~individual~~ must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.

G. Agency ~~P~~providers must be able to provide all activities that constitute Supported Employment:

1. Job Seeking/Job Development – Activities that assist a person ~~an individual~~ in determining the best type of job for him/her and then locating a job in the community that meets those stated desires. Job Seeking is limited to ninety (90) hours per certification year. Additional hours may be approved by the Bureau of Intellectual/ Developmental Disabilities ~~BIDD~~ on an individual basis with appropriate documentation. Job ~~s~~Seeking includes:
   (a) Completion of IDD Employment Profile
   (b) Person-Centered Career Planning, conducted by Supported Employment agency provider employees ~~staff~~, which is a discussion of specific strategies that will be helpful to assist job seekers with disabilities to plan for job searches
   (c) Job Development
      (1) Determining the type of environment in which the person is at his/her best
      (2) Determining in what environments has the person experienced success
      (3) Determining what work and social skills does the person bring to the environment
      (4) Assessing what environments are their skills viewed as an asset
      (5) Determining what types of work environments should be avoided
   (d) Employer research
   (e) Employer needs assessment
      (1) Tour the employment site to capture the requirements of the job
      (2) Observe current employees
      (3) Assess the culture and the potential for natural supports
      (4) Determine unmet needs
   (f) Negotiation with prospective employers
      (1) Employer needs are identified
      (2) Job developer acts as a representative for the job seeker

2. Job Coaching/Job Maintenance – Activities that assist a person ~~an individual~~ to learn and maintain a job in the community. For the ID/DD Waiver, the amount of Job Coaching a person receives is dependent upon individual need, team recommendations, and employer evaluation. For the IDD Community Support Program ~~CSP~~, the maximum amount of Job Coaching a person may receive is ~~forty (40)~~ one hundred (100) hours per month. Job ~~c~~Coaching includes:
   (a) Meeting and getting to know co-workers and supervisors
   (b) Learning company policies, dress codes, orientation procedures, and company culture

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(c) Job and task analysis
    (1) Core work tasks
    (2) Episodic work tasks
    (3) Job related tasks
    (4) Physical needs
    (5) Sensory and communication needs
    (6) Academic needs
    (7) Technology needs
(d) Systematic instruction
    (1) Identification and instructional analysis of the goal
    (2) Analysis of entry behavior and learner characteristics
    (3) Performance Objectives
    (4) Instructional strategy
(e) Identification of natural supports
    (1) Personal associations and relationships typically developed in the community that enhance the quality and security of life
    (2) Focus on natural cues
    (3) Establish circles of support
(f) Ongoing support and monitoring

H. If a person ~~an individual~~ moves from one (1) job to another or advances within the current employment site, it is the Supported Employment agency provider's responsibility to update the profile/resume created during the job search.

I. Transportation will be provided between the ~~individual~~ person's place of residence for job seeking and job coaching as well as between the location ~~site~~ of the ~~individual~~ person's job or between day service locations ~~program sites~~ as a component part of Supported Employment. Transportation cannot comprise the entirety of the service. If local or other transportation is available, the person ~~individual~~ may choose to use it but the agency provider is ultimately responsible for ensuring the availability of transportation.

J. Supported Employment may also include services and supports that assist the person ~~individual~~ in achieving self-employment through the operation of a business, either home-based or community-based. Such assistance may include:

1. Assisting the person ~~individual~~ to identify potential business opportunities
2. Assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and starting a business (e.g. internet and telephone service, website development, advertising, incorporation, taxes, etc.).
3. Identification of the supports that are necessary for the person ~~individual~~ to operate the business
4. Ongoing assistance, counseling and guidance once the business has been launched.
5. Up to fifty-two (52) hours per month of at-home assistance by a job coach, including business plan development and assistance with tasks related to producing the product
6. Up to thirty-five (35) hours per month for assistance in the community by a job

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coach.

K. Payment is not made for any expenses associated with starting up or operating a business. Referrals for assistance in obtaining supplies and equipment for someone desiring to achieve self-employment should be made to the Mississippi Department of Rehabilitation Services. There must be documentation of the referral in the person's record.

L. Assistance with toileting and hygiene may be a component part of Supported Employment, but may not comprise the entirety of the service.

M. ~~Individuals~~ People cannot receive Supported Employment during the ~~J~~job ~~D~~discovery process.

N. Supported ~~E~~employment does not include facility-based or other types of services furnished in a specialized facility that are not part of the general workforce. Supported Employment cannot take place in a facility-based service location ~~program~~.

O. Supported Employment does not include volunteer work or unpaid internships.

P. Agency ~~P~~providers are prohibited from making incentive payments to an employer to encourage or subsidize the employer's participation in the Supported Employment Services ~~Program~~ and/or passing payments through to users of Supported Employment Services.

Q. ~~Individuals~~ People receiving Supported Employment may also receive Prevocational Services or Day Services-Adult services, but not at the same time of day.

R. ~~An individual~~ A Person must be at least eighteen (18) years of age to participate in Supported Employment and have documentation in their record to indicate they have received either a diploma or certificate of completion or not otherwise receiving school services if they are under the age of twenty-two (22).

S. Each person ~~individual~~ must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports

~~T. Individuals receiving Supported Employment cannot be left alone at any time.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**~~Rule 27.6 Work Activity Services~~**

~~A. Work Activity Services for persons with intellectual disabilities/developmental disabilities provide opportunities for the acquisition of necessary work and living skills. A person must be at least sixteen (16) years old to participate in Work Activity Services. (Accepting individuals younger than eighteen (18) is optional for the provider.)~~

~~B. Each program must be certified by the U.S. Department of Labor. The appropriate Department of Labor certificate must be posted in a public area at each Work Activity service site.~~

~~C. Work Activity Services must include:~~

~~1. Work which is:~~
~~(a) Real, remunerative, productive, and satisfying for the individual served; and~~
~~(b) Planned and adequate to keep all individuals productively and appropriately occupied.~~

~~2. Non-work which:~~
~~(a) Is intended to increase and enhance activities which allow the individual to be more self-sufficient and to increase community employment and integration;~~
~~(b) Takes place when work is reduced and/or when the individual chooses.~~

~~D. The Activity Support Plan for all participants in Work Activity Services must include a career development outcome that addresses an individual's desire for integrated community employment and activities to support the individual in the achievement of that outcome.~~

~~E. The program must have adequate work to keep individuals productively occupied while at the center.~~

~~F. The program must assure reasonable accommodations in assisting the individual in increasing his/her productivity. Expected accommodations must, as needed, include:~~

~~1. Modifying equipment, jigs, and fixtures.~~
~~2. Modifying the work site and commonly used surrounding areas.~~
~~3. Purchasing aids and devices to assist individuals with their work.~~
~~4. Allowing flex time, part-time or extended break time.~~

~~G. Wage payments must be monetary and not in-kind or barter. Records pertaining to individual wages must include, at a minimum, the following:~~

~~1. Individual's name~~
~~2. Hours worked~~
~~3. Task(s) performed~~
~~4. Wages paid~~
~~5. Method of payment (cash, check, direct deposit).~~

~~H. Each person must receive a written statement for each pay period which must include:~~

~~1. Gross pay~~
~~2. Net pay~~

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3. Deductions
4. The individual's signature indicating he/she received a written statement (even if individual has chosen the option of direct deposit). These signatures must be maintained in the individual's record.

I. Pay periods cannot exceed thirty-one (31) calendar days.

J. The program must complete Time Studies and maintain the documentation in order to demonstrate wage payments are based on a system of individual performance rather than pooled and/or group wage payments.

K. Community wage rate information must be obtained annually and must include at a minimum the following:

1. Prevailing wage for the type or similar type of work being performed;
2. Dates community wage rate information was obtained; and
3. Source of the information.

L. Work Activity center staff must meet at least annually with the individuals to discuss matters of mutual concern. The program must maintain minutes for the meeting and ensure at least the following are addressed:

1. Individuals are informed of any aspects of program operations and plans which effect their wages or welfare;
2. Individuals are asked for suggestions for changes/improvements they would like to see; and
3. Individuals are afforded the opportunity to ask questions and receive answers.

M. A minimum of fifty (50) square feet of usable space per individual receiving services must be maintained in the work area. The program must have adequate floor space for a lounge/break/dining area separate from the work area.

N. Preventive measures must be utilized at all times to ensure the safety of the individuals and staff which include, at a minimum:

1. The safe use of equipment.
2. The use of protective clothing, shoes, and eyewear.
3. The proper storage of flammable liquids or other harmful materials in approved containers. If the liquids/harmful materials are not in their original container, it must be clearly marked to identify its contents.
4. The storage and control of raw materials and finished products outside the work area.
5. The replacement of worn electrical cords or machinery; and
6. The maintenance of the site and equipment in a safe manner.

O. Each individual must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports

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P. Individuals receiving Work Activity cannot be left alone at any time.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 27.7 Day Habilitation for IDD Community Support Program**

A. Day Habilitation is the provision of regularly scheduled, individualized activities in a non-residential setting, separate from the participant's private residence or other residential living arrangements. Group and individual participation in activities that include daily living and other skills that enhance community participation and meaningful days for each individual are provided.

B. Activities and environments are designed to foster meaningful day activities for the individual to include the acquisition and maintenance of skills, building positive group, individual and interpersonal skills, greater independence and personal choice. Services must optimize, not regiment individual initiative, autonomy and independence in making informed life choices including what he/she does during the day and with whom they interact.

C. Day Habilitation must have a community component that is individualized and based upon the choices of each person. Community participation activities must be offered to the same degree of access as someone not receiving IDD Community Support Program services. Community participation can be provided individually or in groups of up to three (3) people. Community participation activities may be received at the same time with individuals receiving Day Services-Adult but not with individuals receiving any other service.

D. Community integration opportunities must be offered to each individual at least weekly and address at least one of the following:

1. Activities which address daily living skills
2. Activities which address leisure/social/other community activities and events.

E. Individuals who may require one-on-one assistance must be offered the opportunity to participate in all activities, including those offered on site and in the community.

F. Individuals receiving Day Habilitation cannot be left alone at any time.

G. Day Habilitation includes assistance for individuals who cannot manage their personal toileting and hygiene needs during the day.

H. A private changing/dressing area must be provided to ensure the dignity of each individual.

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~~I. All supplies and equipment must be appropriate for adults, in good repair, clean and adequate enough in number to meet all needs and allow participation in activities as desired.~~

~~J. The program must provide equipment (e.g., adaptive seating, adaptive feeding supplies, safety equipment, etc.) which allows individuals to participate fully in all program activities and events, both at the certified site and in the community.~~

~~K. Individuals must be assisted in using communication and mobility devices when indicated in the individualized Plan of Services and Supports.~~

~~L. Staff must provide individuals with assistance with eating/drinking as needed and as indicated in each individual's Plan of Services and Supports.~~

~~M. The provider is responsible for providing one (1) mid-morning snack, a noon meal and an afternoon snack. Individuals must be offered choices about what they eat and drink.~~

~~N. Each individual must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.~~

~~O. Individuals receiving Day Habilitation may also receive Prevocational services but not on the same day. Individuals receiving Day Habilitation may also receive Supported Employment but not at the same time of day.~~

~~P. The program must be in operation at least five (5) days per week, six (6) hours per day. The number of hours of service is based on the individual's approved Plan of Services and Supports and cannot be delivered less than four (4) hours per day one (1) day per week. The maximum daily attendance is five (5) hours per person.~~

~~Q. There must be a minimum of fifty (50) square feet of usable space per every person in the program. Additional square footage may be required based on the needs of an individual.~~

~~R. Day Habilitation activities must be distinct from Prevocational activities.~~

~~S. Staffing ratio for persons in Day Habilitation is one (1) staff for every eight (8) persons. If individuals receiving Day Services-Adult are served alongside individuals receiving Day Habilitation, the staffing ratios for both must be maintained.~~

~~T. Individuals must be at least 18 years of age and have documentation in their record to indicate they have received either a diploma or certificate of completion if they are under the age of 22.~~

~~U. Day Habilitation does not include services funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).~~

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~~V. The program must be located in the community so as to provide access to the community at large including shopping, eating, parks, etc. to the same degree of access as someone not receiving ID/DD Community Support Program services.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

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## Part 2: Chapter 28: Community Living Services for ~~Individuals~~ People with Serious Mental Illness ~~SMI~~

**Rule 28.1 Supervised Living for ~~SMI~~ Serious Mental Illness Service Components**

A. Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Habilitation, learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of a person's ~~an individual's~~ day. Activities must support meaningful days for each person. Activities are to be designed to promote independence yet provide necessary support and assistance.

B. Supervised Living Services may be intensive and time-limited for adults with serious mental illness in order to provide readjustment and transitional living services for people ~~individuals~~ discharged from a psychiatric hospital who have demonstrated mental, physical, social and emotional competency to function more independently in the community. These time-limited services may also be provided for people ~~individuals~~ who need this service as an alternative to a more restrictive treatment setting.

C. Supervised Living Services must include the following services as appropriate to each ~~individual~~ person's support needs:

1. Direct personal care assistance activities such as:
   (a) Grooming;
   (b) Eating;
   (c) Bathing;
   (d) Dressing; and,
   (e) Personal hygiene.

2. Instrumental activities of daily living which include:
   (a) Assistance with planning and preparing meals;
   (b) Cleaning;
   (c) Transportation ;
   (d) Assistance with ambulation and mobility;
   (e) Supervision of the ~~individual~~ person's safety and security;
   (f) Banking;
   (g) Shopping;
   (h) Budgeting;
   (i) Facilitation of the ~~individual~~ person's participation in community activities;
   (j) Use of natural supports and typical community services available to everyone;
   (k) Social activities;
   (l) Participation in leisure activities;
   (m) Development of socially valued behaviors; and,
   (n) Assistance with scheduling and attending appointments.

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3. Methods for assisting people ~~individuals~~ arranging and accessing routine and emergency medical care and monitoring their health and/or physical condition. Documentation of the following must be maintained in each person's record:
   (a) Assistance with making doctor/dentist/optical appointments;
   (b) Transporting and accompanying people ~~individuals~~ to such appointments; and,
   (c) Conversations with the medical professional, if the person ~~individual~~ gives consent.

4. Transporting people ~~individuals~~ to and from community activities, other places of the ~~individual~~ person's choice (within the agency provider's approved geographic region), work, and other sites as documented in the individual plan.

5. If Supervised Living personnel ~~staff members have been~~ were unable to participate in the development of the ~~individual~~ person's ~~p~~Plan of Service, ~~staff~~ employees must be trained regarding the ~~individual~~ person's plan prior to beginning work with the person ~~individual~~. This training must be documented as defined in the Record Guide.

6. Orientation of the ~~individual~~ person to Community Living Services, to include but not limited to:
   (a) Familiarization of the person ~~individual~~ with the living arrangement and, neighborhood;
   (b) Introduction to support personnel ~~staff~~ and other residents (if appropriate);
   (c) Description of the written materials provided upon admission; and,
   (d) Description of the process for informing ~~individuals~~ people/parent(s)/legal representative(s) ~~guardian~~ of their rights, responsibilities and any service ~~program~~ restrictions or limitations prior to or at the time of admission.

D. Meals must be provided at least three (3) times per day and snacks must be provided throughout the day. Documentation of meal planning must be available for review and documentation must include development of a menu with input from people ~~individuals~~ living in the residence that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be prepared.

   1. ~~Individuals~~ People must have access to food at any time, unless prohibited by his/her individual plan.
   2. ~~Individuals~~ People must have choices of the food they eat.
   3. ~~Individuals~~ People must have choices about when and with whom they eat.

E. ~~Individuals~~ People receiving services are prohibited from having friends, family members, etc., living with them who are not also receiving services as part of the Supervised Living Services ~~program~~.

F. In living arrangements in which the residents pay rent and/or room and board to the agency provider, there must be a written financial agreement which addresses, at a minimum, the following:

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1. Procedures for setting and collecting fees and/or room and board (in accordance with Part 2: Chapter 10 Fiscal Management)
2. A detailed description of the basic charges agreed upon (e.g. rent (if applicable), utilities, food, etc.)
3. The time period covered by each charge (must be reviewed at least annually or at any time charges change)
4. The service(s) for which special charge(s) are made (e.g., internet, cable, etc.)
5. The written financial agreement must be explained to and reviewed with the ~~individual~~ person/legal representative prior to or at the time of admission and at least annually thereafter or whenever fees are changed.
6. A requirement that the ~~individual~~ person's record contain a copy of the written financial agreement which is signed and dated by the ~~individual~~ person/legal representative indicating the contents of the agreement were explained to them and they are in agreement with the contents. A signed copy must also be given to the ~~individual~~ person/legal guardian or representative.
7. The written financial agreement must include language specifying the conditions, if any, under which a person ~~an individual~~ might be evicted from the living setting that ensures that the agency provider will arrange or coordinate an appropriate replacement living option to prevent the person ~~individual~~ from becoming homeless as a result of discharge/termination from the community living services.

G. ~~Individuals~~ People must be eighteen (18) years or older to participate in Supervised Living.

H. A qualified employee ~~staff member~~ must be designated as responsible for the service location ~~program site~~ at all times. There must be male/female employee ~~staff~~ coverage as necessary.

I. Apartment settings with an apartment manager with responsibilities related to collection of fees, maintenance, etc., must also have at least one (1) treatment/support personnel ~~staff~~ on-site in order to be considered Supervised Living.

J. There must be at least one (1) ~~staff person~~ employee physically on-site when people ~~individuals~~ are present.

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

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 28.2 Environment and Safety for Supervised Living for Serious Mental Illness ~~SMI~~**

A. Supervised Living locations ~~sites~~ must, to the maximum extent possible, duplicate a "home-like" environment.

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B. All locations ~~sites~~ must have furnishings that are safe, up-to-date, comfortable, appropriate, and adequate. Furnishings, to the greatest extent possible, are chosen by the people ~~individuals~~ currently living in the home.

C. All agency providers must provide access to a washer and dryer in the home, apartment, or apartment complex and must ensure the laundry room or area has an exterior ventilation system for the clothes dryer free from excessive lint and dust accumulation.

D. Agency ~~P~~providers must develop policies regarding pets and animals on the premises. Animal/Pet policies must address, at a minimum, the following:

1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained on-site;
2. Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.);
3. Procedures to ensure pets will be kept away from food preparation sites and eating areas;and,
4. Procedures for controlling pets to prevent injury to people ~~individuals~~ living in the home as well as visitors and employees ~~staff~~ (e.g., animal in crate, put outside, put in a secure room, etc.).

E. Resident bedrooms must not have windows over forty-four (44) inches off the floor if identified as a means of egress. All windows at all levels must be operable.

F. Resident bedrooms must meet the following dimension requirements:

1. Single room occupancy - at least one hundred (100) square feet; and,
2. Multiple occupancy - at least eighty (80) square feet for each resident.

G. Resident bedrooms must be appropriately furnished with a minimum of a single bed, chest of drawers, appropriate lighting and adequate storage/closet space for each resident;

H. Resident bedrooms must be located so as to minimize the entrance of unpleasant odors, excessive noise, or other nuisances.

I. Beds must be provided with a good grade of mattress which is at least four (4) inches thick on a raised bed frame. Cots or roll-away beds may not be used.

J. Each bed must be equipped with a minimum of one (1) pillow and case, two (2) sheets, spread, and blanket(s). An adequate supply of linens must be available to change linens at least once a week or sooner if they become soiled.

K. ~~Individuals~~ People 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.

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L. All service locations ~~programs~~ must have a bathroom with at least one (1) operable toilet, one (1) operable lavatory/sink and one (1) operable shower or tub for every six (6) residents.

M. All service locations ~~programs~~ must ensure bathtubs and showers are equipped with:

1. Soap dishes;
2. Towel racks;
3. Shower curtains or doors; and,
4. Grab bars (as needed by the residents).

N. Each resident must be provided at least two (2) sets of bath linens, including bath towels, hand towels, and wash cloths.

O. All Supervised Living locations ~~sites~~ of two (2) stories or more in height where residents are housed above the ground floor must be protected throughout by an approved automatic sprinkler system and a fire alarm and detection system.

P. Auditory smoke/fire alarms with a noise level loud enough to awaken residents must be located in each bedroom, hallways and/or corridors, and common areas.

Q. Residential facilities using fuel burning equipment and/or appliances (i.e., gas heater, gas water heater, etc.) must have carbon monoxide alarms/detectors placed in a central location outside of sleeping areas.

R. Each bedroom must have at least two (2) means of egress ~~escape~~.

S. The exit door(s) nearest the residents' bedrooms must not be locked in a manner that prohibits ease of egress ~~exit~~.

T. Residents must not have to travel through any room not under their control (i.e. subject to locking) to reach designated exit, visiting area, dining room, kitchen, or bathroom.

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

V. All service locations ~~sites~~ must have separate storage areas for:

1. Sanitary linen;
2. Food (Food supplies cannot be stored on the floor.); and,
3. Cleaning supplies.

W. All service locations ~~programs~~ must ensure an adequate, operable central heating and cooling system is provided to maintain temperature between sixty-eight (68) degrees and seventy-eight (78) degrees Fahrenheit.

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X. The setting is integrated in and supports full access to the community to the same extent as people not receiving Supervised Living services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 28.3 Supported Living for ~~SMI~~ Serious Mental Illness Service Components**

A. Supported Living is provided to people ~~individuals~~ who reside in their own residences (either owned or leased) for the purposes of increasing and enhancing independent living in the community. Supported living is for people ~~individuals~~ who need less than twenty-four (24) hour employee ~~staff~~ support per day. ~~Staff~~ Employees must be on-call 24/7 in order to respond to emergencies via phone call or return to the living site, depending on the type of emergency. Supported Living services are provided in a home-like setting where people have access to the community at large to the same extent as people who do not have a serious mental illness.

B. Supported Living Services are for people ~~individuals~~ age eighteen (18) and above with serious mental illness and are provided in residences in the community for six (6) or fewer people ~~individuals~~.

C. Supported Living provides assistance with the following, depending on each ~~individual~~ person's support needs:

1. Grooming;
2. Eating;
3. Bathing;
4. Dressing; and,
5. Personal hygiene.

D. Supported Living provides assistance with instrumental activities of daily living which include assistance with:

1. Planning and preparing meals;
2. Transportation or assistance with securing transportation;
3. Assistance with ambulation and mobility;
4. Supervision of the ~~individual~~ person's safety and security;
5. Banking;
6. Shopping;
7. Budgeting;
8. Facilitation of the ~~individual~~ person's inclusion participation in community activities; and,
9. Use of natural supports and typical community services available to all people in order to facilitate meaningful days.

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E. Agency ~~P~~providers must develop methods, procedures and activities to provide meaningful days and independent living choices about activities/services/~~staff~~ employees for the people ~~individual(s)~~ served in the community.

F. Procedures must be in place for people ~~individual(s)~~ to access any other needed services as well as typical community services available to all people in order to facilitate meaningful days and development of natural supports.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 28.4 Supported Living Services for ~~SMI~~ Serious Mental Illness Environment and Safety**

A. Each housing unit/house must provide operable 2A-10B, C multi-purpose fire extinguishers in fixed locations that are readily accessible for use in the home , (i.e., kitchens, laundry areas, garages, gas water heater locations) and must be mounted in a secure manner.

B. Agency ~~P~~providers must document that all fire extinguishers are properly maintained and serviced. Homes must have evidence that fire extinguishers are being recharged or replaced, as needed, but at a minimum every six (6) years. Fire extinguishers that cannot be recharged for whatever reason must be replaced immediately.

C. Each housing unit/house must have, at a minimum, operable carbon monoxide detector where natural gas or any other source of carbon monoxide emission is used or where there is an open flame (e.g., gas heater, gas water heater, etc.). One (1) carbon monoxide detector must be located in every one thousand (1,000) square foot area or less.

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

E. At least annually, training must be provided to adult people ~~individuals~~ receiving Supported Living Services (whether or not the housing unit is owned~~/operated~~ or controlled by the agency provider) which includes, but not limited to, the following:

1. The PASS (Pull, Aim, Squeeze, Sweep) method of using a fire extinguisher. If necessary, employees ~~staff~~ must assist in obtaining and mounting fire extinguisher;
2. Fire, smoke and carbon monoxide safety and the use of detectors. If necessary, employees ~~staff~~ must assist in obtaining and mounting fire, smoke and carbon monoxide detectors;
3. Hot water safety. If necessary, ~~staff~~ employees must assist in testing and regulating the hot water temperature, documenting such in a log to be maintained by the agency provider employees ~~staff~~; and,
4. Any other health/safety issues based on the needs or identified risk for each person ~~individual~~.

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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.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 29: Community Living Services for Children/ ~~and~~ Youth with Serious Emotional Disturbance ~~SED~~

**Rule 29.1 All Community Living Services for Children/Youth with Serious Emotional Disturbance ~~SED~~**

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

B. Agency ~~P~~providers must provide a balance of age-appropriate, goal-oriented activities to meet the individualized needs and build on the strengths of the children/youth served in the service ~~program~~. Areas to be addressed by such services ~~programs~~ must include the following:

1. Social skills development based on each child's diagnosis and functional assessment;
2. Wellness education;
3. Increasing self-esteem;
4. Leisure activities;
5. Substance ~~ab~~use education/counseling;
6. HIV/AIDS education and/or counseling; and,
7. Education and counseling about sexually transmitted diseases.

C. Agency ~~P~~providers must describe how group and individual activities, as well as routines for the children/ ~~and~~ youth are planned and how these activities are related to objectives in the Individual Service Plans of children/ ~~and~~ youth served ~~in the program~~. Daily and weekly schedule(s) of activities must be maintained on file for at least three (3) months.

D. Agency ~~P~~providers must obtain written permission from the parent(s)/ ~~or~~ legal representative(s) for the child/youth to participate in service ~~program~~ activities away from the Supervised Living location.

E. Agency ~~P~~providers must ensure child/youth has a dental examination within sixty (60) days after admission and annually thereafter or have evidence of a dental examination within twelve (12) months prior to admission to the Supervised Living Services ~~program~~.

F. Agency ~~P~~providers must place a current, dated photograph of the child in his/her record within thirty (30) days of admission.

G. Agency ~~P~~providers of services to children/youth under the age of eighteen (18) must have on file an assurance signed by the Executive Director of the Community ~~Supported~~ Living Service provider stating compliance with the provisions of Public Law 103-227

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(Pro-Children Act of 1994). Note: Agency ~~P~~providers funded by ~~the~~ DMH must have a current "Certification Regarding Environmental Tobacco Smoke."

H. All environmental and physical safety requirements for foster homes and therapeutic group homes are under the jurisdiction of the MS Department of Child Protection ~~Human~~ Services. DMH is responsible for certifying and monitoring the therapeutic/clinical components of Therapeutic Foster Care Services and Therapeutic Group Home Services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 29.2 Therapeutic Foster Care for Children/Youth with Serious Emotional Disturbance ~~SED~~**

A. Agency ~~P~~providers of Therapeutic Foster Care ~~(TFC)~~ must also meet the requirements in Rule 29.1.

B. Therapeutic Foster Care ~~(TFC)~~ ~~s~~Services are intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional personnel ~~staff~~ and trained foster parents, resource parents or group home agency providers who provide a therapeutic service ~~program~~ for children/ ~~and~~ youth with serious emotional disturbances living in a resource home licensed by the MS Department of Child Protection Services. ~~Department of Human Services. All environmental and physical safety requirements for therapeutic foster homes are under the jurisdiction of the regulations of the MS Department of Human Services. DMH is not responsible for the licensing or monitoring of therapeutic foster homes. DMH is responsible for the certification of the therapeutic services provided.~~

C. ~~TFC~~ Therapeutic Foster Care agency providers can use only adults with current documentation of foster parent or resource family approval from the Mississippi Department of ~~Human~~ Child Protection Services.

D. Each foster home or resource home must have no more than one (1) child/youth with serious emotional disturbance placed in the home at a given time. Agency ~~P~~providers seeking to place more than one (1) child/youth with serious emotional disturbance in a resource home must obtain prior approval from the Mississippi Department of ~~Human~~ Child Protection Services. Siblings with serious emotional disturbance may be placed together in the same home if all of the following conditions apply:

1. The siblings have never been separated;
2. The siblings are not a danger to others or to each other; and.
3. Therapeutic resource parents asked to place siblings in their home must consent, in advance in writing, to the placement. This documentation must be maintained in the individual record of each sibling.

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E. Each ~~TFC~~ Therapeutic Foster Care agency provider licensed for a minimum of ten (10) foster homes or resource homes must have a full-time director with overall administrative and supervisory responsibility for the services.

1. If the ~~TFC~~ Therapeutic Foster Care agency provider is certified for fewer than ten (10) homes, the director can have administrative or supervisory responsibility for other services or service locations ~~programs~~; however, documentation must be maintained that at least fifty percent (50%) of the director's time is spent in administration and supervision of the Therapeutic Foster Care ~~TFC~~ ~~s~~Services.

F. Each ~~TFC~~ Therapeutic Foster Care agency provider licensed for ten (10) to thirty (30) foster homes or resource homes must have one (1) full-time Therapeutic Foster Care ~~s~~Specialist whose services target the therapeutic foster parents or resource families. The Therapeutic Foster Care ~~TFC~~ specialist's specific responsibilities must include at least the following:

1. Recruitment and training of therapeutic foster parents or therapeutic resource parents;
2. Conducting interviews and other necessary work to appropriately place individual children/ ~~and~~ youth with prospective T~~t~~herapeutic F~~f~~oster C~~c~~are or resource parents;
3. Maintenance of regular contacts with T~~t~~herapeutic F~~f~~oster C~~c~~are or resource families and provide documentation of those contacts in the case records; and,
4. Performance of other foster parent or resource family support activities, as needed.

G. If the ~~TFC~~ Therapeutic Foster Care agency provider is licensed for fewer than ten (10) foster or resource homes, the ~~TFC~~ Therapeutic Foster Care ~~s~~Specialist can have other responsibilities; however, documentation must be maintained that at least ten percent (10%) of his/her time for every one (1) therapeutic foster home or resource home is spent in performing duties of the Therapeutic Foster Care ~~TFC~~ ~~s~~Specialist/~~c~~Community ~~s~~Support ~~s~~Specialist.

H. The ~~TFC~~ Therapeutic Foster Care ~~s~~Specialist must have face-to-face contact with each therapeutic foster or resource parent(s) at least two (2) times per month, with at least one (1) of the two (2) contacts made during a home visit. All contacts of the Therapeutic Foster Care ~~TFC~~ ~~s~~Specialist with the therapeutic foster or resource parent(s) must be documented in the individual case record of the therapeutic resource parent(s).

I. All clinical/mental health therapeutic services for all children receiving Therapeutic Foster Care ~~TFC~~ ~~s~~Services must be provided by an employee ~~staff member~~ who holds a Master's degree and professional license or who is a DMH-c~~C~~ertified Mental Health Therapist, DMH-c~~C~~ertified Intellectual/~~and~~ Developmental Disabilities Therapist or a DMH-c~~C~~ertified Addiction Therapist (when appropriate for the person ~~individual~~ receiving services and the service being provided).

J. ~~TFC~~ Therapeutic Foster Care ~~S~~services must include individual therapy, family therapy, annual psychiatric evaluation, and twenty-four (24) hours per day and seven (7) days a week emergency services and crisis intervention. Group therapy may also be provided.

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K. Each Therapeutic Foster Care ~~TFC~~ provider must have one (1) full-time professionally licensed or DMH credentialed ~~m~~Mental ~~h~~Health ~~t~~Therapist for every twenty (20) foster children/youth in ~~the~~ Therapeutic Foster Care Services ~~TFC~~ ~~program~~. The mental health therapist(s) for the Therapeutic Foster Care ~~TFC~~ ~~s~~Services must serve only in the mental health therapist role (i.e. cannot serve as the director or the Therapeutic Foster Care ~~TFC~~ ~~s~~Specialist).

L. The mental health therapist is required to have at least one (1) individual therapy session per week with the child/youth. At least one (1) family session per month is required with the resource parent(s).

M. A licensed psychiatrist with experience working with children/youth, on an employment or contractual basis, must be available for youth served by the Therapeutic Foster Care ~~TFC~~ provider.

N. All foster home or resource parents must complete annual training as required in Part 2: Chapter 12. Topics should be addressed from a family perspective.

O. In addition to the annual training required in Part 2: Chapter 12, specific training for foster home or resource parents must include verbal de-escalation skills, behavior management techniques, and trauma informed care.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 29.3 Therapeutic Group Homes for Children/ ~~and~~ Youth with Serious Emotional Disturbance ~~SED~~**

A. Agency ~~P~~providers of Therapeutic Group Homes ~~(TGH)~~ must also meet the requirements in Rule 29.1.

B. The maximum bed capacity of each Therapeutic Group Home ~~TGH~~ is ten (10) beds per home for children/ ~~and~~ youth twelve (12) years of age through age twenty (20) years and (11) eleven months and eight (8) beds for children/ ~~and~~ youth ages six (6) years through eleven (11) years and eleven (11) months. ~~The Mississippi~~ DMH may require a lower bed capacity than described in this standard, depending on the age, developmental or level of functioning, or intensity of need for intervention and supervision of the population of children/ ~~and~~ youth served in the individual home.

C. There may not be more than two (2) children/youth per bedroom in a Therapeutic Group Home. The agency provider must ensure that the employees ~~staff~~ on-site ~~is~~ are of a sufficient number to provide adequate supervision of children/youth in a safe, therapeutic home environment and must meet the following minimum requirements:

1. In ~~TGH's~~ Therapeutic Group Homes with five (5) or fewer children/ ~~or~~ youth, at least

one (1) employee ~~staff member~~ (which can be a direct ~~care~~ support worker or house parent) with a least a Bachelor's degree in a mental health or related field must be assigned to direct service responsibilities for the children/youth during all hours.

2. For ~~TGH's~~ Therapeutic Group Homes with six (6) to ten (10) children/ ~~or~~ youth, at least two (2) employees ~~staff~~ must be assigned to direct service responsibilities during all hours children/ ~~or~~ youth are awake and not in school. One (1) of the two (2) employees ~~staff~~ can be a direct ~~care~~ support worker or house parent and one (1) must be a professional employee ~~staff member~~ with at least a Bachelor's degree in a mental health or related field.
3. Have a full-time director who is on-site at least forty (40) hours per week.
4. Other appropriate professional ~~staff~~ employees must be available to assist in emergencies, at least on an on-call basis, at all times.
5. DMH may require an employee ~~staff~~ to youth ratio lower than described above, depending on the age, developmental or functional level, or intensity of need for intervention and supervision of the population of children/ ~~or~~ youth served by the individual home.

D. A licensed psychiatrist and a professionally licensed or DMH credentialed Mental Health Therapist with experience working with children/youth must be available for children/youth served by the Therapeutic Group Home ~~TGH~~.

E. ~~Programs~~ Services must provide each child/youth with therapeutic activities and experience in the skills they need to support a successful transition to a less restrictive setting or level of service.

F. The mental health therapist is required to have at least one (1) individual therapy session per week with the child/youth.

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

H. Animal/Pet policies must address, at a minimum, the following:

1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained at the service location;
2. Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.);
3. Procedures to ensure pets will be kept away from food preparation sites and eating areas; and,
4. Procedures for controlling pets to prevent injury to people living in the home as well as visitors and employees (e.g., animal in crate, put outside, put in a secure room, etc.).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 29.4 Community Living Handbook**

A. In addition to information contained in the agency provider's policy and procedure manual, Therapeutic Group Homes providers must develop a ~~H~~handbook which includes all policies and procedures for provision of ~~TGH~~ Therapeutic Group Home Services. Handbooks are to be provided to the ~~individual~~ person/parent(s)/legal representative(s) during orientation. The Community Living Handbook must be readily available for review by employees ~~staff~~ and must be updated as needed.

B. All agency providers of ~~TGH~~ Therapeutic Group Home Services must document that each person ~~individual~~ (and/or parent/legal representative ~~guardian~~) is provided with a handbook and orientation on the day of admission. The agency provider must document the review of the handbook with the resident annually (if applicable to the service).

C. All ~~TGH~~ Therapeutic Group Home providers must have a written plan for soliciting input from residents about all sections of the handbook.

D. The service and site-specific handbook must be written in a person-first, person-friendly manner that can be readily understood by the ~~individual~~ person/parent(s)/legal representative(s).

E. ~~TGH~~ Therapeutic Group Home providers must have a written plan for providing the handbook information in a resident's language of choice when necessary if English is not their primary language.

F. The Community Living ~~h~~Handbook may not be a book of rules.

G. The ~~H~~handbook may not include any rules or restrictions that infringe on or limit the ~~individual~~ person's ability to live in the least restrictive~~ed~~ environment possible or that limit or restrict the rights of people ~~individuals~~ receiving services specified in Chapter 14 of these standards.

H. At a minimum, the Community Living Handbook must address the following:

1. A person-friendly, person-first definition and description of the community living service being provided;

2. The philosophy, purpose and overall goals of the service, to include but are not limited to:
   (a) Methods for accomplishing stated goals and objectives;
   (b) Expected results/outcomes; and,
   (c) Methods to evaluate expected results/outcomes.

3. ~~Description of the service components, including the minimum levels of staffing required for the safety and guidance of individuals to be served~~

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3. ~~4.~~ A description of how the ~~TGH~~ Therapeutic Group Home service addresses the following items, to include but not limited to:
   (a) Visitation guidelines (applying to family, significant others, friends and other visitors) that are appropriate to Therapeutic Group Home ~~TGH~~ services;
      (1) ~~Individual~~ Person's right to define their family and support systems for visitation purposes unless clinically/socially contraindicated;
      (2) All actions regarding visitors (restrictions, defining individual and family support systems, etc.) must be documented in the ~~individual~~ person's case record;
      (3) Any restrictions on visitors must be reviewed whenever there is an identified need or request by the person ~~individual~~ to change any of the restrictions;
      (4) Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the ~~individual~~ person's stated rights~~.~~; and,
      (5) To the greatest extent possible, people ~~individuals~~ should have visitors of their choosing at any time.
   (b) Daily private communication (phone, mail, email, etc.) without hindrance unless clinically contraindicated:
      (1) Any restrictions on private telephone use must be reviewed daily;
      (2) All actions regarding restrictions on outside communication must be documented in the case record; and,
      (3) Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the ~~individual~~ person's stated rights.
   (c) Dating
   (d) Off-site activities
   (e) Household tasks
   (f) Curfew
   (g) Respecting the rights of other residents' privacy, safety, health and choices.

4. ~~5.~~Policy regarding the search of the ~~individual~~ person's room, person and/or possessions, to include but not limited to;
   (a) Circumstances in which a search may occur;
   (b) ~~Staff~~ Employees designated to authorize searches;
   (c) Documentation of searches; and,
   (d) Consequences of discovery of prohibited items.

5. ~~6.~~Policy regarding screening for prohibited/illegal substances, to include but not limited to:
   (a) Circumstances in which screens may occur;
   (b) ~~Staff~~ Employees designated to authorize screening;
   (c) Documentation of screening;
   (d) Consequences of positive screening of prohibited substances;
   (e) Consequences of refusing to submit to a screening; and,
   (f) Process for people ~~individuals~~ to confidentially report the use of prohibited substances prior to being screened.

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~~7. Orientation of the individual to TGH Services, to include but not limited to:~~

~~(a) Familiarization of the individual with the living arrangement and neighborhood;~~

~~(b) Introduction to support staff and other residents (if appropriate)~~

~~(c) Description of the written materials provided upon admission (i.e., handbook, etc.); and~~

~~(d) Description of the process for informing individuals/parents/guardians of their rights, responsibilities and any program restrictions or limitations prior to or at the time of admission.~~

~~8. Methods for assisting individuals in arranging and accessing routine and emergency medical and dental care, to include but not limited to:~~

~~(a) Agreements with local physicians and dentists to provide routine care~~

~~(b) Agreements with local physicians, hospitals and dentists to provide emergency care~~

~~(c) Process for gaining permission from parent/guardian, if necessary.~~

~~I. Description of the staff's responsibility for implementing the protection of the individual and his/her personal property and rights;~~

~~J. Determination of the need for and development, implementation and supervision of behavior change/management programs;~~

~~K. Description of how risks to health and safety of individuals in the program are assessed and the mitigation strategies put in place as a result of assessment; and,~~

I. ~~L.~~ Criteria for termination/discharge from the Therapeutic Group Home ~~TGH~~ Service.

J. ~~M.~~ Agency ~~P~~providers must also address:

1. A description of the meals, which must be provided at least three (3) times per day, and snacks to be provided. This must include development of a menu with input from people ~~individuals~~ living in the residence that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be prepared. People ~~Individuals~~ must have access to food at any time, unless prohibited by his/her individual plan;
2. Personal hygiene care and grooming, including any assistance that might be needed;
3. Medication management (including storing and dispensing); and,
4. Prevention of and protection from infection, including communicable diseases.

K. ~~N.~~ Agency ~~P~~providers must develop policies regarding pets and animals on the premises for all Therapeutic Group Homes ~~TGH~~ ~~programs~~.

~~O. Animal/Pet policies must address, at a minimum, the following:~~

~~1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained on site~~

2. ~~Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.)~~
3. ~~Procedures to ensure pets will be kept away from food preparation sites and eating areas~~
4. ~~Procedures for controlling pets to prevent injury to individuals living in the home as well as visitors and staff (e.g., animal in crate, put outside, put in a secure room, etc.).~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 30: Supervised Living for ~~Individuals~~ People with Intellectual/Developmental Disabilities ~~IDD~~

### Rule 30.1 Supervised Living Services for Intellectual/Developmental Disabilities ~~IDD~~ Service Components

Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of a person's ~~an individual's~~ day. Activities must support meaningful days for each person. Activities are to be designed to promote independence yet provide necessary support and assistance. Agency Providers should focus on working with the person to gain maximum independence and opportunity in all life activities. Agency providers must ensure each person's rights of privacy, dignity and respect and freedom from coercion. Services must optimize, but not regiment, a person's initiative, autonomy and independence in making life choices, including, but not limited to daily activities, physical environment, and with whom to interact.

A. ~~B.~~ Supervised Living Services must include the following ~~services~~ supports as appropriate to each person's ~~individual's support~~ needs:

1. Direct personal care assistance activities such as:
   (a) Grooming;
   (b) Eating;
   (c) Bathing;
   (d) Dressing; and,
   (e) Personal care needs.

2. Instrumental activities of daily living which include:
   (a) Assistance with planning and preparing meals;
   (b) Cleaning;
   (c) Transportation;
   (d) Assistance with mobility both at home and in the community;
   (e) Supervision of the ~~individual~~ person's safety and security;
   (f) Banking;
   (g) Shopping;
   (h) Budgeting;
   (i) Facilitation of the ~~individual~~ person's participation in community activities;
   (j) Use of natural supports and typical community services available to everyone;
   (k) Social activities;
   (l) Participation in leisure activities;
   (m) Development of socially valued behaviors; and,
   (n) Assistance with scheduling and attending appointments.

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3. Methods for assisting ~~individuals~~ people arranging and accessing routine and emergency medical care and monitoring their health and/or physical condition. Documentation of the following must be maintained in each person's record:
   (a) Assistance with making doctor/dentist/optical appointments;
   (b) Transporting and accompanying ~~individuals~~ people to such appointments; and,
   (c) Conversations with the medical professional, if the person ~~individual~~ gives consent.

4. Transporting ~~individuals~~ people to and from community activities, other places of the ~~individual~~ person's choice ~~(within the provider's approved geographic region),~~ work, and other sites as documented in the Activity Support Plan and the Plan of Services and Supports.

5. All employees the person invites to the Plan of Services and Supports must attend.

6. ~~5.~~If Supervised Living personnel ~~staff members have been~~ were unable to participate in the development of the ~~individual~~ person's ~~plan~~ Plan of Services, ~~staff~~ employees must be trained regarding the ~~individual~~ person's plan prior to beginning work with the person ~~individual~~. This training must be documented as defined in the Record Guide.

7. ~~6.~~Orientation of the person ~~individual~~ to Community Living Services, to include but not limited to:
   (a) Familiarization of the person ~~individual~~ with the living arrangement and neighborhood;
   (b) Introduction to support personnel ~~staff~~ and other residents (if appropriate);
   (c) Description of the written materials provided upon admission; and,
   (d) Description of the process for informing ~~individuals~~ people/parent(s)/legal representative(s) ~~guardians~~ of their rights, responsibilities and any ~~program~~ agency provider policies ~~restrictions or limitations~~ prior to or at the time of admission.

B. ~~C.~~ Meals must be provided at least three (3) times per day and snacks must be provided throughout the day. Documentation of meal planning must be available for review and documentation must include development of a menu with input from people ~~individuals~~ living in the residence that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be made available ~~be prepared~~.

~~1. Individuals~~ People must have access to food at any time.~~, unless prohibited by his/her individual plan.~~ Any restrictions must be documented in his/her Plan of Services and Supports and/or Activity Support Plan.
2. ~~Individuals~~ People must have choices of the food they eat. Any restrictions must be documented in his/her Plan of Services and Supports and/or Activity Support Plan.
3. ~~Individuals~~ People must have choices about when and with whom they eat.

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C. ~~D. Individuals~~ People receiving services are prohibited from having friends, family members, etc., living with them who are not also receiving services as part of the Supervised Living Services ~~program~~.

D. ~~E.~~ In living arrangements in which the residents pay rent and/or room and board to the agency provider, there must be a written financial agreement which addresses, at a minimum, the following:

1. Procedures for setting and collecting fees and/or room and board (in accordance with Part 2: Chapter 10 Fiscal Management).

2. A detailed description of the basic charges agreed upon (e.g. rent (if applicable), utilities, food, etc.)

3. The time period covered by each charge (must be reviewed at least annually or at any time charges change).

4. The service(s) for which special charge(s) are made (e.g., internet, cable, etc.)

5. The written financial agreement must be explained to and reviewed with the ~~individual~~ person/legal representative prior to or at the time of admission and at least annually thereafter or whenever fees are changed.

6. A requirement that the ~~individual~~ person's record contain a copy of the written financial agreement which is signed and dated by the ~~individual~~ person/legal representative indicating the contents of the agreement were explained to them and they are in agreement with the contents. A signed copy must also be given to the ~~individual~~ person/legal guardian or representative.

7. The written financial agreement must include language specifying the conditions, if any, under which a person ~~an individual~~ might be evicted from the living setting that ensures that the agency provider will arrange or collaborate with Support Coordination to arrange an appropriate replacement living option to prevent the person ~~individual~~ from becoming homeless as a result of discharge/termination from the ~~community living~~ supervised living provider.

8. ~~Individuals receiving ID/DD Waiver services~~ People must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi (MS Code Ann. 1972 §89-7-1 to125 and §89-8-1 to 89-8-1 to 89).

E. ~~F. Individuals~~ People must be eighteen (18) years or older to participate in Supervised Living.

F. ~~G.~~ There must be at least one (1) ~~staff person~~ employee in the same dwelling as people receiving services at all times that is able to respond immediately to the requests/needs

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for assistance from the people ~~individuals~~ in the dwelling. ~~Staff~~ Employees must be awake ~~at all times~~ twenty-four (24) hours a day, seven (7) days a week.

G. ~~H. Sites~~ Service locations certified after ~~the effective date of the standards~~ 07/01/2016, can have no more than four (4) people residing in the home.

H. The setting is selected by the person from setting options including non-disability specific settings and the option of having a private unit, to the degree allowed by personal finances, in the residential setting. This must be documented in the record.

I. ~~H. Individuals~~ People have freedom and support to control their own schedules and activities.

1. ~~Individuals~~ People cannot be made to attend ~~a~~ day services ~~program~~ if they choose to stay home, would prefer to come home after a job or doctor's appointment in the middle of the day, if they are ill, or otherwise choose to remain at home.
2. ~~Staff~~ Employees must be available to support a person's ~~individual~~ choice.

J. For ID/DD Waiver Supervised Living, there must be a Supervised Living Service ~~Program~~ Supervisor for a maximum of four (4) Supervised Living homes. The Supervised Living Service ~~Program~~ Supervisor must meet the qualifications in ~~Standard~~ Rule 11.3.D. Waiver Supervised Living Service ~~Program~~ Supervisors may be limited to supervise less than four (4) homes if deemed necessary by DMH.

1. The Supervised Living Service ~~Program~~ Supervisor is responsible for providing weekly supervision and monitoring at all four (4) homes.
2. Unannounced visits on all shifts, on a rotating basis must take place monthly.
3. All supervision activities must be documented and available for DMH review. Supervision activities include but are not limited to: review of daily ~~S~~service ~~N~~notes to determine if outcomes identified on a person's Plan of Services and Supports are being met; review of meals, meal plans and food availability; review of purchasing; review of people's ~~individuals'~~ finances and budgeting; review of each person's ~~individual's~~ satisfaction with services, employee ~~staff~~, environment, etc.

K. ~~Individuals~~ People must have control over their personal resources. Agency ~~P~~providers cannot restrict access to personal resources. Agency ~~P~~providers must offer informed choice of the consequences/risks of unrestricted access to personal resources. There must be documentation in each person's record regarding all income received and expenses incurred.

L. Nursing services are a component of ID/DD Waiver Supervised Living ~~s~~Services and must be provided in accordance with the MS Nursing Practice Act. Nursing services are a component part of ID/DD Waiver Supervised Living. They must be provided on an as-needed basis. Only activities within the scope of the Nurse Practice Act and Regulations can be provided. Examples of activities may include: Monitoring vital signs; monitoring blood sugar; ~~setting up medication sets for self-administration;~~ administration of

medication; weight monitoring, accompanying people on medical appointments, etc. Refer to Rule 13.8

M. The amount of employee ~~staff~~ supervision someone receives is based on tiered levels of support determined by a person's score on the Inventory for Client and Agency Planning ~~(ICAP)~~ and risk reflected in the Plan of Services and Supports and the Activity Support Plan.

N. Medical Supervised Living provides a ~~A~~ higher reimbursement rate ~~may be available~~ for ~~individuals~~ people enrolled in the ID/DD Waiver who are considered medically fragile and whose medical condition requires intensive supports, including skilled nursing services, that exceed what is required in Rule 30.1.L. Admission to Medical Supervised Living must be prior approved by the Bureau of Intellectual/Developmental Disabilities ~~BIDD~~. ~~Individuals~~ People living in the home with someone considered medically fragile must be compatible and not pose a threat to the person who has higher medical support needs. Requirements are outlined in Rule 30.3.

O. Behavioral Supervised Living provides a ~~A~~ higher reimbursement rate ~~may be available~~ for ~~individuals~~ people enrolled in the ID/DD Waiver who have documented patterns of violent and/or non-violent behavior that pose a risk to themselves or others and who require intensive supports in order to live in the community. This may include one-to-one (1:1) employee ~~staff~~ ratios and/or line of sight supervision. Admission to Behavioral Supervised Living must be prior approved by the Bureau of Intellectual/Developmental Disabilities ~~BIDD~~. ~~Individuals~~ People living in the home with someone who requires higher levels of ~~b~~Behavior ~~s~~Support must be compatible. The person receiving a higher level of support must not pose a threat to others living in the home. Requirements are outlined in Rule 30.2.

P. Each ~~individual~~ person must have an Activity Support Plan, ~~that is~~ developed with the person based on his/her Plan of Services and Supports.

Q. Behavior Support may be provided in the supervised living home to provide direct services as well as modify the environment and train employees on implementation of the Behavior Support Plan.

R. Crisis Intervention Services may be provided in the Supervised Living home to intervene in and mitigate an identified crisis situation. Crisis Intervention personnel may remain in the home with the person until the crisis is resolved. This could be in twenty-four (24) hour increments (daily) or less than twenty-four (24) hour increments (episodic), depending on each person's need for support.

S. Visiting hours cannot be restricted unless mutually agreed upon by all people living in the home.

T. People have choices about housemates and with whom they share a room. There must be documentation in each person's record of the person/people they chose to be their

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roommate/housemate.

U. People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two (2) people may share a bedroom.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 30.2 Behavioral Supervised Living**

A. Rule 30.1 Supervised Living Services for people with intellectual/developmental disabilities service components and Rule 30.4 Environment and Safety for Supervised Living for people with intellectual/developmental disabilities applies to Behavioral Supervised Living.

B. Behavioral Supervised Living provides a level of service 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. Behavioral Supervised Living must be prior approved by Specialized Needs Committee and Bureau of Intellectual/Developmental Disabilities.

C. Eligibility Criteria includes:

1. Acts as a person that may have or have caused great emotional harm to self or others (e.g., sexual assault);
2. 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 service;
3. The person engages in self-injurious behaviors that cause him/her to harm him/herself because of both internal and external stimuli; and,
4. 1:1 staffing hours are necessary to ensure the health and safety of the person and/or others.

D. Behavioral Supervised Living Personnel Training

1. All employees who have any direct contact with the person must be MANDT © certified or hold another nationally recognized credential approved by DMH. The credential must be obtained before the employee can begin working with the person.

2. All employees working with the person must receive timely person-specific training before the person moves into the home. If a person is already living in the Supervised Living arrangement, the Behavior Consultant and/or behavior interventionist will train/re-train employees once the Behavior Support Plan is developed.

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3. Documentation of Employee Training
   (a) Documentation of MANDT© or other nationally recognized training must be in the personnel record.
   (b) Documentation of person-specific training must be signed and dated by the employees receiving the training as well as the person providing the training. For people moving from an institution, employees that have been serving the person may provide the training.

4. Documentation Requirements for Behavioral Supervised Living
   (a) The Behavior Consultant must begin the Functional Behavioral Assessment (FBA) upon notification from the Support Coordinator that Behavioral Supervised Living has been approved for the person. The Functional Behavioral Assessment 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 Functional Behavioral Assessment.
   (b) Service Notes must reflect the person's and the employee'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 one-to-one (1:1) staffing.
   (c) Data must be collected as directed by the Behavior Consultant.
   (d) 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.
   (e) 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.

E. Provider responsibilities for services provided away from the Behavioral Supervised Living Home

1. The agency provider must be prepared to send employees with the person to his/her day activities in order to ensure continuity for the person. The Behavior Consultant and/or Interventionist must train employees 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 agency provider of Day Services is different than the agency provider of Behavioral Supervised Living. As long as the person is in Behavioral Supervised Living, it is the responsibility of the agency provider to ensure the Behavior Support Plan is implemented where the person goes during the day. This can be done by the

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Behavior Consultant/Interventionist or direct care personnel, depending on the situation.

2. Once employees have been trained and the identified behavior(s) begin to mitigate, the Behavioral Supervised Living personnel can be faded. However, the situation must be monitored. If changes in the person's behavior(s) occur, Behavioral Supervised Living personnel must return to the setting where the behaviors are occurring and either retrain employees or revise the Behavior Support Plan.

F. Ongoing Review of Need for Behavioral Supervised Living

1. The DMH Specialized Needs Committee will determine the need for ongoing Behavioral Supervised Living at least annually.

2. 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 (1) time; partial submissions of required information will not be accepted.
   (a) Service Notes (previous three [3] months)
   (b) Serious Incident reports (previous six [6] months)
   (c) Behavior Reports (previous six [6] months)
   (d) Functional Behavior Assessment (for 1st annual review)
   (e) Behavior Support Plan (for 1st annual review)
   (f) Quarterly Review reports (previous two [2] quarters)
   (g) Documentation of employee training MANDT© or other approved training certificates for all employees and as well as person-specific training

G. Use of Other Behavior Services

1. People who receive Behavioral Supervised Living cannot also receive Behavior Support Or Crisis Intervention Services. The goal is for the agency provider's Behavioral Supervised Living Team to be able to resolve/mitigate issues/behaviors where the person lives/receives day services. Alternate living arrangements may be used for short-term purposes.

2. 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 approved by the Bureau of Intellectual/Developmental Disabilities.

3. Crisis Support should be the last resort.

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**Rule 30.3 Medical Supervised Living**

A. Rule 30.1 Supervised Living Services for Intellectual/Developmental Disabilities Service Components and rule 30.4 Environment and Safety for Supervised Living for People With Intellectual/Developmental Disabilities, applies to Medical Supervised Living.

B. Medical Supervised Living provides additional support for people with 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 by the registered nurse. Medical Supervised Living must be prior approved by Specialized Needs Committee and Bureau of Intellectual/Developmental Disabilities.

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

2. 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.

C. Pre-Admission Requirements for Medical Supervised Living

1. For people moving from home or already receiving Supervised Living, the agency 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

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(i) Extremities
(j) Risk for falls
(k) Special Diet Requirements

The nursing assessment by the registered nurse must result in a Nursing Care Plan and must be updated every sixty (60) days or as needed.

2. For people moving from an institution, the agency provider's registered nurse 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

D. Employee Training

1. Someone Already Receiving Supervised Living

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

2. 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, employees 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.

3. Documentation of Training

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

E. Additional Documentation Requirements for Medical Supervised Living

1. 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.

2. There must be at least monthly nursing notes and monthly assessment from a registered nurse that includes:
   (a) A summary of all visits/contacts related to the person's physical or medical condition(s).
   (b) A description of the person's current physical medical status.

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(c) 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.

3. The skilled nursing services provided and the person's response to the interventions.

F. Additional Requirements

1. Agency providers of Medical Supervised Living must have a nurse (RN or LPN) on-call twenty-four hours a day seven days a week (24/7) to respond to requests for assistance/information from employees in the home.
2. Licensed practical nurses can provide daily nursing care.

G. Ongoing Review of Need for Medical Supervised Living

1. The DMH Specialized Needs Committee will review the need for ongoing Medical Supervised Living at least annually, before recertification.

2. 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:
   (a) Nurse's notes from the previous two (2) months;
   (b) Nursing assessments from the previous two (2) months;
   (c) Current Nursing Care Plan;
   (d) Relevant information from other agency providers (home health, day service, etc.); and,
   (e) Rationale for the need for continued Medical Supervised Living.

H. Short-Term Medical Supervised Living

1. 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.

2. 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 the Bureau of Intellectual/Developmental Disabilities before short-term Medical Supervised Living can be authorized.
   (a) Physician/Specialty evaluation notes (agency provider/family responsibility)
   (b) Discharge Plan (agency provider/family responsibility)
   (c) Other information deemed relevant to support the continued need for the service

3. 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 the Bureau of Intellectual/Developmental Disabilities within two (2) weeks before the end of the first sixty (60) day stay:

(a) Estimated number of additional days needed;
(b) Justification for the additional days;
(c) Nurse's notes since the beginning of the stay;
(d) Nursing assessments;
(e) Nursing Care Plan; and,
(f) Any information from home health, therapists, or other agency providers who may have delivered services to the person.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~30.2~~ 30.4 Environment and Safety for Supervised Living for IDD**

A. Supervised Living locations ~~sites~~ must be a "home-like" environment.

B. All service locations ~~sites~~ must have furnishings that are safe, up-to-date, comfortable, appropriate, and adequate. Furnishings, to the greatest extent possible, are chosen by the people ~~individuals~~ currently living in the home.

C. All agency providers must provide access to a washer and dryer in the home, apartment, or apartment complex and must ensure the laundry room or area has an exterior ventilation system for the clothes dryer free from excessive lint and dust accumulation.

D. Agency ~~P~~providers must develop policies regarding pets and animals on the premises. Animal/Pet policies must address, at a minimum, the following:

1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained on-site;
2. Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.);
3. Procedures to ensure pets will be kept away from food preparation sites and eating areas; and,
4. Procedures for controlling pets to prevent injury to people ~~individuals~~ living in the home as well as visitors and employees ~~staff~~ (e.g., animal in crate, put outside, put in a secure room, etc.).

E. Resident bedrooms must not have windows over forty-four (44) inches off the floor if identified as a means of egress. All windows at all levels must be operable.

F. Resident bedrooms must meet the following dimension requirements:

1. Single room occupancy - at least one hundred (100) square feet; and,
2. Multiple occupancy - at least eighty (80) square feet for each resident.



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G. Resident bedrooms must be appropriately furnished with a minimum of a single bed, chest of drawers, appropriate lighting and adequate storage/closet space for each resident~~;~~.

H. Resident bedrooms must be located so as to minimize the entrance of unpleasant odors, excessive noise, or other nuisances.

I. Beds must be provided with a good grade of mattress which is at least four (4) inches thick on a raised bed frame. Cots or roll-away beds may not be used.

J. Each bed must be equipped with a minimum of one (1) pillow and case, two (2) sheets, spread, and blanket(s). An adequate supply of linens must be available to change linens at least once a week or sooner if they become soiled. ~~Individuals~~ People must be able to choose their own bedding.

K. ~~Individuals~~ People have the freedom to furnish and decorate their own rooms in compliance with any leas~~t~~e restrictions that may be in place regarding wall color, wall hangings, etc.

L. All service locations ~~programs~~ must have a bathroom with at least one (1) operable toilet, one (1) operable lavatory/sink and one (1) operable shower or tub for every six (6) residents for service locations certified before 7/1/2016.

M. All service locations ~~programs~~ must ensure bathtubs and showers are equipped with:
   1. Soap dishes;
   2. Towel racks;
   3. Shower curtains or doors; and,
   4. Grab bars (as needed by the residents).

N. Each resident must be provided at least two (2) sets of bath linens, including bath towels, hand towels, and wash cloths.

O. All Supervised Living locations ~~sites~~ of two (2) stories or more in height where residents are housed above the ground floor must be protected throughout by an approved automatic sprinkler system and a fire alarm and detection system.

P. Auditory smoke/fire alarms with a noise level loud enough to awaken residents must be located in each bedroom, hallways and/or corridors, and common areas.

Q. ~~Residential programs~~ Supervised living locations using fuel burning equipment and/or appliances (i.e. gas heater, gas water heater, etc.) must have carbon monoxide alarms/detectors placed in a central location outside of sleeping areas.

R. Each bedroom must have at least two (2) means of ~~escape~~ egress.

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S. The exit door(s) nearest the residents' bedrooms must not be locked in a manner that prohibits ease of exit.

T. Residents must not have to travel through any room not under their control (i.e. subject to locking) to reach designated exit, visiting area, dining room, kitchen, or bathroom.

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

V. All service locations ~~sites~~ must have separate storage areas for:

1. Sanitary linen;
2. Food (Food supplies cannot be stored on the floor.); and,
3. Cleaning supplies.

W. All service locations ~~programs~~ must ensure an adequate, operable central heating and cooling system is provided to maintain temperature between sixty-eight (68) degrees and ~~seventy-eight~~ seventy-six (~~78~~ 76) degrees Fahrenheit.

X. The setting is integrated in and supports full access to the community to the same extent as people not receiving ~~S~~supervised ~~L~~living services.

Y. ~~There must be visiting hours that are mutually agreed upon by all people living in the residence. Visiting hours cannot be restricted unless mutually agreed upon by all people living in the dwelling.~~

Y.~~Z.~~ Agency ~~P~~providers must provide furnishings used in common areas (den, dining, and bathrooms) if:

1. The ~~individual~~ person does not have these items; or
2. These items are not provided through ~~Bridge to Independence (Money Follows the Person) or~~ Transition Assistance through the ID/DD waiver.

~~AA.Individuals have choices about housemates and with whom they share a room. There must be documentation in each person's record of the person/people they chose to be their roommate.~~

Z. ~~BB.~~ ~~Individuals~~ People must have keys to their living unit (e.g., house or apartment) if they so choose, to ensure privacy and dignity.

~~CC.The setting is selected by the individual from setting options including non-disability specific settings and the option of having a private unit, to the degree allowed by personal finances, in the residential setting. This must be documented in the record.~~

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AA. ~~DD~~. To protect privacy and dignity, b~~B~~edrooms must have lockable entrances with each person having a key to his/her bedroom, if they choose, with ~~and~~ only appropriate personnel ~~staff~~ having keys.

BB.~~EE.~~ ~~Individuals~~ People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two (2) ~~individuals~~ people may share a bedroom.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~30.3~~ 30.5 ID/DD Waiver Host Homes**

~~A. Host Homes must also meet the requirements in Rule 30.1.~~

A. ~~B.~~Host Homes are private homes where no more than one person ~~individual~~ who is at least five (5) years of age lives with a family and receives personal care and supportive services. If the person requesting this service is under five (5) years of age, admission must be prior approved by the Bureau of Intellectual/Developmental Disabilities ~~BIDD~~ Director.

B. ~~C.~~Host Home ~~F~~families are a stand-alone family living arrangement in which the principal caregiver in the Host Home assumes the direct responsibility for the participant's physical, social, and emotional well-being and growth in a family environment.

C. ~~D.~~Host Home Services include assistance with personal care, leisure activities, social development, family inclusion, community inclusion, and access to medical services. Natural supports are encouraged and supported. Supports are to be consistent with the participant's skill level, goals, and interests.

D. ~~E.~~Host Homes are administered and managed by agency providers ~~agencies~~ that are responsible for all aspects of Host Home Services. Host Home agency~~ies~~ providers must:

1. Complete an evaluation of each prospective Host Home family and setting. The evaluation must be prior approved by the Bureau of Intellectual/Developmental Disabilities ~~BIDD~~;
2. Conduct background checks for all Host Home family members over the age of eighteen (18);
3. Provide training to Host Home service providers that is in compliance with Chapter 12;
4. Ensure each Host Home family member has had a medical examination within twelve (12) months of anyone moving into the Host Home and at least annually thereafter which indicates that they are free from communicable disease(s);
5. Maintain current financial and property records for each person ~~individual~~ served in a Host Home;
6. Conduct at least monthly home visits to each Host Home;
7. Ensure availability, quality and continuity of Host Homes;

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8. Take into account compatibility with the Host Home ~~F~~family member(s) including age, support needs, and privacy needs;
9. Ensure each person ~~individual~~ receiving Host Home Services has his/her own bedroom;
10. Recruit and oversee the Host Home;
11. Have twenty-four (24) hour responsibility for the Host Homes which includes back-up staffing for scheduled and unscheduled absences of the Host Home family~~.~~; and,
12. Have plans for when a Host Home family becomes unable to provide the services to someone on an immediate basis. The agency provider must ensure the availability of back-up plans to support the person until another suitable living arrangement can be secured.

E. ~~F.~~ Relief staffing may be provided in the person's ~~individual's~~ Host Home by another certified Host Home ~~F~~family or by employees ~~staff~~ of the Host Home agency provider or in another Host Home ~~F~~family's home.

F. ~~G.~~ Host Home ~~F~~family components:

1. The principal caregiver in the Host Home must attend and participate in the meeting to develop the ~~individual~~ person's Plan of Services and Supports ~~(PSS)~~.
2. The Host Home ~~F~~family must follow all aspects of the ~~individual~~ person's Home and Community Supports Plan of Services and Supports ~~PSS~~ and any support/activity plan (e.g. Plan of Services and Supports, Behavior Support Plan, ~~n~~Nutrition ~~p~~Plan, etc.) the person ~~individual~~ might have.
3. The Host Home ~~F~~family must take and assist the ~~individual~~ person in attending appointments (i.e., medical, therapy, etc.).
4. The Host Home ~~F~~family must provide transportation as would a natural family member.
5. The principal caregiver must maintain required documentation.
6. The ~~principle~~ principal caregiver must meet all ~~staff~~ employee training requirements as outlined in the DMH Operational Standards and DMH Record Guide.
7. The Host Home ~~F~~family and/or principal caregiver must participate in all training provided by the Host Home agency provider.
8. ~~The principal caregiver must maintain all documentation as required in the DMH Record Guide.~~

G. Host Home family must provide the following services as appropriate to each person's support needs:

1. Direct personal care assistance activities such as:
   (a) Grooming;
   (a) Eating;
   (b) Bathing;
   (c) Dressing; and,
   (d) Personal care needs.

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2. Instrumental activities of daily living which include:
   (a) with planning and preparing meals;
   (b) Cleaning;
   (c) Transportation;
   (d) Assistance with mobility both at home and in the community;
   (e) Supervision of the person's safety and security;
   (f) Banking;
   (g) Shopping;
   (h) Budgeting;
   (i) Facilitation of the person's participation in community activities;
   (j) Use of natural supports and typical community services available to everyone;
   (k) Social activities;
   (l) Participation in leisure activities;
   (m) Development of socially valued behaviors; and,
   (n) Assistance with scheduling and attending appointments.

3. Host Home families must provide meals at least three (3) times a day and snacks must be provided throughout the day. Host Home should document people's preferences and choices when meal planning and have a menu that includes varied, nutritious meals and snacks.
   (a) People must have access to food at any time, unless prohibited by his/her individual plan.
   (b) People must have choices of the food they eat.
   (c) People must have choices about when and with whom they eat.

H. The Host Home agency provider is responsible for ensuring the person ~~individual~~ has basic furnishings in his/her bedroom if those furnishings are not available from another resource such as ~~Bridge to Independence (Money Follows the Person) or~~ Transition Assistance through the ID/DD ~~w~~Waiver. Basic furnishings include: bed frame, mattress, box springs if needed, chest of drawers, two (2) sets of bed linens, two (2) sets of towels and appropriate lighting.

I. ~~Individuals~~ People receiving Host Home Services are not eligible for Home and Community Supports, Shared Supported Living, Supported Living, Supervised Living, In-Home Nursing Respite, In-Home Respite or Community Respite Services.

J. ~~Individuals~~ People are not to be left home alone or with someone under the age of eighteen (18), for any length of ~~at any~~ time.

K. ~~Individuals~~ People receiving Host Home ~~s~~Services must have access to the community to the same degree as people not receiving services. This includes access to leisure and other community participation activities.

L. Each ~~individual~~ person must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~30.4~~ 30.6 Supported Living Services for IDD Service Components**

A. Supported Living is provided to ~~individuals~~ people who reside in their own residences (either owned or leased by themselves or an agency provider) for the purposes of increasing and enhancing independent living in the community. The residence can be a Supervised Living-certified location, if the person so chooses. Supported living is for people ~~individuals~~ who need less than twenty-four (24) hour employee ~~staff~~ support per day. ~~Staff~~ Employees must be on-call 24/7 in order to respond to emergencies via phone call or return to the living site, depending on the type of emergency. Supported Living ~~s~~Services are provided in a home-like setting where people have access to the community at large to the same extent as people who do not have an intellectual/developmental disability ~~IDD~~.

B. Supported Living Services are for people ~~individuals~~ age eighteen (18) and above ~~with serious mental illness and/or~~ who have intellectual/developmental disabilities and are provided in residences in the community with four (4) or fewer ~~individuals~~ people.

C. Supported Living provides assistance with the following, depending on each person's ~~individual's~~ support needs:

1. Grooming;
2. Eating;
3. Bathing;
4. Dressing; and,
5. Other personal needs.

D. Supported Living provides assistance with instrumental activities of daily living which include assistance with:

~~1. Planning and preparing meals~~
~~2. Transportation or assistance with securing transportation~~
~~3. Assistance with mobility both at home and in the community~~
~~4. Supervision of the individual's safety and security~~
~~5. Banking~~
~~6. Shopping~~
~~7. Budgeting~~
~~8. Facilitation of the individual's inclusion participation in community activities~~
~~9. Use of natural supports~~

1. Assistance with planning and preparing meals;
2. Cleaning;
3. Transportation;
4. Assistance with mobility both at home and in the community;
5. Supervision of the person's safety and security;
6. Banking;

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7. Shopping;
8. Budgeting;
9. Facilitation of the person's participation in community activities;
10. Use of natural supports and typical community services available to everyone;
11. Social activities;
12. Participation in leisure activities;
13. Development of socially valued behaviors; and,
14. Assistance with scheduling and attending appointments.

E. Agency ~~P~~providers ~~must develop methods, procedures and activities to provide~~ facilitate meaningful days and independent living choices. ~~about activities/services/staff for the individual(s) served in the community.~~

~~F. Procedures must be in place for individual(s) to access any other needed services as well as typical community services available to all people in order to facilitate meaningful days.~~

F. ~~G.~~ The amount of service hours are determined by ~~For individuals with IDD staff ratios are dependent upon~~ the level of support required ~~by~~ for the person ~~individual~~. The maximum amount of hours shall~~,~~ not ~~to~~ exceed eight (8) hours per twenty-four (24) hour period for ID/DD Waiver and four (4) hours per twenty-four (24) hour period for IDD Community Support Program.

G. ~~H.~~Supported Living personnel must assist the person in participation of community activities. Supported Living ~~s~~Services for community participation activities may be shared by up to three (3) people ~~individuals~~ who may or may not live together and who have a common direct service provider ~~agency~~. In these cases, people ~~individuals~~ may share Supported Living personnel ~~staff~~ when agreed to by the people ~~individuals~~ and when the health and welfare can be assured for each person ~~individual~~.

H. ~~I.Individuals~~ People in Supported Living cannot also receive: Supervised Living, Host Home services, In-Home Nursing Respite, In-Home Respite, Home and Community Supports, Shared Supported Living or Community Respite.

I. ~~J.~~Nursing services are a component part of ID/DD Waiver Supported Living. They must be provided as-needed, based on each ~~individual~~ person's need for nursing services. Examples of activities may include: ~~M~~monitoring vital signs; monitoring blood sugar; ~~setting up medication sets for self-administration;~~ administration of medication; weight monitoring; periodic assessment, accompanying people on medical appointments, etc.

J. All employees the person invites to the Plan of Services and Supports meeting must attend and participate in the development and review of the person's Plan of Services and Supports.

K. Supported Living personnel who did not participate in the development of the person's initial Plan of Services and Supports must be trained regarding the person's Plan of

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Services and Supports and Activity Support Plan prior to beginning work with the person. The training must be documented.

L. Each person must have an Activity Support Plan, developed with the person, which is based on his/her Plan of Services and Supports.

M. Behavior Support may be provided during the provision of Supported Living to provide direct services as well as modify the environment and train employees in implementation of the Behavior Support Plan.

N. Crisis Intervention Services may be provided in the home of someone receiving Supported Living Services to intervene in and mitigate and identify crisis situation. Crisis Intervention personnel may remain in the home with the person until the crisis is resolved. This could be in twenty-four (24) hour increments (daily) or less than twenty-four (24) hour increments (episodic), depending on each person's need for support.

O. In living arrangements in which the residents pay rent and/or room and board to the agency provider, there must be a written financial agreement which addresses, at a minimum, the following:

1. Procedures for setting and collecting fees and/or room and board (in accordance with Part 2: Chapter 10 Fiscal Management).
2. A detailed description of the basic charges agreed upon (e.g., rent (if applicable), utilities, food, etc.).
3. The time period covered by each charge (must be reviewed at least annually or at any time charges change).
4. The service(s) for which special charge(s) are made (e.g., internet, cable, etc.).
5. The written financial agreement must be explained to and reviewed with the person/legal representative prior to or at the time of admission and at least annually thereafter or whenever fees are changed.
6. A requirement that the person's record contain a copy of the written financial agreement which is signed and dated by the person/legal representative indicating the contents of the agreement were explained to them and they are in agreement with the contents. A signed copy must also be given to the personal/legal guardian or representative.
7. The written financial agreement must include language specifying the conditions, if any, under which a person might be evicted from the living setting that ensures that the agency provider will arrange or collaborate with Support Coordination to arrange an appropriate replacement living option to prevent the person from becoming homeless as a result of discharge/termination from the community living provider.
8. People receiving ID/DD Waiver Services must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi (MS Code Ann. 1972 §89-7-1 to125 and §89-8-1 to 89-8-1 to 89).

P. People must have control over their personal resources. Agency providers cannot restrict access to personal resources. Agency providers must offer informed choices of the

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consequences/risks of unrestricted access to personal resources. There must be documentation in each person's record regarding all income received and expenses incurred.

Q. Visiting hours cannot be restricted unless mutually agreed upon by all people living in the dwelling.

R. The setting is selected by the individual from setting options including non-disability specific settings and the option of having a private unit, to the degree allowed by personal finances, in the residential setting. This must be documented in the record.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~30.5~~ 30.7 Supported Living for IDD Environment and Safety**

A. Each housing unit/house must provide operable 2A-10B, C multi-purpose fire extinguishers in fixed locations that are readily accessible for use in the home , (i.e., kitchens, laundry areas, garages, gas water heater locations) and must be mounted in a secure manner.

B. Agency ~~P~~providers must document that all fire extinguishers are properly maintained and serviced. Homes must have evidence that fire extinguishers are being recharged or replaced, as needed, but at a minimum every six (6) years. Fire extinguishers that cannot be recharged for whatever reason must be replaced immediately.

C. Each housing unit/house must have, at a minimum, operable carbon monoxide detector where natural gas or any other source of carbon monoxide emission is used or where there is an open flame (e.g., gas heater, gas water heater, etc.). One (1) carbon monoxide detector must be located in every one thousand (1,000) square foot area or less.

D. In lieu of posted escape routes, agency providers must document training that prepares a~~n individual~~ person to exit their housing unit/house in the event of emergency.

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

E. ~~F.~~ Upon admission and a~~A~~t least annually thereafter, training must be provided to adult~~s individuals~~ people receiving Supported Living Services (whether or not the housing unit is owned~~/operated~~ or controlled by the agency provider) which includes, but is not limited to, the following:

1. The PASS (Pull, Aim, Squeeze, Sweep) method of using a fire extinguisher. If necessary, ~~staff~~ employees must assist in obtaining and mounting fire extinguisher;

2. Fire, smoke and carbon monoxide safety and the use of detectors. If necessary, employees ~~staff~~ must assist in obtaining and mounting fire, smoke and carbon monoxide detectors;
3. Hot water safety. If necessary, employees ~~staff~~ must assist in testing and regulating the hot water temperature, documenting such in a log to be maintained by the agency provider employees ~~staff~~; ~~and,~~
4. Any other health/safety issues based on the needs or identified risk for each person; ~~individual~~.
5. How to contact 911 in an emergency; and,
6. How to contact agency provider's employee in an emergency.

F. Supported Living services are provided in home-like settings where people have access to the community at large, to the extent they desire, as documented in the Plan of Services and Supports and Activity Support Plan.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~30.6~~ 30.8 Shared Supported Living for IDD Service Components**

A. Shared Supported Living ~~s~~Services are for people ~~individuals~~ age eighteen (18) and older who have an intellectual/developmental disability ~~IDD~~ and are provided in compact geographical areas (e.g. an apartment complex) in residences either owned or leased by themselves or an agency provider. Employee ~~Staff~~ supervision is provided at the service location ~~program site~~ and in the community but does not include direct employee ~~staff~~ supervision at all times. ~~Waiver Supervised Living Program Supervisors may be limited to supervise less than 24 individuals served if deemed necessary by DMH.~~

1. The amount of ~~staff~~ employee supervision someone receives is based on tiered levels of support based on a person's ~~score~~ support level on the Inventory for Client and Agency Planning ~~(ICAP)~~.

2. There must be awake employee(s) ~~staff~~ twenty-four (24) hours per day, seven (7) days per week when people ~~individuals~~ are present in any of the living units. ~~Staff~~ Employees must be able to respond to requests/need for assistance from people ~~individuals~~ receiving services within five (5) minutes at all times people ~~individuals~~ are present at the service location ~~program site~~.

B. Nursing ~~s~~Services are a component part of ID/DD Waiver Shared Supported Living. They must be provided as-needed, based on each ~~individual~~ person's need for nursing services. Examples of activities may include: ~~M~~monitoring vital signs; monitoring blood sugar; ~~setting up medication sets for self-administration;~~ administration of medication; weight monitoring; periodic assessment, accompanying people on medical appointments, etc. Refer to Rule 13.8

C. Shared Supported Living provides people ~~individuals~~ assistance with direct personal care activities such as:
   1. Grooming;
   2. Eating;
   3. Bathing;
   4. Dressing; and,
   5. Other personal needs.

D. Shared Supported Living provides assistance with instrumental activities of daily living which include:
   1. ~~Planning and preparing meals~~
   ~~2. Transportation~~
   ~~3. Assistance with mobility both at home and in the community~~
   ~~4. Supervision of the individual's safety and security~~
   ~~5. Banking~~
   ~~6. Shopping~~
   ~~7. Budgeting~~
   ~~8. Facilitation of the individual's participation in community activities~~
   ~~9. Use of natural supports and typical community services available to all people in order to facilitate meaningful days~~
   ~~10. Routine healthcare~~
   1. Assistance with planning and preparing meals;
   2. Cleaning;
   3. Transportation;
   4. Assistance with mobility both at home and in the community;
   5. Supervision of the ~~individual~~ person's safety and security;
   6. Banking;
   7. Shopping;
   8. Budgeting;
   9. Facilitation of the ~~individual~~ person's participation in community activities;
   10. Use of natural supports and typical community services available to everyone;
   11. Social activities;
   12. Participation in leisure activities;
   13. Development of socially valued behaviors;
   14. Assistance with scheduling and attending appointments; and,
   15. Routine and emergency healthcare.

E. Shared Supported Living providers must assist people in arranging and accessing routine and emergency medical care and monitoring their health and/or physical condition. Documentation of the following must be maintained in each person's record:

   1. Assistance with making doctor/dentist/optical appointments;
   2. Transporting and accompanying people to such appointments; and,
   3. Conversations with the medical professional, if the person gives consent.

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F. Shared Supported Living providers must transport people to and from community activities, work, other places of the person's choice, and other locations chosen by the person as documented in the Activity Support Plan and Plan of Services and Supports.

G. Shared Supported Living providers must provide the following for the person:

1. Familiarization with the living arrangement and neighborhood;
2. Introduction to employees and other residents (if appropriate);
3. Description of the written materials provided upon admission, and,
4. Description of the process for informing people/parent(s)/legal representative(s) of their rights, responsibilities and any service policies prior to or at the time of admission.

H. Agency providers must ensure that each person has access to meals at least three (3) times per day and snacks and drinks throughout the day. Documentation of meal planning for each person must be available for review (grocery lists, menus, etc.).

1. People must have access to food at any time. Any restrictions must be documented in his/her Plan of Services and Supports and/or Activity Support Plan.
2. People must have choices of the food they eat. Any restrictions must be documented in his/her Plan of Services and Supports and/or Activity Support Plan.
3. People must have choices about when and with whom they eat.

I. People receiving services are prohibited from having friends, family members, etc., living with them who are not also receiving services as part of the Shared Supported Living Services.

J. In living arrangements in which the residents pay rent and/or room and board to the agency provider, there must be a written financial agreement which addresses, at a minimum, the following:

1. Procedures for setting and collecting fees and/or room and board (in accordance with Part 2: Chapter 10 Fiscal Management.

2. A detailed description of the basic charges agreed upon (e.g., rent (if applicable), utilities, food, etc.).

3. The time period covered by each charge (must be reviewed at least annually or at any time charges change).

4. The service(s) for which special charge(s) are made (e.g., internet, cable, etc.).

5. The written financial agreement must be explained to and reviewed with the person/legal representative prior to or at the time of admission and at least annually thereafter or whenever fees are changed and documented in the person's record.

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6. A requirement that the person's record contain a copy of the written financial agreement which is signed and dated by the person/legal representative indicating the contents of the agreement were explained to them and they are in agreement with the contents. A signed copy must also be given to the person/legal guardian or representative.

7. The written financial agreement must include language specifying the conditions, if any, under which a person might be evicted from the living setting that ensures that the agency provider will arrange or collaborate with Support Coordination to arrange an appropriate replacement living option to prevent the person from becoming homeless as a result of discharge/termination from the Shared Supported Living provider.

8. People receiving ID/DD Waiver services must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi (MS Code Ann. 1972 §89-7-1 to125 and §89-8-1 to 89-8-1 to 89).

K. People must have control over their personal resources. Agency providers cannot restrict access to personal resources. Agency providers must offer informed choice of the consequences/risks of unrestricted access to personal resources. There must be documentation in each person's record regarding all income received and expenses incurred.

L. ~~E.Individuals~~ People have freedom and support to control their own schedules and activities.

1. ~~Individuals~~ People cannot be made to attend ~~a~~ day services ~~program~~ if they choose to stay home, would prefer to come home after a job or doctor's appointment in the middle of the day, if they are ill, or otherwise choose to remain at home.
2. ~~Staff~~ Employees must be available to support individual choice.

M. ~~F.~~All ~~required~~ ~~staff~~ employees the person invites to the Plan of Services and Supports meeting must attend and participate in the development and review of the person's Plan of Services and Supports.

N. If Shared Supported Living personnel were unable to participate in the development of the person's Plan of Services, employees must be trained regarding the person's plan prior to beginning work with the person. This training must be documented as defined in the Record Guide.

O. ~~G.~~ Agency ~~P~~providers must develop methods, procedures and activities to provide meaningful days and independent living choices about activities/services/employees ~~staff~~ for the people ~~individual(s)~~ served in the community.

P. ~~H.~~Shared Supported Living services for community participation activities may be shared by up to three (3) people ~~individuals~~ who may or may not live together and who have a

common direct ~~service provider~~ agency provider. In these cases, people ~~individuals~~ may share Supported Living ~~staff~~ personnel when agreed to by the people ~~individuals~~ and when the health and welfare can be assured for each person ~~individual~~.

Q. ~~I.Individuals~~ People in Shared Supported Living Cannot Also Receive: Supervised Living, Host Home S~~s~~ervices, In-Home Nursing Respite, In-Home Respite, Home And Community Supports, Supported Living Or Community Respite.

R. ~~J.~~The amount of ~~staff~~ employee supervision someone receives is based on tiered levels of support determined by a person's ~~score~~ support level on the Inventory for Client and Agency Planning ~~(ICAP)~~ and risk reflected in the Plan of Services and Supports and the Activity Support Plan.

S. A person must be eighteen (18) years or older to participate in Shared Supported Living.

T. Each person must have an Activity Support Plan that is developed based on his/her Plan of Services and Supports.

U. Visiting hours cannot be restricted unless mutually agreed upon by all people living in the dwelling.

V. People have choices about housemates and with whom they share a room. There must be documentation in each person's record of the person/people they chose to be their roommate.

W. The setting is selected by the individual from setting options including non-disability specific settings and the option of having a private unit, to the degree allowed by personal finances, in the residential setting. This must be documented in the record.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~30.7~~ 30.9 Shared Supported Living for IDD Environment and Safety**

A. Each housing unit/house must provide operable 2A-10B, C multi-purpose fire extinguishers in fixed locations that are readily accessible for use in the home , (i.e., flammable storage areas, kitchens, laundry areas, garages, gas water heater locations) and must be mounted in a secure manner.

B. Agency ~~P~~providers must document that all fire extinguishers are properly maintained and serviced. Homes must have evidence that fire extinguishers are being recharged or replaced, as needed, but at a minimum every six (6) years. Fire extinguishers that cannot be recharged for whatever reason must be replaced immediately.

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C. Each housing unit/house must have, at a minimum, operable carbon monoxide detectors located where natural gas or any other source of carbon monoxide emission is used or where there is an open flame (e.g., gas heater, gas water heater, etc.). One (1) carbon monoxide detector must be located in every one thousand (1,000) square foot area or less.

D. In lieu of posted escape routes, agency providers must document training that prepares a~~n individual~~ person to exit their housing unit/house in the event of emergency.

~~E. Training must take place upon admission and at least monthly thereafter. This documentation must be maintained on site, in each person's record.~~

E. ~~F.~~Upon admission and a~~A~~t least annually thereafter, training must be provided to adult~~s individuals~~ people receiving Shared Supported Living Services (whether or not the housing unit is owned~~/operated~~ or controlled by the agency provider) which includes, but is not limited to, the following:

1. The PASS (Pull, Aim, Squeeze, Sweep) method of using a fire extinguisher. If necessary, ~~staff~~ employees must assist in obtaining and mounting fire extinguisher;
2. Fire, smoke and carbon monoxide safety and the use of detectors. If necessary, employees ~~staff~~ must assist in obtaining and mounting fire, smoke and carbon monoxide detectors;
3. Hot water safety. If necessary, ~~staff~~ employees must assist in testing and regulating the hot water temperature, documenting such in a log to be maintained by the agency provider employees ~~staff~~; ~~and,~~
4. Any other health/safety issues based on the needs or identified risk for each resident person; ~~individual~~.
5. How to contact 911 in an emergency; and,
6. How to contract agency provider employees in an emergency.

F. ~~G. Sites~~ Service locations certified after ~~the effective date of these Standards~~ 07/01/2016 can have no more than four (4) people in a single dwelling.

G. ~~H.~~ Shared Supported Living locations ~~sites~~ must be a "home-like" environment.

H. ~~I.~~ All service locations ~~sites~~ must have furnishings that are safe, up-to- date, comfortable, appropriate, and adequate. Furnishings, to the greatest extent possible, are chosen by the people ~~individuals~~ currently living in the home.

I. ~~J.~~ All agency providers must provide access to a washer and dryer in the home, apartment, or apartment complex and must ensure the laundry room or area has an exterior ventilation system for the clothes dryer free from excessive lint and dust accumulation.

J. ~~K.~~ Agency ~~P~~providers must develop policies regarding pets and animals on the premises, if allowed by the landlord. Animal/Pet policies must address, at a minimum, the following:

1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained on-site;
2. Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.);
3. Procedures to ensure pets will be kept away from food preparation sites and eating areas; and,
4. Procedures for controlling pets to prevent injury to people ~~individuals~~ living in the home as well as visitors and employees ~~staff~~ (e.g., animal in crate, put outside, put in a secure room, etc.).

K. ~~L.~~ Resident bedrooms must be appropriately furnished with a minimum of a single bed, chest of drawers, appropriate lighting and adequate storage/closet space for each resident.

L. ~~M.~~ Beds must be provided with a good grade of mattress which is at least four (4) inches thick on a raised bed frame. Cots or roll away beds may not be used.

M. ~~N.~~ Each bed must be equipped with a minimum of one (1) pillow and case, two (2) sheets, spread, and blanket(s). An adequate supply of linens must be available to change linens at least once a week or sooner if they become soiled. ~~Individuals~~ People must be able to choose their bedding.

N. ~~O.~~ ~~Individuals~~ People 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.

O. ~~P.~~ Each resident must be provided at least two (2) sets of bath linens, including bath towels, hand towels, and wash cloths.

P. ~~Q.~~ Auditory smoke/fire alarms with a noise level loud enough to awaken residents must be located in each bedroom, hallways and/or corridors, and common areas.

Q. ~~R. Residential~~ Shared Supported Living units ~~programs~~ using fuel burning equipment and/or appliances (i.e. gas heater, gas water heater, etc.) must have carbon monoxide alarms/detectors placed in a central location outside of sleeping areas.

R. ~~S.~~ Residents must not have to travel through any room not under their control (i.e. subject to locking) to reach designated exit, visiting area, dining room, kitchen, or bathroom.

S. ~~T.~~ All service locations ~~sites~~ must have separate storage areas for:

1. Sanitary linen;
2. Food (Food supplies cannot be stored on the floor.); and,
3. Cleaning supplies.

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T. ~~U.~~ All service locations ~~programs~~ must ensure an adequate, operable heating and cooling system is provided to maintain temperature between sixty-eight (68) degrees and ~~seventy-eight~~ seventy-six (~~78~~76) degrees Fahrenheit.

U. ~~V.~~ The setting is integrated in and supports full access to the community to the same extent as people not receiving Shared Supported Living services.

~~W. There must be visiting hours that are mutually agreed upon by all people living in the residence. Visiting hours cannot be restricted unless mutually agreed upon by all people living in the dwelling.~~

V. ~~X.~~ Agency ~~P~~providers must provide furnishings used in common areas (den, dining, and bathrooms) if:

1. The person ~~individual~~ does not have these items; or
2. These items are not provided through ~~Bridge to Independence (Money Follows the Person) or~~ Transition Assistance through the ID/DD waiver.

~~Y. Individuals have choices about housemates and with whom they share a room. There must be documentation in each person's record of the person/people they chose to be their roommate.~~

W. ~~Z.~~ ~~Individuals~~ People must have keys to their living unit if they so choose, to ensure privacy and dignity.

~~AA.The setting is selected by the individual from setting options including non-disability specific settings and the option of having a private unit, to the degree allowed by personal finances, in the residential setting. This must be documented in the record.~~

X. ~~BB.~~ To protect privacy and dignity, b~~B~~edrooms must have lockable entrances with each person having a key to his/her bedroom and only appropriate personnel ~~staff~~ having keys.

Y. People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two (2) people may share a bedroom.

Z. Each bedroom must have at least two (2) means of egress.

AA.The exit door(s) nearest the person's bedroom must not be locked in a manner that prohibits ease of exit.

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

CC. The person's bedroom must not have windows over forty-four (44) inches off the floor if identified as a means of egress. All windows at all levels must be operable.

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DD. The person's bedroom must meet the following dimension requirements:

1. Single occupancy at least one hundred (100) square feet
2. Multiple occupancy at least eighty (80) square feet for each resident.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 31: Community Living Services People ~~Individuals~~ with Substance Use Disorders

**Rule 31.1 General Community Living for ~~Individuals~~ People with Substance Use Disorders**

A. Substance Use Disorder~~s~~ Residential Treatment Services support people ~~individuals~~ as they develop the skills and abilities necessary to improve their health and wellness, live self-directed lives, and strive to reach their full potential in a life of recovery. Services are offered in a community-based treatment setting. The residential continuum of care includes both Primary Residential Services and Transitional Residential Services for people ~~individuals~~ with a substance use disorder ~~SUD~~.

B. Staffing must be sufficient to meet service requirements. Male and female (as appropriate) ~~staff~~ employees must be on-site and available twenty-four (24) hours per day, seven (7) days per week.

C. Residential Services accommodating child residents must adhere to the following:

1. Provide adequate, secure, and supervised play space.
2. Prohibit any form of corporal punishment by personnel ~~staff~~ or ~~individuals~~ people receiving services. ~~Staff~~ Employees must provide residents with information regarding positive approaches to management of children's behavior.
3. Safety measures in place to prohibit access by any child perpetrators/offenders. This includes potential residents or visitors.

D. ~~Programs~~ Services serving children/ ~~or~~ youth must also comply with ~~Rule~~ Part 2: Chapter 29.

E. Caseloads for residential services must have no more than twelve (12) adults or eight (8) adolescents assigned to a single therapist or counselor.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 31.2 Substance Use Disorders Community Living Handbook**

A. In addition to information contained in the agency provider's policy and procedure manual, agency providers of ~~SUD~~ Substance Use Disorder Residential Treatment Services must develop a ~~H~~handbook which includes all applicable policies and procedures. Handbooks are to be provided to the ~~individual~~ person/parent(s)/legal representative(s) during orientation. The Community Living Handbook must be readily available for review by ~~staff~~ employees and must be updated as needed.

B. All agency providers must document that each person ~~individual~~ (and/or parent/legal representative ~~guardian~~) served is provided with a handbook during orientation on the

day of admission. The agency provider must document the review of the handbook with the resident annually (if applicable to the service).

C. The service and site-specific handbook must be written in a person-first, person-friendly manner that can be readily understood by the ~~individual~~ person/parent(s)/legal representative(s).

D. Agency ~~P~~providers must have a written plan for providing the handbook information in a resident's language of choice when necessary if English is not their primary language.

E. At a minimum, the ~~H~~handbook must address the following:

A. A person-friendly, person-first definition and description of the service being provided

2. The philosophy, purpose and overall goals of the service, to include but are not limited to:
   (a) Methods for accomplishing stated goals and objectives;
   (b) Expected results/outcomes; and,
   (c) Methods to evaluate expected results/outcomes.

3. A description of how the service addresses the following items:
   (a) Visitation guidelines;
   (b) External communication guidelines (phone, mail, email, etc.);
   (c) Dating;
   (d) Off-site activities;
   (e) Household tasks;
   (f) Curfew;
   (g) Use of items for personal consumption (i.e., tobacco, dietary supplements, over-the-counter ~~OTC~~ medications, food or drink items, etc.); and,
   (h) Respecting the rights of other residents' privacy, safety, health and choices.

4. A description of the meal schedule is to be provided. Meals must be provided at least three (3) times per day and a snack must be provided throughout the day. Documentation of the meal planning must be available for review and documentation must include development of menu with input from the person living in the residence that includes varied, nutritious meals and snacks and description of how/when meals and snacks will be prepared.

5. Personal hygiene care and grooming expectations, including assistance available

6. Medication schedule

7. Guidelines for prevention of and protection from infection, including communicable diseases

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8. Policy regarding the search of the ~~individual~~ person's room, person and/or possessions including:
   (a) Circumstances in which a search may occur;
   (b) ~~Staff~~ Employees designated to authorize searches;
   (c) Documentation of searches; and,
   (d) Consequences of discovery of prohibited items.

9. Policy regarding urine drug screening for prohibited/illegal substances including:
   (a) Circumstances in which screens may occur;
   (b) ~~Staff~~ Employees designated to authorize screening;
   (c) Documentation of screening;
   (d) Consequences of positive screening of prohibited substances;
   (e) Consequences of refusing to submit to a screening; and,
   (f) Process for people ~~individuals~~ to confidentially report the use of prohibited substances prior to being screened.

10. Description of the ~~staff~~ employee's responsibility for implementing the protection of the person ~~individual~~ and his/her personal property and rights.

F. Orientation of the person ~~individual~~ to the service including:

1. Familiarization of the person ~~individual~~ with the living arrangement and neighborhood;
2. Introduction to support ~~staff~~ personnel and other residents (if appropriate);
3. Description of the written materials provided upon admission (i.e., handbook, etc.); and,
4. Description of the process for informing ~~individuals~~ people /parent(s)/legal representative(s) ~~guardians~~ of their rights, responsibilities and any service ~~program~~ restrictions or limitations prior to or at the time of admission.

G. Methods for assisting people ~~individuals~~ in arranging and accessing routine and emergency medical and dental care including:

1. Agreements with local physicians and dentists to provide routine care~~;~~
2. Agreements with local physicians, hospitals and dentists to provide emergency care; and,
3. Process for gaining permission from parent(s)/legal representative(s) ~~guardian~~, if necessary.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 31.3 Animals/Pets on the Premises**

A. Agency ~~P~~providers must develop policies regarding pets and animals on the premises for all community living service locations ~~programs~~.

B. Animal/Pet policies must address, at a minimum, the following:

1. Documentation of vaccinations against rabies and all other diseases communicable to humans must be maintained on-site;
2. Procedures to ensure pets will be maintained in a sanitary manner (no fleas, ticks, unpleasant odors, etc.);
3. Procedures to ensure pets will be kept away from food preparation sites and eating areas; and,
4. Procedures for controlling pets to prevent injury to people ~~individuals~~ living in the home as well as visitors and employees ~~staff~~ (e.g., animal in crate, put outside, put in a secure room, etc.).

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 31.4 Transitional Residential Services**

A. Transitional Residential Services are provided in a safe and stable group living environment which promotes recovery while encouraging the pursuit of vocational or related opportunities.

B. A~~n~~ ~~individual~~ Person must have successfully completed a primary residential substance use disorder treatment service ~~program~~ in order to be eligible for admission to transitional residential services. The primary residential substance use disorder ~~residential~~ treatment service ~~program~~ must be at least four (4) weeks long.

C. The program components include at a minimum:

1. At least one (1) hour of individual therapy per week with each person. ~~individual~~
2. A minimum attendance of at least two (2) hours of group therapy per week. Group therapy must be offered at times that accommodate the schedules of the people. ~~individuals~~
3. Family therapy must be offered and available as needed. Documentation of attendance or refusal is required.
4. Psychoeducational groups individualized to the residents. Topics to be address may include, but are not limited to, vocation, education, employment, recovery, or related skills.
5. Therapeutic and leisure/recreational/physical exercise activities (with physician's approval).

D. A written master schedule of activities that documents the provision of the following services:

1. Group therapy;
2. Psychoeducational groups; and,
3. Therapeutic and leisure/recreational/physical exercise activities.



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E. Employment for people ~~individuals~~ in Transitional Residential Services must be community-based and not as part of the service location ~~onsite program~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 31.5 Primary Residential Services**

A. Primary Residential Services is the highest community-based level of care for the treatment of substance use~~/addictive~~ disorders. This level of treatment provides a safe and stable group living environment where the person ~~individual~~ can develop, practice and demonstrate necessary recovery skills.

B. ~~Individuals~~ People admitted into Primary Residential Services must receive a medical assessment within forty-eight (48) hours of admission to screen for health risks.

C. ~~Programs~~ Services must ensure access to each of the following professionals either through agency provider employees ~~program staff~~ or affiliation agreement/contract:

1. A licensed psychiatrist or psychologist with experience in the treatment of substance use disorders or
2. A licensed physician with experience in the treatment of substance use disorders.

D. The ~~program~~ service components include at a minimum:

1. At least one (1) hour of individual therapy per week with each ~~individual~~ person.
2. A minimum attendance of at least five (5) hours of group therapy per week with each ~~individual~~ person.
3. Family therapy must be offered and available at least twice ~~(2)~~ during the course of treatment. Documentation of attendance or refusal by the person ~~individual~~ or family is required.
4. At least twenty (20) hours of psychoeducational groups individualized to the residents. Topics to be addressed may include, but are not limited to, substance use disorders, self-help/personal growth, increasing self-esteem, wellness education, social skills, anger management, the recovery process, and a philosophy of living which will support recovery.
5. At least three (3) hours of family-oriented education activities during the course of treatment.
6. Therapeutic and leisure/recreational/physical exercise activities (with physician's approval).
7. Vocational counseling and planning/referral for follow-up vocational services.
8. For child/youth, an academic schedule indicating school hours.

E. A written master schedule that documents the provision of the following services:

1. Group therapy;

2. Psychoeducational groups;
3. Family-oriented education;
4. Therapeutic and leisure/recreational/physical exercise activities;
5. Vocational counseling and planning/referral; and,
6. For child/youth, an academic schedule indicating school hours.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 31.6 Environment and Safety for Primary and Transitional Residential Services**

A. ~~Programs~~ Service locations must adhere to environmental and safety requirements in this section that are in addition to or more stringent than the requirements in Part 2: Chapter 13 and are specific to Primary and Transitional Services.

B. The agency provider must assign, maintain and document on-site employee ~~staff~~ coverage twenty-four (24) hours a day and seven (7) days a week with an employee ~~staff member~~ designated as responsible for the service location ~~program~~ at all times and male/female employee ~~staff~~ coverage when necessary.

C. All service providers must ensure adequate visiting areas are provided for residents and visitors.

D. All agency providers must ensure the laundry room has an exterior mechanical ventilation system for the clothes dryer free from excessive lint and dust accumulation.

E. All service locations ~~programs~~ must have separate storage areas for:

1. Sanitary linen;
2. Food (Food supplies cannot be stored on the floor.); and,
3. Cleaning supplies.

F. All service locations ~~programs~~ must ensure an adequate, operable central heating and cooling system is provided to maintain temperature between sixty-eight (68) degrees and seventy-eight (78) degrees Fahrenheit.

G. All service locations ~~program~~ of two (2) stories or more in height where residents are housed above the ground floor must be protected throughout by an approved automatic sprinkler system and a fire alarm and detection system (all systems must be operable).

H. Auditory smoke/fire alarms with a noise level loud enough to awaken residents must be located in each bedroom, hallways and/or corridors, and common areas;

I. Service locations ~~Programs~~ using fuel burning equipment and/or appliances (i.e. gas heater, gas water heater, gas/diesel engines, etc.) must have carbon monoxide alarms/detectors placed in a central location outside of sleeping areas;

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J. Each bedroom must have at least two (2) means of ~~escape~~ egress.

K. Residents must not have to travel through any room not under their control (i.e. subject to locking) to reach designated exit, visiting area, dining room, kitchen, or bathroom.~~; and,~~

L. Two (2) means of ~~exit~~ egress per living area must be provided and must be readily accessible at all times, remote from each other, and so arranged and constructed to minimize any possibility that both may be blocked by fire or other emergency condition.

M. ~~Programs~~ Service locations must have the capacity to monitor unauthorized entrance, egress, or movement through the facility; and,

N. Resident bedrooms must have an outside exposure at ground level or above. Windows must not be over forty-four (44) inches off the floor. All windows must be operable.

O. Resident bedrooms must meet the following dimension requirements:

1. Single room occupancy - at least one hundred (100) square feet; and,
2. Multiple occupancy - at least eighty (80) square feet for each resident.

P. Resident bedrooms must house no more than three (3) people ~~persons~~ each;

Q. Resident bedrooms must be appropriately furnished with a minimum of a single bed and chest of drawers and adequate storage/closet space for each resident;

R. Resident bedrooms must be located so as to minimize the entrance of unpleasant odors, excessive noise, or other nuisances;

S. Beds must be provided with a good grade of mattress which is at least four (4) inches thick on a raised bed frame. Cots or roll-away beds may not be used; ~~and~~

T. Each bed must be equipped with a minimum of one (1) pillow and case, two (2) sheets, bedspread, and blanket(s). An adequate supply of linens must be available to change linens at least once a week or sooner if they become soiled~~.~~;

U. All service locations ~~programs~~ must have a bathroom with at least one (1) operable toilet, one (1) operable lavatory/sink and one (1) operable shower or tub for every six (6) residents~~.~~;

V. All service locations ~~programs~~ must ensure bathtubs and showers are equipped with:

1. Soap dishes;
2. Towel racks;
3. Shower curtains or doors; and,
4. Grab bars (as needed by the residents).

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 32 Program~~s~~ of Assertive Community Treatment (PACT)

**Rule 32.1 Service Components of Program~~s~~ of Assertive Community Treatment ~~(PACT)~~**

A. A Program of Assertive Community Treatment (PACT) is an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for people ~~persons~~ who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient services ~~programs~~.

B. The important characteristics of Program of Assertive Community Treatment ~~(PACT)~~ are:

1. ~~PACT~~ Program of Assertive Community Treatment serve~~s~~ people ~~individual~~s who may have gone without appropriate services. Consequently, the individual group is often over represented among the homeless and in jails and prisons, and has been unfairly thought to resist or avoid involvement in treatment.

2. ~~PACT~~ Program of Assertive Community Treatment ~~s~~Services are delivered by a group of multidisciplinary mental health personnel ~~staff~~ who work as a team and provide the majority of the treatment, rehabilitation, and support services people ~~individuals~~ need to achieve their goals. Many, if not all, ~~staff~~ employees share responsibility for addressing the needs of all people ~~individuals~~ requiring frequent contact.

3. ~~PACT~~ Program of Assertive Community Treatment ~~s~~Services are individually tailored with each person ~~individual~~ and address the preferences and identified goals of each person ~~individual~~. The approach with each person ~~individual~~ emphasizes relationship building and active involvement in assisting people ~~individuals~~ with severe and persistent mental illness to make improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism.

4. The ~~PACT~~ Programs of Assertive Community Treatment ~~t~~Team is mobile and delivers services in community locations to enable each person ~~individual~~ to find and live in their own residence and find and maintain work in community jobs rather than expecting the person ~~individual~~ to come to the service ~~program~~.

5. ~~PACT~~ Program of Assertive Community Treatment ~~s~~Services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of caregiver. Severe and persistent mental illnesses are episodic disorders and many people ~~individuals~~ benefit from the availability of a longer-term treatment approach and continuity of care. This allows people the ~~individuals~~ opportunity to decompensate, consolidate gains, sometimes slip back, and then take the next steps forward until they achieve recovery.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 32.2 ~~PACT~~ Program of Assertive Community Treatment Staffing**

A. Each ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have the organizational capacity to provide a minimum employee ~~staff-to-individual~~ person ratio of at least one (1) full-time equivalent ~~(FTE)~~ ~~staff-person~~ employee for every ten (10) people ~~individuals~~ (this ratio does not include the psychiatrist or psychiatric nurse practitioner and the service ~~program~~ assistant).

B. Each ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have sufficient numbers of ~~staff~~ employees to provide treatment, rehabilitation, and support services twenty-four (24) hours a day, seven (7) days per week.

C. In addition to meeting the qualifications outlined in Part 2: Chapter 11, the following positions are required for ~~PACT~~ Program of Assertive Community Treatment Teams:

1. Team Leader: A full-time team leader/supervisor who is the clinical and administrative supervisor of the team and who also functions as a practicing clinician on the ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team. At a minimum, this person ~~individual~~ must have a Master's degree in a mental health or related field and professional license or DMH credentials as a Certified Mental Health Therapist.

2. Psychiatrist/Psychiatric Nurse Practitioner: A psychiatrist/psychiatric nurse practitioner, who works on a full-time or part-time basis for a minimum of sixteen (16) hours per week for every fifty (50) people ~~individuals~~. For teams serving over fifty (50) people ~~individuals~~, the psychiatrist/psychiatric nurse practitioner must provide an additional three (3) hours per week for every fifteen (15) additional people ~~individuals~~ admitted to the service ~~program~~ (not including on-call time.) The psychiatrist/psychiatric nurse practitioner provides clinical services to all ~~PACT~~ Program of Assertive Community Treatment people ~~individuals~~; works with the team leader to monitor each ~~individual~~ person's clinical status and response to treatment; supervises employee ~~staff~~ delivery of services; and. directs psychopharmacologic and medical services.

3. At least two (2) ~~F~~full-time registered nurses. A team leader with a nursing degree cannot replace one of the ~~FTE~~ full-time equivalent nurses.

4. At least one (1) Master's level or above mental health professional (in addition to the team leader.)

5. At least one (1) Substance Abuse Specialist

6. At least one (1) Employment Specialist

7. At least one (1) ~~FTE~~ full-time equivalent certified ~~p~~Peer Support ~~s~~Specialist Professional. Peer Support ~~s~~Specialists must be fully integrated team members.

8. The remaining clinical personnel ~~staff~~ may be Bachelor's level and paraprofessional

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mental health workers who carry out rehabilitation and support functions. A Bachelor's level mental health worker has a Bachelor's degree in social work or a behavioral science, and work experience with adults with severe and persistent mental illness. A paraprofessional mental health worker may have a Bachelor's degree in a field other than behavioral sciences or have a high school degree and work experience with adults with severe and persistent mental illness or with people ~~individuals~~ with similar human-service needs. These paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health care aide) or work experience (e.g., teaching) and life experience.

9. At least one (1) ~~program~~ service assistant who is responsible for organizing, coordinating, and monitoring all non-clinical operations of Programs of Assertive Community Treatment ~~PACT~~, including managing medical records; operating and coordinating the management information system; maintaining accounting and budget records for individual and service ~~program~~ expenditures; and, providing receptionist activities, including triaging calls and coordinating communication between the team and ~~individuals~~ people.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.3 ~~PACT~~ Program of Assertive Community Treatment Admissions and Discharge**

A. In order to be admitted into ~~PACT~~ Program of Assertive Community Treatment services, people ~~individuals~~ must meet the criteria outlined in this rule.

B. ~~PACT~~ Program of Assertive Community Treatment Teams serve people ~~individuals~~ with severe and persistent mental illness as listed in the most current edition of the Diagnostic and Statistical Manual ~~(DSM)~~ of the American Psychiatric Association that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability. ~~Individuals~~ People with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (~~Individuals~~ People with a primary diagnosis of a substance ~~ab~~use disorder, intellectual disability or other Axis II disorders are not the intended ~~individual~~ group. Additionally, people ~~individuals~~ with a chronically violent history may not be appropriate for this service.)

C. ~~Individuals~~ People with significant functional impairments as demonstrated by at least one (1) of the following conditions:

1. Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as

friends, family, or relatives.

2. Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).

3. Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).

D. ~~C.Individuals~~ People must have one (1) or more of the following problems, which are indicators of continuous high-service needs (i.e., greater than eight [8] hours per month):

1. High use of acute psychiatric hospitals (e.g., two [2] or more admissions per year) or psychiatric emergency services.
2. Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal).
3. Coexisting substance ~~ab~~use disorder of significant duration (e.g., greater than six [6] months).
4. High risk or recent history of criminal justice involvement (e.g., arrest, incarceration).
5. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or in imminent risk of becoming homeless.
6. Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
7. Difficulty effectively utilizing traditional office-based outpatient services.

E. ~~D.~~Discharges from the Program of Assertive Community Treatment ~~PACT~~ ~~t~~Team occur when ~~individuals~~ people and ~~program~~ agency provider employees ~~staff~~ mutually agree to the termination of services. This must occur when people ~~individuals~~:

1. Have successfully reached individually established goals for discharge, and when the ~~individual~~ person and ~~program staff~~ agency provider employees mutually agree~~s~~ to the termination of services.
2. Have successfully demonstrated an ability to function in all major role areas (i.e., work, social, self-care) without ongoing assistance from the agency provider ~~program~~, without significant relapse when services are withdrawn, and when the person ~~individual~~ requests discharge, and the ~~program~~ agency provider employees ~~staff~~ mutually agree to the termination of services.
3. Move outside the geographic area of ~~PACT's~~ Program of Assertive Community Treatment's responsibility. In such cases, the ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must arrange for transfer of mental health service responsibility to a ~~PACT~~ Program of Assertive Community Treatment service ~~program~~ or another agency provider wherever the person ~~individual~~ is moving. The ~~PACT~~ Program of

Assertive Community Treatment ~~t~~Team must maintain contact with the person ~~individual~~ until this service transfer is implemented.

4. Decline or refuse services and request discharge, despite the team's best efforts to develop an acceptable Individual Service Plan with the person ~~individual~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.4 ~~PACT~~ Program of Assertive Community Treatment's Contacts**

A. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have the capacity to provide multiple contacts during a week with people ~~individuals~~ experiencing severe symptoms, trying a new medication, experiencing a health problem or serious life event, trying to go back to school or starting a new job, making changes in living situation or employment, or having significant ongoing problems in daily living. These multiple contacts may be as frequent as two to three (2 – 3) times per day, seven (7) days per week and depend on individual need and a mutually agreed upon plan between people ~~individuals~~ and ~~program~~ agency provider employees ~~staff~~. Many, if not all, ~~staff~~ team members must share responsibility for addressing the needs of all people ~~individuals~~ requiring frequent contact.

B. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have the capacity to rapidly increase service intensity to ~~an individual~~ a person when his or her status requires it or a person ~~an individual~~ requests it.

C. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must provide a mean (i.e., average) of at least three (3) contacts per week for all people ~~individuals~~.

D. Each new ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must gradually build up its case load with a maximum admission rate of five (5) people ~~individuals~~ per month.

E. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must be available to provide treatment, rehabilitation, and support activities seven (7) days per week. When a team does not have a sufficient number of members ~~staff numbers~~ to operate two (2) eight (8) hour shifts weekdays and one (1) eight (8) hour shift weekend days and holidays, ~~staff~~ members are regularly scheduled to provide the necessary services on an individual-by-individual basis (per the individual-centered comprehensive assessment and individualized Individual Service Plan) in the evenings and on weekends. This includes:

1. Regularly scheduling ~~staff~~ employees to cover individual contacts in the evenings and on weekends.

2. Regularly scheduling mental health professionals for on-call duty to provide crisis and other services the hours when ~~staff~~ team members are not working.

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3. The team may arrange coverage through a reliable crisis intervention service. The team must communicate routinely with the crisis intervention service (i.e., at the beginning of the workday to obtain information from the previous evening and at the end of the workday to alert the crisis intervention service to people ~~individuals~~ who may need assistance and to provide effective ways for helping them). The crisis-intervention service should be expected to go out and see people ~~individuals~~ who need face-to-face contact.

4. Regularly arranging for and providing psychiatric backup all hours the psychiatrist/psychiatric nurse practitioner is not regularly scheduled to work. If availability of the ~~PACT~~ Program of Assertive Community Treatment psychiatrist/psychiatric nurse practitioner during all hours is not feasible, alternative psychiatric backup should be arranged (e.g., mental health center psychiatrist, emergency room psychiatrist).

5. If "3" or "4" occur~~s~~, memoranda of agreement or formal contracts should be established and kept on file by the agency provider.

F. Each ~~PACT~~ Program of Assertive Community Treatment Team must set a goal of providing eighty-five percent (85% ~~percent~~) of service contacts in the community in non-office-based or non-facility-based settings.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.5 ~~PACT~~ Program of Assertive Community Treatment Employee ~~Staff~~ Communication and Planning**

A. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must conduct daily organizational ~~staff~~ employee meetings at regularly scheduled times per a schedule established by the team leader. These meetings will be conducted in accordance with the following procedures:

1. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must maintain a written daily log. The daily log provides:
   (a) A roster of the people ~~individuals~~ served in the program; and,
   (b) For each person ~~individual~~, a brief documentation of any treatment or service contacts that have occurred during the last twenty-four (24) hours and a concise, behavioral description of the ~~individual~~ person's status that day.

2. The daily organizational ~~staff~~ employee meeting must commence with a review of the daily log to update ~~staff~~ employees on the treatment contacts which occurred the day before and to provide a systematic means for the team to assess the day-to-day progress and status of all ~~individuals~~ people.

3. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team, under the direction of the team leader, must maintain a weekly individual schedule for each ~~individual~~

person. The weekly individual schedule is a written schedule of all treatment and service contacts that ~~staff~~ employees must carry out to fulfill the goals and objectives in the individual's Individual Service Plan. The team will maintain a central file of all weekly individual schedules.

4. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team, under the direction of the team leader, must develop a daily employee ~~staff~~ assignment schedule from the central file of all weekly individual schedules. The daily employee ~~staff~~ assignment schedule is a written timetable for all the individual treatment and service contacts and all indirect individual work (e.g., medical record review, meeting with collaterals [such as employers, social security], job development, Individual Service Planning, and documentation) to be done on a given day, to be divided and shared by the employees ~~staff~~ working on that day.

5. The daily organizational employee ~~staff~~ meeting will include a review of all the work to be done that day as recorded on the daily employee ~~staff~~ assignment schedule. During the meeting, the team leader or designee will assign and supervise employees ~~staff~~ to carry out the treatment and service activities scheduled to occur that day, and the team leader will be responsible for assuring that all tasks are completed.

6. During the daily organizational employee ~~staff~~ meeting, the ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must also revise Individual Service Plans as needed, plan for emergency and crisis situations, and add service contacts to the daily ~~staff~~ employee assignment schedule per the revised Individual Service Plans.

B. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must conduct Individual Service Planning meetings under the supervision of the team leader and the psychiatrist/psychiatric nurse practitioner. These Individual Service Planning meetings must:
   1. Convene at regularly scheduled times per a written schedule set by the team leader.
   2. Occur and be scheduled when the majority of the team members can attend, including the psychiatrist/psychiatric nurse practitioner, team leader, and all members of the Individual Treatment Team.
   3. Require individual ~~staff members~~ employees to present and systematically review and integrate individual information into a holistic analysis and prioritization of issues.
   4. Occur with sufficient frequency and duration to make it possible for all employees ~~staff~~:
      (a) to be familiar with each person ~~individual~~ and their goals and aspirations;
      (b) to participate in the ongoing assessment and reformulation of issues/ problems;
      (c) to problem-solve treatment strategies and rehabilitation options;
      (d) to participate with the person ~~individual~~ and the Individual Treatment Team in the development and the revision of the Individual Service Plan; and,
      (e) to fully understand the Individual Service Plan rationale in order to carry out each ~~individual~~ person's plan.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.6 ~~PACT~~ Program of Assertive Community Treatment Employee ~~Staff~~ Supervision**

A. Each ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must develop a written policy for clinical supervision of all ~~staff~~ employees providing treatment, rehabilitation, and support services. The team leader and psychiatrist must assume responsibility for supervising and directing all ~~staff~~ employee activities. This supervision and direction must consist of:

1. Individual, side-by-side sessions in which the supervisor accompanies an individual ~~staff member~~ employee to meet with people ~~individuals~~ in regularly scheduled or crisis meetings to assess employee ~~staff~~ performance, give feedback, and model alternative treatment approaches;
2. Participation with team members in daily organizational employee ~~staff~~ meetings and regularly scheduled Individual Service Planning meetings to review and assess employee ~~staff~~ performance and provide employees ~~staff~~ direction regarding individual cases;
3. Regular meetings with individual ~~staff~~ employees to review their work with people ~~individuals~~, assess clinical performance, and give feedback;
4. Regular reviews, critiques, and feedback of employee ~~staff~~ documentation (i.e., progress notes, assessments, Individual Service Plans, Individual Service Plan reviews); and,
5. Written documentation of all clinical supervision provided to ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team personnel ~~staff~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.7 ~~PACT~~ Program of Assertive Community Treatment Required Services**

A. Operating as a continuous treatment service, the ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have the capability to provide comprehensive treatment, rehabilitation, and support services as a self-contained service unit. Services must minimally include the following (1-11):

1. Service Coordination/Individual Treatment Team
   (a) Each person ~~individual~~ will be assigned one (1) member of the ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team to serve as a service coordinator who coordinates and monitors the activities of the person's Individual Treatment Team (ITT) and the greater ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team. The primary responsibility of the service coordinator is to work with the person ~~individual~~ to write the Individual Service Plan, to provide individual supportive counseling, to offer options and choices in the Individual Service Plan, to ensure that immediate changes are made as the ~~individual~~ person's needs change, and to advocate for the ~~individual~~ person's wishes, rights, and preferences. The service coordinator is also the first ~~staff person~~ employee called on when the person

~~individual~~ is in crisis and is the primary support person and educator to the person ~~individual~~ and/or ~~individual~~ person's family. Members of the ~~individual~~ person's treatment team share these tasks with the service coordinator and are responsible to perform the tasks when the service coordinator is not working. Service coordination also includes coordination with community resources, including consumer self-help and advocacy organizations that promote recovery.

(b) Each person ~~individual~~ will be assigned to an Individual Treatment Team ~~(ITT.)~~ The Individual Treatment Team ~~ITT~~ is a group or combination of three ~~(3)~~ to five (3-5) ~~PACT~~ Program of Assertive Community Treatment ~~staff~~ personnel who together have a range of clinical and rehabilitation skills and expertise. The Individual Treatment Team ~~ITT~~ members are assigned to work with a person ~~an individual~~ receiving services by the team leader and the psychiatrist/psychiatric nurse practitioner by the time of the first Individual Service Planning meeting or thirty (30) days after admission. The core members of the Individual Treatment Team ~~ITT~~ are the service coordinator, the psychiatrist/psychiatric nurse practitioner, and one (1) clinical or rehabilitation ~~staff person~~ personnel who shares case coordination tasks and substitutes for the service coordinator when he or she is not working. The ~~ITT~~ Individual Treatment Team has continuous responsibility to: 1) be knowledgeable about the ~~individual~~ person's life, circumstances, goals and desires; 2) collaborate with the person ~~individual~~ to develop and write the Individual Service Plan; 3) offer options and choices in the Individual Service Plan; 4) ensure that immediate changes are made as an ~~individual~~ person's needs change; and, 5) advocate for the ~~individual~~ person's wishes, rights, and preferences. The Individual Treatment Team ~~ITT~~ is responsible ~~to~~ for provideing much of the ~~individual~~ person's treatment, rehabilitation, and support services. Individual treatment team members are assigned to take separate service roles with the person ~~individual~~ as specified by the person ~~individual~~ and the ~~ITT~~ Individual Treatment Team in the Individual Service Plan.

2. Crisis Assessment and Intervention
   (a) Crisis assessment and intervention must be provided twenty-four (24) hours per day, seven (7) days per week. These services will include telephone and face-to-face contact and will be provided in conjunction with the local community mental health system's emergency services program as appropriate.
   (b) A system must be in place that assures the person ~~individual~~ can contact the ~~PACT~~ Program of Assertive Community Treatment as necessary.

2. Symptom Assessment and Management include but not limited to the following:
   (a) Ongoing comprehensive assessment of the ~~individual~~ person's mental illness symptoms, accurate diagnosis, and the ~~individual~~ person's response to treatment.
   (b) Psycho-education regarding mental illness and the effects and side effects of prescribed medications.
   (c) Symptom-management efforts directed to help each person ~~individual~~ identify/target the symptoms and occurrence patterns of his or her mental illness

and develop methods (internal, behavioral, or adaptive) to help lessen the effects.

(d) Individual supportive therapy.

(e) Psychotherapy.

(f) Generous psychological support to people ~~individuals~~, both on a planned and as-needed basis, to help them accomplish their personal goals, to cope with the stressors of day-to-day living, and to recover.

4. Medication Prescription, Administration, Monitoring and Documentation

(a) The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team psychiatrist/psychiatric nurse practitioner must:

(1) Establish an individual clinical relationship with each person ~~individual~~.

(2) Assess each ~~individual~~ person's mental illness symptoms and provide verbal and written information about mental illness.

(3) Make an accurate diagnosis based on the comprehensive assessment which dictates an evidence-based medication pathway that the psychiatrist/psychiatric nurse practitioner will follow.

(4) Provide education about medication, benefits and risks, and obtain informed consent.

(5) Assess and document the ~~individual~~ person's mental illness symptoms and behavior in response to medication and monitor and document medication side effects

(6) Provide psychotherapy.

(b) All ~~PACT~~ Program of Assertive Community Treatment T~~t~~eam members must regularly assess and document the ~~individual~~ person's mental illness symptoms and behavior in response to medication and must monitor for medication side effects. This information should be shared with the prescriber.

(c) The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team ~~program~~ must establish medication policies and procedures which identify processes to:

(1) Record physician orders;

(2) Order medication;

(3) Arrange for all individual medications to be organized by the team and integrated into ~~individuals'~~ people's weekly schedules and daily employee ~~staff~~ assignment schedules;

(4) Provide security for medications (e.g., daily and longer-term supplies, long-term injectables, and longer-term supplies) and set aside a private designated area for set-up of medications by the team's nursing personnel ~~staff~~;

(5) Administer medications per state law to people ~~individuals~~ receiving ~~PACT~~ Program of Assertive Community Treatment services; and,

(6) Comply with Rule 13.8.

5. Co-Occurring Substance ~~Abu~~Use Services

a. Co-Occurring Substance ~~Abu~~Use Services are the provision of a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance ~~ab~~use, and has individual-determined goals. This must include but is not limited to individual and group interventions in:

(1) Engagement (e.g., empathy, reflective listening, avoiding argumentation)~~.~~;

(2) Assessment (e.g., stage of readiness to change, individual-determined problem identification)~~.~~;
(3) Motivational enhancement (e.g., developing discrepancies, psycho-education):
(4) Active treatment (e.g., cognitive skills training, community reinforcement)~~.~~; and,
(5) Continuous relapse prevention (e.g., trigger identification, building relapse prevention action plans).

6. Work-Related Services
   a. Work-related services to help people ~~individuals~~ value, find, and maintain meaningful employment in community-based job sites and services to develop jobs and coordinate with employers but also includes but is not necessarily limited to:
      (1) Assessment of job-related interests and abilities through a complete education and work history assessment as well as on-the-job assessments in community-based jobs.
      (2) Assessment of the effect of the ~~individual~~ person's mental illness on employment with identification of specific behaviors that interfere with the ~~individual~~ person's work performance and development of interventions to reduce or eliminate those behaviors and find effective job accommodations.
      (3) Development of an ongoing employment plan to help each person ~~individual~~ establish the skills necessary to find and maintain a job.
      (4) Individual supportive therapy to assist people ~~individuals~~ to identify and cope with mental illness symptoms that may interfere with their work performance.
      (5) On-the-job or work-related crisis intervention.
      (6) Work-related supportive services, such as assistance with grooming and personal hygiene, securing of appropriate clothing, wake-up calls, and transportation, if needed.

7. Activities of Daily Living
   (a) Services to support activities of daily living in community-based settings include individualized assessment, problem solving, sufficient side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptations to assist people ~~individuals~~ to gain or use the skills required to:
      (1) Find housing which is safe, of good quality, and affordable (e.g., apartment hunting; finding a roommate; landlord negotiations; cleaning, furnishing, and decorating); and, procuring necessities (such as telephones, furnishings, linens).
      (2) Perform household activities, including house cleaning, cooking, grocery shopping, and laundry.
      (3) Carry out personal hygiene and grooming tasks, as needed.
      (4) Develop or improve money-management skills.
      (5) Use available transportation.
      (6) Have and effectively use a personal physician and dentist.

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8. Social/Interpersonal Relationship and Leisure-Time Skill Training
   (a) Services to support social/interpersonal relationships and leisure-time skill training include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and, organizing individual and group social and recreational activities to structure people's ~~individuals'~~ time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support required to:
      (1) Improve communication skills, develop assertiveness, and increase self-esteem~~.~~;
      (2) Develop social skills, increase social experiences, and develop meaningful personal relationships~~.~~;
      (3) Plan appropriate and productive use of leisure time~~.~~;
      (4) Relate to landlords, neighbors, and others effectively~~.~~; and,
      (5) Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities.

9. Peer Support Services
   (a) Services to validate people's ~~individuals'~~ experiences and to guide and encourage people ~~individuals~~ to take responsibility for and actively participate in their own recovery. In addition, services to help people ~~individuals~~ identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce people's ~~individuals'~~ self-imposed stigma;
   (b) Peer counseling and support; and,
   (c) Introduction and referral to consumer self-help services ~~programs~~ and advocacy organizations that promote recovery.

10. Support Services
   (a) Support services or direct assistance to ensure that people ~~individuals~~ obtain the basic necessities of daily life, including but not necessarily limited to:
      (1) Medical and dental services;
      (2) Safe, clean, affordable housing;
      (3) Financial support and/or benefits counseling (e.g., SSI, SSDI, Food Stamps, Section 8, Vocational Rehabilitation, Home Energy Assistance);
      (4) Social services;
      (5) Transportation; and,
      (6) Legal advocacy and representation.

11. Education, Support, and Consultation to People's ~~Individuals'~~ Families and Other Major Supports
   (a) Services provided regularly under this category to people's ~~individuals'~~ families and other major supports, with individual agreement or consent, include:
      (1) Individualized psycho-education about the ~~individual~~ person's illness and the role of the family and other significant people in the therapeutic

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process;

(2) Intervention to restore contact, resolve conflict, and maintain relationships with family and or other significant people;

(3) Ongoing communication and collaboration, face-to-face and by telephone, between the ~~PACT~~ Program of Assertive Community Treatment's ~~t~~Team and the family;

(4) Introduction and referral to family self-help services ~~programs~~ and advocacy organizations that promote recovery;

(5) Assistance to people ~~individuals~~ with children (including individual supportive counseling, parenting training, and service coordination) including but not limited to:

i. Services to help people ~~individuals~~ throughout pregnancy and the birth of a child;

ii. Services to help people ~~individuals~~ fulfill parenting responsibilities and coordinate services for the child/children; and,

iii. Services to help people ~~individuals~~ restore relationships with children who are not in the ~~individual~~ person's custody.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.8 ~~PACT~~ Program of Assertive Community Treatment Stakeholder Advisory**

A. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have a stakeholder advisory group to support and guide Program of Assertive Community Treatment ~~PACT~~ ~~t~~Team implementation and operation. The stakeholder advisory group must be made up of at least 51 percent (51%) mental health consumers and family members and include other community stakeholders such as representatives from services for the homeless, consumer-support organizations, food-shelf agencies, faith-based groups, criminal justice system, housing authorities, landlords, employers, and/or community colleges. Group membership must also represent the cultural diversity of the local population.

B. The stakeholder advisory group must:

1. Promote quality ~~PACT~~ Program of Assertive Community Treatment model services ~~programs~~;
2. Monitor fidelity to the ~~PACT~~ Program of Assertive Community Treatment service ~~program~~ standards;
3. Guide and assist with the administering agency~~'s~~ provider's oversight of the ~~PACT~~ Program of Assertive Community Treatment Service ~~program~~;
4. Problem-solve and advocate to reduce system barriers to ~~PACT~~ Program of Assertive Community Treatment implementation;
5. Review and monitor individual and family grievances and complaints; and,
6. Promote and ensure people's ~~individuals'~~ empowerment and recovery values in assertive community treatment service ~~programs~~.

C. The ~~PACT~~ Program of Assertive Community Treatment ~~t~~Team must have a system for

regular review of the service that is designed to evaluate the appropriateness of admissions to the program, treatment or service plans, discharge practices, and other factors that may contribute to the effective use of the service's ~~program's~~ resources.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.9 Intensive Community Outreach and Recovery Team**

A. The Intensive Community Outreach and Recovery Team is a recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for adults with a severe and persistent mental illness. It is a team oriented approach to mental health rehabilitation intervention and supports necessary to assist people in achieving and maintaining rehabilitative, resiliency and recovery goals.

B. Intensive Community Outreach and Recovery services are provided primarily in natural settings and are delivered face-to-face, by phone or video conference with the person and their family/significant other as appropriate, to the primary well-being and benefit of the recipient. Intensive Community Outreach and Recovery assists in the setting and attaining of individually defined recovery/resiliency goals. Intensive Community Outreach and Recovery primary treatment objective is to assist in keeping the people receiving the service in the community in which they live avoiding placement in state-operated behavioral health service locations.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.10 Service Components of Intensive Community Outreach and Recovery Team**

A. Agency providers of Intensive Community Outreach and Recovery Team must also meet the requirements in Rule 32.5, 32.6, 32.7, and 32.8.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.11 Intensive Community Outreach and Recovery Team Staffing**

A. Each Intensive Community Outreach and Recovery Team of three (3) will serve a maximum of forty-five (45) people with a ratio of one to fifteen (1:15).

B. Each Intensive Community Outreach and Recovery Team must have sufficient number of employees (three [3]) to provide treatment rehabilitation, and support services twenty-four (24) hours per day, and seven (7) days per week (after normal work hours on-call

services can be rotated among the Intensive Community Outreach and Recovery personnel). Intensive Community Outreach and Recovery can also utilize the Mobile Crisis Emergency Response Team (MCERT) for assistance with on-call, but the response to a crisis by a person enrolled in Intensive Community Outreach and Recovery must be a member from the Intensive Community Outreach and Recovery Team.

C. The following positions are required for Intensive Community Outreach and Recovery Teams

1. Team Leader: One (1) full-time Master's Level Mental Health Therapist (CMHT).
2. A full-time registered nurse.
3. A full-time equivalent Certified Peer Support Specialist Professional.
4. A part-time clerical personnel.
5. If deemed necessary, a part-time Community Support Specialist can be added to the Intensive Community Outreach and Recovery Team

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.12 Intensive Community Outreach and Recovery Admissions and Discharge**

A. In order to be admitted into Intensive Community Outreach and Recovery Services, people must meet the criteria outlined in this rule.

B. Intensive Community Outreach and Recovery only serves people with severe and persistent mental illness as listed in the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association which seriously impairs their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability. People with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (People with a primary diagnosis of a substance use disorder, mental retardation or other Axis II disorders are not the intended group. Additionally, people with a chronically violent history may not be appropriate for this service.)

C. People with significant functional impairments as demonstrated by at least one (1) of the following conditions:

1. Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing

daily living tasks except with significant support or assistance from others such as friends, family, or relatives.

2. Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).
3. Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).

D. People with one (1) or more of the following problems, which are indicators of continuous high-service needs (i.e., greater than eight (8) hours per month);

1. High use of acute psychiatric hospitals (e.g., two [2] or more admissions per year) or psychiatric emergency services (extensive use of Mobile Crisis Response Team services).
2. Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal).
3. Coexisting substance use disorder of significant duration (e.g., greater than six [6] months).
4. High risk or recent history of criminal justice involvement (e.g., arrest, incarceration) due to behavioral problems attributed to the person's mental illness.
5. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless.
6. Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
7. Difficulty effectively utilizing traditional office-based outpatient services (office-based individual and/or group therapy, psychosocial rehabilitation, and medication monitoring).

E. Discharges from the Intensive Community Outreach and Recovery Team occur when people and service personnel mutually agree to the termination of services. This must occur when people:

1. Have successfully reached individually established goals for discharge, and when the person and service personnel mutually agree to the termination of services.
2. Have successfully demonstrated an ability to function in all major role areas (i.e., work, social, self-care) without ongoing assistance from the agency provider, without significant relapse when services are withdrawn, and when the person requests discharge, and the agency provider employees mutually agree to the termination of services.
3. Move outside the geographic area of the Intensive Community Outreach and Recovery's responsibility. In such cases, the Intensive Community Outreach and Recovery Team must arrange for transfer of mental health service responsibility to an Intensive Community Outreach and Recovery Service or another agency provider

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wherever the person is moving. The Intensive Community Outreach and Recovery Team must maintain contact with the person until this service transfer is implemented.

4. Decline or refuse services and request discharge, despite the team's best efforts to develop an acceptable Individual Service Plan with the person.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.13 Intensive Community Outreach and Recovery Contacts**

A. The Intensive Community Outreach and Recovery Team must have seventy-five to eighty-five percent (75-85%) of Intensive Community Outreach and Recovery work and contact time must be in a community setting. Intensive Community Outreach and Recovery is for people with intensive needs that traditional outpatient clinic services have not been successful.

B. People served in Intensive Community Outreach and Recovery must be in the community (non-office based or non-facility-based settings). People that can make and maintain appointments at a clinic should not qualify for Intensive Community Outreach and Recovery Services.

C. The Intensive Community Outreach and Recovery Team must have the capacity to rapidly increase service intensity to a person when his or her status requires it or a person requests it.

D. Each person can receive services as often as necessary but at a minimum they must be seen two (2) times a week at a minimum of two (2) hours (total).

E. Each employee must provide services to each person as often a therapeutically necessary but at a minimum each employee must provide services to each person one (1) time a week.

F. Each person must receive services from a psychiatrist or psychiatric nurse practitioner as often as necessary but at a minimum of one (1) time per every thirty (30) days. These services can be provided in an office or community setting. Intensive Community Outreach and Recovery personnel must facilitate and provide transportation (if necessary) to the appointment.

G. Intensive Community Outreach and Recovery will provide Peer Support Services, individual mental health therapy, medication administration/monitoring, general healthcare monitoring/treatment, supportive counseling, social/hygiene skills training, recovery/resiliency support, symptom management, budgeting skills, and leisure time activities.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 32.14 Intensive Community Outreach and Recovery Training:**

7. Intensive Community Outreach and Recovery personnel must be trained in the following areas:

    1. Mental Health First Aid;
    2. ASIST (Applied Suicide Intervention Skills Training);
    3. DLA-20;
    4. Golden Thread;
    5. Supported Employment;
    6. Crisis Prevention Institute (CPI);
    7. Pre-Evaluation Screening;
    8. CHOICE; and,
    9. Peer Support Specialist Professional and Supervisor Training.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 33: Adult Making A Plan (AMAP) Teams

**Rule 33.1 ~~AMAP~~ Adult Making A Plan Teams – General Requirements**

A. Adult Making a Plan ~~(AMAP)~~ Teams address the needs of adults, eighteen (18) years and above, with serious mental illness or dually diagnosed (SMI/DD or SMI/SUD) who have frequent/multiple placements in inpatient psychiatric services which could possibly be prevented with the coordinated efforts of multiple agency~~ies~~ providers and services.

B. Each Adult Making a Plan ~~AMAP~~ Team must have an employee ~~staff member~~ identified as the Coordinator employed by the agency provider who has a Bachelor's degree. In addition, the following team members are recommended and should be present and documented at each ~~AMAP~~ Adult Making a Plan Team meeting (if applicable):

(1) The person ~~individual~~ being referred to the Adult Making a Plan ~~AMAP~~ Team, family member, and/or advocate representing the person ~~individual~~.
(2) The ~~individual~~ person's therapist, community support specialist, or other employee ~~staff~~ from the agency provider which have detailed knowledge of the person ~~individual~~.
(3) A representative of the Chancery Clerk's office or Chancery Court.
(4) A representative of the sheriff's department of the county in which the person ~~individual~~ resides; and/or representative of the police department of the city of residence.
(5) ~~Staff~~ Employees from the regional behavioral health service ~~program~~ or ~~c~~Crisis Residential ~~stabilization~~ ~~u~~Unit that has had frequent contact with the person ~~individual~~.

C. The agency provider must maintain a current written interagency agreement with agency~~ies~~ providers participating in the Adult Making a Plan ~~AMAP~~ Team.

D. The overall goal of the Adult Making a Plan ~~AMAP~~ Team is to develop a new and different intervention for the person ~~individual~~ in order for them to have a greater success of being maintained in a community setting. Past course of treatment and altered future service plan and completion of Crisis Support Plan must be documented on the Case Summary Form.

E. ~~AMAP~~ Adult Making a Plan Team Monthly Reporting form and Adult Making a Plan ~~AMAP~~ Team Case Summary forms must be submitted to DMH with each cash reimbursement request (if funding is available) and must also be maintained on-site with the Adult Making a Plan ~~AMAP~~ Team Coordinator.

F. For any people ~~individuals~~ who have been previously referred to the local Adult Making a Plan ~~AMAP~~ Team to be placed at/committed to an inpatient psychiatric facility, the local Adult Making a Plan ~~AMAP~~ Team must attempt to develop a less restrictive alternative in the community.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 33.2 Access to ~~AMAP~~ Adult Making A Plan Teams**

A. All agency providers certified as Community Mental Health Centers (DHM/C) must have a minimum of one (1) ~~AMAP~~ Adult Making a Plan Team Coordinator.

B. The ~~AMAP~~ Adult Making a Plan Team Coordinator must provide information about the Adult Making A Plan ~~AMAP~~ Team to all Chancery Clerks and ~~S~~sheriff's ~~D~~departments of every county in the Community Mental Health Center's ~~CMHC~~ catchment area.

C. The ~~AMAP~~ Adult Making a Plan Team Coordinator must provide information about their ~~AMAP~~ Adult Making a Plan Team (i.e. contact person, meeting schedule, etc.) to each state-operated behavioral health facility, DMH-certified Crisis Residential ~~Stabilization~~ Unit that has a catchment area that their Community Mental Health Center ~~CMHC~~ falls in, and the DMH Office of Consumer Support.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 34: Access to Inpatient Care

**Rule 34.1 Referral**

A. All agency providers certified as DMH/C or DMH/P must provide access to inpatient services in the ~~individual~~ person's locale when appropriate.

B. The agency provider must have written policies and procedures for referral to inpatient services in the community, should a person ~~an individual~~ require such services.

C. The agency provider must maintain a current written agreement with a licensed hospital(s) to provide/make available inpatient services, which, at a minimum, addresses:

1. Identification of the agency provider's responsibility for the ~~individual~~ person's care while the person ~~individual~~ is in inpatient status;
2. Description of services that the hospitals will make available to people ~~individuals~~ who are referred; and,
3. How hospital referral, admission and discharge processes are coordinated with crisis, Pre-Evaluation Screening, Civil Commitment Examination Services, and aftercare services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 34.2 Pre-Evaluation Screening and Civil Commitment**

A. Pre-Evaluation Screening and a Civil Commitment Examination are two separate events which include screening and examinations, inclusive of other services to determine the need for civil commitment and/or other mental health services, including outpatient or inpatient commitment. These services also include assessment and plans to link ~~individuals~~ people with appropriate services and can only be provided by a DMH/C.

B. The DMH/C must have a written plan that has been implemented which describes how the service ~~program~~ meets the requirements of the Mississippi civil commitment statutes. This plan must describe by county:

1. The system for conducting Pre-Evaluation Screenings;
2. The system for conducting Civil Commitment Examinations;
3. The system for handling court appearances;
4. The services that are offered for the family and/or significant others; and,
5. The system for assuring that people ~~individuals~~ being screened and/or evaluated for civil commitment and their family or significant others have access to an employee ~~staff member~~ knowledgeable in the civil commitment process.

C. The Pre-Evaluation Screening must be conducted by qualified employees ~~staff~~ of a regional Community Mental Health Center ~~CMHC~~, and:

1. Be performed by:
   (a) A certified licensed psychologist or physician; or
   (b) A person with a Master's degree in a mental health or related field who has received training and certification in Pre-Evaluation Screening by ~~the~~ DMH; or,
   (c) Registered nurses who have received training and certification in Pre-Evaluation Screening by ~~the~~ DMH.
   (d) Additionally, ~~staff~~ employees who meet requirements (b) and (c) above, have completed and provide documentation of at least six (6) months of experience working with people ~~individuals~~ with serious mental illness or serious emotional disturbance. ~~SMI or SED and;~~
2. Be performed in accordance with current Mississippi civil commitment statutes.
3. Be documented on the forms and provide the information required by the civil commitment law and/or ~~the~~ DMH.

D. If the Civil Commitment Examination is conducted, the examination must:

1. Be performed by two (2) licensed physicians, or one (1) licensed physician and either one (1) psychologist, nurse practitioner or physician assistant. The nurse practitioner or physician assistant conducting the examination shall be independent from, and not under the supervision of, the other physician conducting the examination (as required in MCA Section 41-21-67 (2)).
2. Be documented on required forms, and provide information required by law or ~~the~~ DMH. Documentation must include information in the individual record of the Commitment Examination results and the official disposition following the examination
3. Include the evaluation of the ~~individual~~ person's social and environmental support systems
4. Include, when possible, the development of a treatment and follow-up plan for the person ~~individual~~ and the family and/or significant others.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 35: Designated Mental Health Holding Facilities

**Rule 35.1 Designation**

Designated Mental Health Holding Facilities (hereafter referred to as "~~H~~holding ~~F~~facility") hold people ~~individuals~~ who have been involuntarily civilly committed and are awaiting transportation to a treatment facility. The ~~H~~holding ~~F~~facility can be a county facility or a facility in which the county contracts. DMH will conduct annual on-site visits to each ~~H~~holding ~~F~~facility to ensure they are in compliance with the standards in this Chapter.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 35.2 Policies and Procedures**

A. Each ~~H~~holding ~~F~~facility must have a manual that includes the written policies and procedures for operating and maintaining the facility holding people ~~individuals~~ involved in the civil commitment process or those awaiting transportation to a certified/licensed mental health facility. Written policies and procedures must give sufficient details for implementation and documentation of duties and functions so that a new employee or someone unfamiliar with the operation of the ~~H~~holding ~~F~~facility and services would be able to carry out necessary operations of the ~~H~~holding ~~F~~facility.

B. The policies and procedures must:

1. Be reviewed annually by the governing authority of the county, with advice and input from the regional Community Mental Health Center, as documented in the governing authority meeting minutes;
2. Be updated as needed, with changes approved by the governing authority before they are instituted, as documented in the governing authority meeting minutes. Changed sections, pages, etc., must show the date of approval of the revision on each page;
3. Be readily accessible to all ~~staff~~ employees on all shifts providing services to people ~~individuals~~ in the ~~H~~holding ~~F~~facility, with a copy at each service delivery location;
4. Describe how the policies and procedures are made available to the public; and,
5. Have a copy of the Memorandum of Understanding ~~(MOU)~~ or contract between the ~~H~~holding ~~F~~facility and the Community Mental Health Center to describe how mental health services will be provided while people are being held in the ~~H~~holding ~~F~~facility.

C. A personnel record for each employee~~/staff member~~ and contractual employee, as noted below, must be maintained and must include, but not be limited to:

1. The application for employment, including employment history and experience;
2. A copy of the current Mississippi license or certification for all licensed or certified personnel;
3. A copy of college transcripts, high school diploma, and/or appropriate documents to verify that educational requirements of the job description are met;

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4. Documentation of an annual performance evaluation;
5. A written job description that shall include, at a minimum:
   (a) Job title;
   (b) Responsibilities of the job; and,
   (c) Skills, knowledge, training/education and experience required for the job;
6. For contractual employees, a copy of the contract or written agreement which includes effective dates of the contract and which is signed and dated by the contractual employee and the ~~D~~director of the ~~H~~holding ~~F~~facility or ~~C~~county ~~S~~supervisor;
7. For all ~~staff~~ employees (including contractual employees ~~staff~~) and volunteers, documentation must be maintained that a criminal records background check (including prior convictions under the Vulnerable Adults Act) and child registry check (for ~~staff~~ employees and volunteers who work with or may have to work with children) has been obtained and no information received that would exclude the employee/volunteer. (See Sections 43-15-6, 43-20-5, and 43-20-8 of the *Mississippi Code of 1972, Annotated*.) For the purposes of these checks, each employee/volunteer hired after July 1, 2002, must be fingerprinted;

D. Each facility shall have written procedures for admission of people ~~individuals~~ who have been involuntarily civilly committed and awaiting transportation. These procedures shall include, but not be limited to, the following:

1. Make a complete search of the person ~~individual~~ and his/her possessions;
2. Properly inventory and store ~~individual~~ person's personal property;
3. Require any necessary personal hygiene activities (e.g., shower or hair care, if needed);
4. Issue clean, laundered clothing or appropriate garments (e.g., suicide risk reduction garments);
5. Issue allowable personal hygiene articles;
6. Perform health/medical screening;
7. Record basic personal data and information to be used for mail and visiting lists; and,
8. Provide a verbal orientation of the person ~~individual~~ to the facility and daily routines.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 35.3 ~~Staff~~ Employee Training**

A. Supervisory and direct service ~~staff~~ employees who work with people ~~individuals~~ being held in the ~~H~~holding ~~F~~facility as part of the civil commitment process must participate in training opportunities and other meetings, as specified and required by ~~the Mississippi Department of Mental Health~~ DMH.

B. Documentation of training of individual ~~staff~~ employees must be included in individual training/personnel records and must include:

1. Date of training;

2. Topic(s) addressed;
3. Name(s) of presenter(s) and qualifications; and,
4. Contact hours (actual time spent in training).

C. Training on the following must be conducted and/or documented prior to service delivery for all newly hired ~~staff~~ employees (including contractual employees ~~staff~~) and annually thereafter for all ~~program~~ agency provider employees ~~staff~~. People ~~Persons~~ who are trained in the medical field (i.e., physicians, nurse practitioners or licensed nurses) may be excluded from this prior training. ~~Persons~~ People who have documentation that they have received this training at another program approved by ~~the Department of Mental Health~~ DMH within the timeframe required may also be excluded:

1. First aid and life safety, including handling of emergencies such as choking, seizures, etc.;
2. Preventing, recognizing and reporting abuse/neglect, including provisions of the Vulnerable Adults Act, and the Mississippi Child Abuse Law;
3. Handling of accidents and roadside emergencies (for services ~~programs~~ transporting only);
4. De-escalation techniques & crisis intervention;
5. Confidentiality of information pertaining to people ~~individuals~~ being housed in the facility, including appropriate state and federal regulations governing confidentiality, particularly in addressing requests for such information;
6. Fire safety and disaster preparedness to include:
   (a) Use of alarm system;
   (b) Notification of authorities who would be needed/required contact in an emergency;
   (c) Actions to be taken in case of fire/disaster; and,
   (d) Use of fire extinguishers;
7. Cardiopulmonary Resuscitation Certification (CPR), must be a live, face-to-face training which is conducted by a certified CPR instructor. Must be certified by the American Red Cross, American Heart Association or by other approved agency providers by DMH. Employees must be initially certified and maintain certification as required by the certifying entity.
8. Recognizing and reporting serious incidents, including completion and submission of reports;
9. Universal precautions for containing the spread of contaminants;
10. Adverse medication reaction and medical response; and,
11. Suicide precautions.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 35.4 Environment and Safety**

A. If the ~~designated mental health~~ ~~H~~holding ~~F~~facility is being used for civil commitment purposes and is part of a correctional facility or jail, the people ~~individual(s)~~ awaiting

transfer related to civil commitment proceedings (or just people ~~individual(s)~~ detained as part of the civil commitment process) must be held separately from pre-trial criminal offense detainees or inmates serving sentences.

B. Rooms used for holding people ~~individuals~~ must be free from structures and/or fixtures that could be used to harm themselves.

C. Holding facilities must be inspected and approved by appropriate local and/or state fire, health/sanitation, and safety agencies at least annually (~~on or before anniversary date of previous inspection~~ within the anniversary month of the prior inspection), with written records of fire and health inspections on file.

D. The following must be conducted immediately upon arrival:

1. Suicide assessment (using a DMH approved screening instrument); and,
2. Violence risk assessment (using a DMH approved screening instrument)

E. If the risk level for any of these assessments is deemed "high", a twenty-four (24) hour follow-up assessment by nurse or physician is required.

F. If the risk level for suicide is deemed "high", immediate suicide prevention actions must be instituted.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 35.5 Clinical Management**

A. Each ~~H~~holding ~~F~~facility must have written procedures and documentation for clinical management of people ~~individuals~~ who are involved in or have been involuntarily civilly committed and awaiting transportation. These procedures shall include, but not be limited to, the following:

1. Immediately upon arrival of the person ~~individual~~ to the ~~H~~holding ~~F~~facility, all mental health screening information (pursuant to civil commitment procedures) must be made available to the ~~H~~holding ~~F~~facility personnel ~~staff~~;
2. Immediately upon arrival or within twenty-four (24) hours, a medical screening should be conducted and documented by a registered nurse or nurse practitioner that includes, at a minimum, the following components:
   (a) Vital signs (at a minimum: body temperature, pulse/heart rate, respiratory rate, & blood pressure);
   (b) Accu-Chek monitoring for people ~~persons~~ with diabetes;
   (c) Medical/drug history;
   (d) Allergy history; and,
   (e) Psychiatric history (refer to pre-evaluation form).

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B. Clinical Management of the person ~~individual~~ being held must include:
   1. Within seventy-two (72) hours of admission, people ~~individuals~~ should be assessed by a Physician, preferably a psychiatrist or a ~~N~~nurse practitioner~~, preferably a psychiatric nurse practitioner~~;
   2. Twenty-four (24) hour crisis/on-call coverage by a physician or psychiatric nurse practitioner;
   3. Availability of ordered pharmacologic agents within twenty-four (24) hours
   4. Timely administration of prescribed medication in accordance with the MS Nursing Practice Act;
   5. Access to medical services for pre-existing conditions that require ongoing medical attention (e.g. high blood pressure, diabetes, etc.);
   6. Immediate availability of a limited supply of injectable psychotropic medications, medications for urgent management of non-life threatening medical conditions (e.g., insulin, albuterol inhalers and medications used for withdrawal management);
   7. Ongoing assessment and monitoring for people ~~persons~~ with mental illness or substance use considered by medical or psychiatric ~~staff~~ personnel to be at high risk;
   8. Training/certification of ~~staff~~ employees in prevention/management of aggressive behavior program; and,
   9. Procedures for maintenance of clinical records, including:
      (a) Documentation of information by professional ~~staff~~ personnel across disciplines;
      (b) Documentation of physician's orders; and,
      (c) Basic personal data and information that ensures rapid emergency contact, if needed.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 35.6 Dignity of People ~~Individuals~~**

A. In order to ensure the dignity and rights of people ~~individuals~~ being held in a facility for reasons of psychiatric crisis or civil commitment, reasonable access to the following must be allowed:

   1. Protection and advocacy services/information;
      (a) Disability Rights MS 800-772-4057;
      (b) Dept. of Mental Health 877-210-8513;
   2. Chaplain services;
   3. Telephone contact; and,
   4. Visits with family members.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 36: Consultation and Education Services

**Rule 36.1 Written Plan**

A. The agency provider of the Consultation and Education Services must develop and implement a written plan to provide these services. The plan must include a range of activities for:

1. Developing and coordinating effective mental health education, consultation, and public information services ~~programs~~; and,
2. Increasing the community awareness of mental health related issues.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 36.2 Target Populations**

A. The Consultation and Education Services must be designed to specifically meet the needs of the target populations of:

1. Children/ ~~and~~ youth;
2. Elderly people ~~persons~~;
3. ~~Individuals~~ People with serious mental illness;
4. ~~Individuals~~ People with intellectual/developmental disabilities;
5. ~~Individuals~~ People with a co-occurring diagnosis (MH/SUD/IDD);
6. ~~Individuals~~ People with a mental illness who are homeless;
7. Military families and the military community; and,
8. Other populations defined by the agency provider.

B. The agency provider must develop linkages with other health and social agencies that serve the target populations.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 37: Prevention/Early Intervention for Serious Emotional Disturbance ~~SED~~

**Rule 37.1 Service Design**

A. Prevention/Early Intervention Services include preventive mental health services ~~programs~~ targeting vulnerable at-risk groups with the intent to prevent the occurrence of mental and/or emotional problems and services ~~programs~~ designed to intervene as early as possible following the identification of a problem. Prevention and/or ~~e~~Early ~~i~~Intervention Services ~~programs~~ should be designed to target a specific group of children/youth and/or their families, such as children/youth who have been abused or neglected, teenage parents and their children, and young children and their parents. Children/youth identified as having a serious emotional disturbance and/or their families may also be targeted to receive specialized intervention early in the course of identification of the emotional disturbance.

B. An employee ~~staff member~~ must be designated to plan, coordinate and evaluate Prevention/Early Intervention Services.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 37.2 Strategies**

A. All Prevention/Early Intervention Services ~~programs~~ must maintain documentation that services include, but are not limited to, the following:

1. Informational activities designed to provide accurate and current information about emotional disturbance and mental illness in children/youth; or
2. Effective education activities, such as parent education, designed to assist people ~~individuals~~ in developing or improving critical life skills and to enhance social competency thereby changing the conditions that reinforce inappropriate behavior; or
3. Consultation/education activities that are designed to include, but not be limited to, education and awareness activities to assist in the maintenance and/or improvement of services; or
4. Early Intervention services, including screening, assessment, referral, counseling, and/or crisis intervention services, designed to serve people ~~individuals~~ identified as "high risk" and who are exhibiting signs of dysfunctional behaviors.

B. Development of linkages with other health and social service agencies, particularly with those serving children.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 37.3 Documentation**

A. Case records for people ~~persons~~ provided individualized Primary Prevention or Early Intervention/Prevention Services (such as home-based individual education, parent or sibling group education, screening/assessment or crisis intervention services) must be maintained with applicable forms in the DMH Record Guide.

B. Documentation of the provision of general or indirect presentations/activities on prevention and/or early intervention must include, at a minimum:

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

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 38: Family Support and Education Services

**Rule 38.1 Service Design**

A. Family Support and Education Services~~,~~ provide self-help and mutual support for families of children/ ~~and~~ youth with serious emotional disturbances or mental health challenges. This service increases the knowledge, skills and confidence of parents and family members in parenting their child/youth.

B. An employee ~~staff member~~ with documented training completed at a successful level in a DMH-approved program in family education and support for families of children/youth with behavioral/conduct or emotional disorders must be designated to coordinate family education and family support services.

C. The agency provider of Family Support and Education Services must maintain policies and procedures for offering and implementing appropriate family education and family support to families of children/youth with behavioral/conduct or emotional disorders that address, at a minimum, the following:

1. Description of people ~~individuals~~ targeted to receive Family Support and Education Services;
2. Specific strategies to be used for outreach to the target population for Family Support and Education Services;
3. Description of qualifications and specialized training required for family support and education agency providers; and,
4. Description of service components of Family Support and Education Services.

D. A variety of family education activities appropriate for families of children/youth with behavioral/conduct or emotional disorders must be made available through pamphlets, brochures, workshops, social activities, or other appropriate meetings or methods/types of presentations with an individual family or groups of families.

E. These activities must be documented and address one (1) or more of the following or other DMH pre-approved topics:

1. Identified methods and approaches commonly used to identify children/youth with behavioral, conduct or emotional disorders;
2. Development of a family action plan;
3. Prevalent treatment modalities;
4. Common medications;
5. Child development;
6. Problem-solving;
7. Effective communication;
8. Identifying and utilizing community resources;
9. Parent/professional collaboration;
10. Overview of a collaborative service network;

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11. Consultation and education; and,
12. Pre-evaluation screening for civil commitment for ages fourteen (14) and up.

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

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

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 39: Making A Plan (MAP) Teams

**Rule 39.1 Service Design**

A. Making a Plan ~~(MAP)~~ Teams address the needs of children, birth up to ~~age~~ twenty-one (21) years, with serious emotional/behavioral disorders and/or dually diagnosed with serious emotional/behavioral disorders and an intellectual disability or serious emotional disturbance ~~SED~~ and alcohol/drug ~~ab~~use; who require services from multiple agency~~ies~~ providers and multiple service ~~program~~ systems, and who can be successfully diverted from inappropriate institutional placement.

B. Each ~~MAP~~ Making a Plan Team must be comprised of at least one (1) child behavioral health representative employed by the ~~CMHC~~ Community Mental Health Center or DMH/P certified agency provider who has a Bachelor's degree. In addition, there must be at least one (1) representative from each of the following:

1. Each local school district in a county served by a Making a Plan ~~MAP~~ Team;
2. County ~~Family and Children's Services Division of the State Department of Human Services~~ or Regional Office of the Mississippi Department of Child Protection Services;
3. County or Regional ~~Youth Services Division of the State Department of Human Services~~ of the Mississippi Department of Child Protection Services;
4. County or Regional Office of the State Department of Rehabilitation Services;
5. County or Regional Office of the Mississippi State Department of Health;
6. Parent or family member with a child who has experienced an emotional and/or behavioral disturbance; and,
7. Additional members may be added to each team, to include significant community-level stakeholders with resources that can benefit the children with serious emotional disturbance.

C. The Community Mental Health Center (DMH-C) must maintain a current written interagency agreement with agency~~ies~~ providers participating in the Making a Plan ~~MAP~~ Team.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 39.2 Access to ~~MAP~~ Making a Plan Teams**

A. All agency providers certified as Community Mental Health Centers (DMH-C) must make available or participate in at least two (2) standing ~~MAP~~ Making a Plan Teams in each Community Mental Health Center ~~CMHC~~ region.

B. All agency providers certified as DMH/C must have a written plan that describes how each county in their catchment area will develop or have access to a Making a Plan ~~MAP~~ Team. The plan must include timelines for ensuring each county has access to or has

developed a Making a Plan ~~MAP~~ Team. Additionally, the plan must be available for DMH Review.

C. Before referring a child/youth to a Psychiatric Residential Treatment Facility ~~(PRTF)~~, the ~~CMHC~~ Community Mental Health Center must first have the local ~~MAP~~ Making a Plan Team review the situation to ensure all available resources and service options have been utilized. This does not include those children/youth who are in immediate need of acute hospitalization due to suicidal or homicidal ideations.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 40: Respite Care for Children/Youth with a~~n SED~~ Serious Emotional Disturbance

**Rule 40.1 Service Design**

A. Respite is short-term planned relief care in the home or community for children/youth with serious emotional/behavioral disturbances or mental health challenges. This service offers time-out for caregivers and children/youth, helping family members to cope with their responsibilities, to rest and regroup, facilitate stability, and feel less isolated from the community, family and friends. The provision of services is community-based, culturally competent, and child-centered with the family participating in all decision-making.

B. ~~An individual~~ A person with, at a minimum, a Master's degree in a mental health or closely related field, must be designated to plan and supervise respite services. The Supervisor can also have administrative or other supervisory responsibility for other services or service locations ~~programs~~.

C. Agency ~~P~~providers of Respite Services must maintain documentation of linkages with other health and social service agencies, particularly those that serve children/youth.

D. Respite Services must be available a minimum of once per month for up to the number of hours per month determined necessary, based on individual needs of the child/youth and his/ ~~or~~ her family.

E. The service ~~program~~ must implement behavior management approaches that utilize positive reinforcement of appropriate behaviors. Documentation must be maintained that respite service agency providers have received all required training for new and/or existing employees/volunteers specified in Part 2: Chapter 12.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 40.2 Policies and Procedures**

In addition to the requirements in Part 2: Chapter 8, the written policy and procedure manual for the operation of Respite Services must also include the following areas:

A. Written description of responsibilities of Respite Service providers;

B. Written description of specialized training required for Respite Service providers; and,

C. Description of procedures for developing and implementing behavior change/management services ~~programs~~ for children/youth served on a regular basis.

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Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 40.3 Information to Parents/Legal Representatives**

At the time of the initial interview, the agency provider of Respite Services must document that the following information has been provided in writing and explained in a manner easily understood to parent(s), legal representative(s) and youth being served ~~in the program~~, as part of information provided to youth, parent(s)/legal representative(s) prior to or upon provision of Respite Services:

A. Employment criteria/credentials of the potential Respite Service provider;

B. Respite service's ~~program's~~ policy concerning behavior management. (The service ~~program~~ must be very specific in its description pertaining to behavior management.);

C. Signed confidentiality statement; and,

D. Service Agreement between the caregiver, the ~~individual staff provider~~ employee providing respite services, and the ~~provider~~ agency provider clearly stating what entity agrees to do while services are being provided.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 41: Wraparound Facilitation

**Rule 41.1 Service Design**

A. Wraparound ~~F~~facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families.

B. Wraparound facilitation is intended to serve:

1. Children/youth with serious mental health challenges who exceed the resources of a single agency provider or service provider;
2. Children/youth who experience multiple acute hospital stays;
3. Children/youth who are at risk of out-of-home placement or have been recommended for residential care;
4. Children/youth who have had interruptions in the delivery of services across a variety of agencies due to frequent moves; and,
5. Children/youth who have experienced failure to show improvement due to lack of previous coordination by agencies providing care, or reasons unknown can also be served through wraparound facilitation.

C. A Child/Family Team Meeting cannot take place without team members in addition to family and wraparound employee present. Child and family team membership must include:

1. The wraparound facilitator;
2. The child's service providers, any involved child serving agency provider representatives and other formal supports, as appropriate;
3. The caregiver/guardian and all family members living in the home;
4. Other family or community members serving as informal supports, as appropriate; and,
5. Identified youth, if age nine (9) or above, unless there are clear clinical indications this would be detrimental. Such reasons must be documented clearly throughout the record.

D. The wraparound family and child team must have access to ~~MAP Team~~ flexible funds if needed for non-traditional supports and resources to carry out the Wraparound Individualized Support Plan.

E. ~~The child/youth accessing funds for non-traditional supports will not need to be reviewed by the MAP Team to access these funds.~~ The identified wraparound facilitator may not serve as the Mental Health Therapist for a process that he/she is facilitating.

F. ~~The Wraparound Facilitator will document expenses in the Plan and the MAP Team Coordinator will include the child/youth in the quarterly reports sent to DMH~~. A wraparound facilitator must provide wraparound facilitation on a full-time basis with no

additional duties or caseloads.

G. Agency providers must ensure case load size for wraparound facilitators is maintained at an average of not more than ten (10) cases per wraparound facilitator.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 41.2 Wraparound Activities**

A. Wraparound facilitation must be provided in accordance with high fidelity and quality wraparound practice.

B. Activities include:

1. Engaging the family;
2. Assembling the child and family team;
3. Facilitating a child and family team meeting at a minimum every thirty (30) days;
4. Facilitating the creation of a plan of care, which includes a plan for anticipating, preventing and managing crisis, within the child and family team meeting;
5. Working with the team in identifying agency providers of services and other community resources to meet family and youth needs;
6. Making necessary referrals for youth;
7. Documenting and maintaining all information regarding the plan of care, including revisions and child and family team meetings;
8. Presenting plan of care for approval by the family and team;
9. Providing copies of the plan of care to the entire team including the youth and ~~family~~ parent(s)/legal guardian(s);
10. Monitoring the implementation of the plan of care and revising if necessary to achieve outcomes;
11. Maintaining communication between all child and family team members;
12. Monitoring the progress toward needs met and whether or not the referral behaviors are decreasing;
13. Leading the team to discuss and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth's needs;
14. Educating new team members about the wraparound process; and,
15. Maintaining team cohesiveness.

C. In addition to complying with Rule 41.1 and 41.2, agency providers of wraparound facilitation must comply with the most recent version of the *DMH Wraparound Agency Provider Registration Procedure and Operational Guidelines.*

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## P art 2: Chapter 42: Peer Support Services

**Rule 42.1 Service Design**

A. Peer Support Services are ~~person-centered~~ non-clinical activities with a rehabilitation and resiliency/recovery focus that allow a person receiving ~~consumers~~ ~~of~~ mental health services and substance use ~~disorders~~ services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues and challenges associated with various disabilities while directing their own recovery. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family members that is directed toward the achievement of specific goals defined by the person ~~individual~~. ~~It may also be provided as a family partner role.~~ Peer Support Services are provided by Certified Peer Support Specialist Professionals. A Certified Peer Support Specialist Professional is a person with significant life-altering experience, also referred to as lived experience, who has successfully completed peer support competencies-based training and testing.

B. Certified Peer Support Specialist Professionals include the following designations:

1. A Certified Peer Support Specialist Professional - Adult (CPSSP-A) is an adult diagnosed with a mental illness and/or substance use disorder who can demonstrate their own efforts at self-directed recovery and expertise including knowledge and approaches to support others in recovery. This designation prepares people who are successfully engaged in recovery from mental health and/or substance use who provide support to others whom can benefit from their experiences and knowledge to help other adults in their recovery journey.

2. A Certified Peer Support Specialist Professional – Parent/Caregiver (CPSSP-P) is a biological parent, adoptive parent, or relative caregiver with permanent legal custody who is raising or has raised a child with an emotional, social, behavioral, and/or substance use disability; and, whose child has received services from a children/youth mental health provider. The Certified Peer Support Specialist Professional-Parent/Caregiver will provide support and guidance to parents/caregivers in navigating the child serving the systems and advocating with them to help their child/youth.

3. A Certified Peer Support Specialist Professional – Youth/Young Adult (CPSSP-Y) is a person between the ages of eighteen – twenty-six (18-26) with lived experience with a behavioral health diagnosis who can demonstrate his or her own efforts in self-directed recovery. A behavioral health diagnosis can include a mental and/or substance use disorder. This designation prepares people who are successfully engaged in recovery from mental health and/or substance use disorders to help others in their recovery journey.

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4. A Certified Peer Support Specialist Professional – Recovery (CPSSP-R) is an adult diagnosed with a substance use disorder who provides Peer Support Services for people in recovery from substance use disorders.

C. ~~B.~~Agency ~~P~~providers of Peer Support Services must develop and implement a service provision plan that addresses the following:

1. The population to Be Served, including the process in place for referring people to Peer Support Services, how peer services will be introduced to the people receiving services, expected number of people ~~individuals~~ to be served, diagnoses, age and any specialization.
2. The types of services and activities offered, particular peer supports utilized, including whether services will be provided on a person ~~an individual~~ or group basis, type of intervention(s) practiced, typical service ~~program~~ day ~~or service~~ and expected outcomes.
3. ~~Program~~ Service location capacity, including staffing patterns, ~~staff~~ employee to person ~~consumer~~ ratios, ~~staff~~ employee qualifications and cultural composition reflective of population, and plan for deployment of ~~staff~~ employees to accommodate unplanned ~~staff~~ employee absences to maintain ~~staff~~ employee to consumer ratios.
4. A description of how the mental health/substance use disorder professional will maintain clinical oversight of Peer Support Services, which includes ensuring that services and supervision are provided consistently with DMH requirements.
5. A description of how Peer Support Specialists within the agency provider will be given opportunities to meet with or otherwise receive support from other Peer Support Specialists both within and outside the agency provider.
6. A description of how the Certified Peer Support Specialist Professionals and Certified Peer Support Specialist Supervisor will participate in and coordinate with treatment teams at the request of a consumer and the procedure for requesting team meetings.
7. A description of how the agency provider will recruit and retain Certified Peer Support Specialist~~s~~ Professionals.
8. A description of how the organization will prepare for the integration of Certified Peer Support Specialist Professionals into the workforce; ensuring the employees understand the duties and responsibilities of Certified Peer Support Specialist Professionals and how the duties and responsibilities support other employees and promote recovery and resiliency.

D. ~~C.~~Peer Support Services are voluntary. ~~Individuals~~ People and/or their guardians must be offered this service when indicated as necessary to promote recovery and resiliency by a mental health professional and/or physician.

E. ~~D.~~Peer Support Services are provided using a group or one on one (1 on 1) support. ~~or in groups. When rendered in groups, the ratio of staff to individuals receiving the service should be, at a minimum, one (1) staff member to eight (8) individuals.~~

F. ~~E.~~Peer Support Services must be included in and coordinated with the ~~individual~~ person's Individual Service Plan. A specific planned frequency for service should be identified by

the physician and/or mental health professional who believes the person ~~individual~~ would benefit from this recovery/resiliency support.

G. ~~F.~~Certified Peer Support Specialist~~s~~ Professionals must provide documentation of successful completion of at least one (1) of the DMH recognized peer training programs, that is designed to increase the knowledge of the Certified Peer Support Specialist Professional about the population he/she will be supporting.

H. ~~G.~~Peer Support Services must be supervised by a mental health professional who has completed the DMH-required peer supervisory training.

I. ~~H.~~Certified Peer Support Specialist~~s~~ Professionals may be employed as part-time or full-time ~~staff~~ employees depending on agency capacity, the needs of the community being served, and the preferences of the employee.

J. ~~I.~~Agency ~~P~~providers are encouraged to employ more than one Certified Peer Support Specialist Professional within an agency provider and to employ Certified Peer Support Specialist~~s~~ Professionals who reflect the cultural, ethnic, and public mental health service experiences of the people with whom they will work.

K. Certified Peer Support Specialist Professionals must provide Peer Support Services according to their lived experience scope of service, and Certified Peer Support Specialist Professional designation.

L. A Certified Peer Support Specialist Professional Supervisor must report violation in Code of Ethics and change in employment status to DMH, Division of Recovery and Resiliency.

M. Supervision must occur at least bi-weekly for Certified Peer Support Specialist Professionals within the first six (6) months of employment as a Certified Peer Support Specialist Professional; monthly for Certified Peer Support Specialist Professionals within seven (7) months – one (1) year of employment as a Certified Peer Support Specialist Professional; and, as deemed necessary for Certified Peer Support Specialist Professionals after one (1) year of employment. Supervision of Certified Peer Support Specialist Professionals must be provided face-to-face, individually or in group settings.

N. A full-time equivalent supervisor may supervise no more than nine (9) full-time equivalent Certified Peer Support Specialist Professionals.

O. Supervision will maintain a log of supervisor meetings.

P. Certified Peer Support Specialist Professional Supervision may not exceed one to nine (1:9) full-time equivalents.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 42.2 Activities**

A. Peer Support Services include a wide range of structured activities that are provided face-to-face to assist people ~~individuals~~ in their recovery/resiliency process. Activities should support goals of the ~~individual~~ person's documented Individual Service Plan ~~and/or Wellness Recovery Action Plan (WRAP)~~ and Recovery Support Plan ~~that may include, the following:~~ as follows:

~~1. Individual wellness and recovery/resiliency~~
~~2. Education and employment~~
~~3. Crisis Support~~
~~4. Housing and community living~~
~~5. Social networking~~
~~6. Development of natural supports~~
~~7. Self-determination~~
~~8. Self-advocacy~~

1. Certified Peer Support Specialist Professional – Adult services include a wide range of activities that assist adults with mental health and/or substance use challenges in regaining control of their lives based on the principles of recovery. Activities may include the following:
   (a) Relate their own recovery stories to inspire hope;
   (b) Model effective coping techniques and self-help strategies;
   (c) Assist in identifying resources in the community;
   (d) Utilize specific interventions necessary to assist peers in meeting their individualized goals;
   (e) Teach relevant skills needed for self-management of symptoms;
   (f) Teach peers how to overcome personal fears and anxieties;
   (g) Assist peers in articulating their personal goals and objectives for wellness; and,
   (h) Assist peers in creating their personal wellness plans (e.g. Wellness Recovery Action Plan, crisis plan, etc.).

2. Certified Peer Support Specialist Professional - Parent/Caregiver services include a wide range of activities that assist others in regaining control over their lives based on the principles of lived experience as a parent or caregiver of a child with a mental health challenge. Activities may include the following:

   (a) Navigating the various child serving systems;
   (b) Assist in identifying resources for their children;
   (c) Empower parents to be self-advocates;
   (d) Assist parents in obtaining services for their child;
   (e) Help parents develop relationships with community partners;
   (f) Educate providers and other employees on family-driven practice;
   (g) Participate on local Making a Plan Teams;
   (h) Assist Mobile Crisis Response Teams in responding to youth and family crisis; and,

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(i) Support families in the wraparound process.

3. Certified Peer Support Specialist Professional - Youth/Young Adult services assist other youth/young adults in regaining control over their own lives based on the principles of wellness and resiliency. Activities may include the following:

(a) Encourage youth to develop independent behavior;
(b) Promote awareness and acceptance of behavioral health issues;
(c) Share their experience in a helpful way to youth/young adults;
(d) Assist youth/young adults in obtaining services and resources;
(e) Support and empower youth/young adults in developing life skills;
(f) Model a sense of hope and resiliency;
(g) Encourage youth/young adults' participation in services and system activities; and,
(h) Help youth/young adults develop positive relationships with community partners.

4. Certified Peer Support Specialist Professional – Recovery Services assist individuals and families working towards recovery from substance use disorder. Certified Peer Support Specialist Professionals work closely with service participants before, during and after their treatment experiences to support and assist them in their recovery. Activities may include the following;

(a) Model a sense of hope and resiliency;
(b) Reduce or eliminate environment or personal barriers to recovery;
(c) Facilitate recovery and wellness groups;
(d) Assist in identifying and gaining access to social, education, employment, and other resources in the community that facilitate recovery;
(e) Share problem solving processes;
(f) Share basic steps for accomplishing recovery goals;
(g) Encourage connections with other service systems as needed; and,
(h) Support opportunities to establish positive social connections with others in recovery so as to learn social and recreational skills in an alcohol- and drug-free environment.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 42.3 Recovery**

A. Peer Support Services – Recovery (PSS-R) are non-clinical services that are offered before, during, and after any services that assist people and families working towards recovery from substance use disorders. They incorporate a full range of social, educational, employment, and other resources that facilitate recovery and wellness to reduce or eliminate environmental or personal barriers to recovery. Peer Support Services - Recovery include social supports, linkage to and coordination

among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families.

1. Peer Support Services - Recovery is conducted by a Certified Peer Support Specialist Professional – Recovery with first-hand lived experience.
2. Peer Support Services - Recovery must be provided to people regardless of where or if Primary Treatment Services have been completed.
3. The positions of Certified Peer Support Specialist Professional – Recovery must meet the following requirements:
   (a) Have a current MS DMH-certified Peer Support Specialist Professional - Recovery or
   (b) Have a current MS DMH-certified Peer Support Specialist Professional and acquire, within twelve (12) months of being hired for the Certified Peer Support Specialist Professional - Recovery position, the Recovery component of the Certified Peer Support Specialist Professional training.
   (c) Must be able to adapt to many stages and modalities of recovery, as well as, adapt to different service settings and organizational contexts.
   (d) Must have a strong understanding of cultural diversity and inclusion.

*Those people who seek employment as Certified Peer Support Specialist Professional-Recovery must adhere to the standards set forth for Certified Peer Support Specialist Professional in the DMH Standards 43.1-2.*

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 43: Applied Behavior Analysis ~~Early Intervention and Child Development Services for Children with a Developmental Delay~~

**Rule 43.1 Applied Behavior Analysis – General ~~All Early Intervention and Child Development Services~~**

The purpose of this chapter is to establish guidelines and incorporate best practices for the application of Applied Behavior Analysis principles and strategies to assist people demonstrating significant deficits or excesses in the areas of communication, activities of daily living and self-help skills, social and behavioral challenges including people with Autism Spectrum Disorder (ASD). Autism Spectrum Disorder includes any of the Pervasive Developmental Disorders in the most recent edition of the International Statistical Classification of Diseases (ICD) or Autism Spectrum Disorder in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, or in the editions of the International Statistical Classification of Diseases or Diagnostic and Statistical Manual of Mental Disorders in effect at the time of diagnosis.

A. The provider must develop policies and procedures that address all components of service provision including identification assessments, treatment plans, behavior plans, caregiver involvement, data collection methods, admission, coordination of care, and transition and discharge plans including treatment follow-up.

B. Documentation of consents, assessment procedures and results, baseline behavior measurements and recordings, treatment plans, and treatment baseline and outcomes must be included in the person's record.

C. Eligibility criteria includes a diagnosis of Autism Spectrum Disorder, an eligibility determination for Early and Periodic Screening Diagnosis and Treatment, when medically necessary.

It is the intent of this service to alter social and learning environments along with develop functional skills necessary to assist people to thrive in their homes and communities and/or prevent hospitalizations or out-of-home placements. Applied Behavioral Analysis Services include empirically-validated methods that are designed to build effective contingencies and support to facilitate optimal functioning for people who receive such services.

All services are provided in accordance with the **Mississippi Division of Medicaid Administrative Code: Part 206: Mental Health Services Chapter 3: Autism Spectrum Disorder Services and the State Plan under Title XIX of the Social Security Act Medical Assistance Program, TN No. 16-0020.**

D. Services must be provided by people licensed in the State of Mississippi (Miss. Code 73-75, 2016), as a Licensed Behavior Analyst or Licensed Assistant Behavior Analyst under the supervision of a Licensed Behavior Analyst. Behavior Technicians must be certified as a Registered Behavior Technician and listed with the State Licensure Board under a supervising Licensed Behavior Analyst. Licensed Psychologists whose scope of

practice, training, and competence include Applied Behavioral Analyst may provide Applied Behavioral Analysis Services.

E. A personnel record must be maintained on all employees and include information as indicated in Rule 11.2. Evidence of continuing education hours to maintain current licensing requirements must also be included in the Personnel Record.

F. Applied Behavioral Analyst Services include:

1. Problem-Identification Assessment by licensed personnel including the following processes as deemed appropriate by licensed personnel.
   (a) Review of file information about the person's medical status, prior assessments and prior treatments.
   (b) Stakeholder interviews and/or rating scales.
   (c) Review of assessments by other professional.
   (d) Direct observation and measurement of the person's behavior in structured and unstructured situations.
   (e) Determination of baseline levels of adaptive and maladaptive behaviors
   (f) Functional behavior analysis.
   (g) Selection of treatment targets in collaboration with family members or stakeholders.
   (h) Development of written protocols for treating and measuring all treatment targets.

2. Development, monitoring and management of Behavior Support Plans directed by Licensed Professionals which includes Adaptive Behavior Treatment with Protocol Modification, Exposure Adaptive Behavior Treatment with Protocol Modification, Adaptive Behavior Treatment by Protocol by Technician, Family Behavior Treatment Guidance, Group Adaptive Behavior Treatment by Protocol, and/or Adaptive Behavior Treatment with Treatment Protocol.

G. Once skill acquisition has occurred, generalization training must be put in place so that skills are used across settings to maximize treatment for the person.

A. ~~Early Intervention and Child Development Services are designed to support families in providing learning opportunities for their child within the activities, routines, and events of everyday life by providing information, materials, and supports relevant to their identified needs. Early Intervention Services are provided in the child's natural environment. Child Development Services provide center based programs which promote the developmental growth of children in cognitive, physical, social, emotional, communication, and adaptive functioning areas.~~

B. ~~The program must maintain documentation of at least quarterly public awareness activities that are broad, ongoing, and responsive to rural areas. The program must use a variety of methods to inform the public of available services.~~

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C. ~~The program must conduct and provide documentation of annual Child Find activities in the community to assist in the early identification of children with developmental disabilities or children who are at risk of developing developmental disabilities.~~

D. ~~Families of children under three (3) years of age must be informed about the First Steps Early Intervention Program (FSEIP) unless they are referred from FSEIP.~~

E. ~~Within thirty (30) days of admission, a dated photograph of the child must be taken and placed in his/her record. The photo must be updated annually for children birth to three (3) years.~~

F. ~~Program staff must participate in review, revisions, and annual updates of each child's Individual Family Service Plan (IFSP).~~

G. ~~The program must have goals and objectives for at least quarterly parental involvement and education which is based on the expressed interests/needs of the parents as ascertained from a parental interest/needs survey.~~

H. ~~The program must document the provision of information given to parents about developmental disabilities, developmental patterns, and other information pertinent to their child and which is understandable to the parents.~~

I. ~~The program must assist the family in achieving a smooth transition to educational services or another environment by:~~

1. ~~Discussing with parents future services/supports and other matters related to the child's transition to other services/environments;~~
2. ~~Supporting the family in preparing the child for changes in service delivery; and~~
3. ~~Participate in IFSP meetings to discuss transition activities as requested through written prior notice from First Steps.~~

J. ~~At a minimum, the setting for Early Intervention Services must:~~

i. ~~Provide equipment that is of an appropriate size and nature for the child using it;~~
ii. ~~Provide materials, toys, and equipment to stimulate, motivate, and entice children to explore the world around them; and~~
iii. ~~Procure special adaptive equipment for children with severe physical disabilities, when required.~~

K. ~~Program site must maintain and post a current Mississippi State Department of Health inspection as required by law and meet all other applicable local/state/federal laws and regulations.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

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**~~Rule 43.2 Programs Working with First Steps Early Intervention Programs (FSEIP)~~**

~~A. Early Intervention Programs must provide services and supports which enhance the family's capacity to support their child's development.~~

~~B. The program must document the provision of services and progress toward outcomes as stated on the child's Individualized Family Service Plan (IFSP).~~

~~C. Program staff must report to the Service Coordinator in writing the actual day services started within five (5) calendar days after admission into the program.~~

~~D. The program must update assessments to determine any changes in the child's skills in the areas of cognition, communication, fine and gross motor, adaptive, and socialization to submit to the FSEIP Service Coordinator for utilization in annual evaluation of the Individualized Family Service Plan.~~

~~E. The non-primary service provider must send updated assessment and other needed information to the primary service provider ninety (90) days before the child exits the service. The primary service provider must complete the Outcome Rating Scale within sixty (60) days prior to the child's exit from First Steps Early Intervention.~~

~~F. Children must be served in natural environments unless the provision of Early Intervention Services as indicated on the IFSP cannot be achieved satisfactorily in a natural environment.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

**~~Rule 43.3 Child Development Services~~**

~~A. Within thirty (30) days of admission and at least annually thereafter, conduct an educational assessment to determine a child's skills in the areas of cognition, communication, fine and gross motor, adaptive, and socialization for utilization in the development of an individualized service plan.~~

~~B. Provide or access services as indicated in a child's evaluation reports from a licensed speech-language pathologist (SLP), qualified teacher, registered occupational therapist (OT), registered physical therapist (PT), and/or other qualified personnel.~~

~~C. Document the following in the child's record regarding OT/PT/speech services:~~

~~1. Training provided by the OT/PT/speech therapists(s) for program staff~~
~~2. Any special techniques needed for the safe handling of a child~~
~~3. How program staff might implement any recommended special procedures/techniques into the child's educational program.~~

~~Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*~~

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## Part 2: Chapter 44: ID/DD Waiver Support Coordination and IDD Targeted Case Management Services

**Rule 44.1 ~~General~~ Support Coordination**

A. Support Coordination is responsible for coordinating and monitoring all services a person ~~an individual~~ on the ID/DD Waiver receives, regardless of funding source, to ensure services are adequate, appropriate, meet individual needs, and ensure the ~~individual~~ person's health and welfare needs are met and addressed.

B. The maximum caseload for a ~~s~~Support ~~c~~Coordinator is thirty-two (32) waiver participants.

C. Support Coordinators conduct face-to-face visits with each person and/or legal guardian at least once every three (3) months, rotating service settings and talking to employees. For people who receive only day services, at least one (1) visit per year must take place in the person's home.

D. ~~C.~~Support Coordinators cannot supervise, provide or be associated with any other ID/DD Waiver service.

E. ~~D.~~Support Coordination Services must be distinctly separate from other ID/DD Waiver service(s) an agency provider provides.

F. ~~E.~~Support Coordinators must adhere to the requirements in the ID/DD Waiver Support Coordination Manual.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 44.2 Intellectual/Developmental Disabilities (IDD) Targeted Case Management**

A. IDD Targeted Case Management is responsible for coordinating and monitoring all services a person on the IDD Community Support Program receives, regardless of funding source, to ensure services are adequate, appropriate, meet individual needs, and ensure the person's health and welfare needs are met and addressed.

B. The maximum caseload for a Targeted Case Manager is thirty-five (35) participants.

C. Targeted Case Managers conduct face-to-face visits with each person and/or legal guardian at least once every three (3) months, rotating service settings to observe each community service location during the certification year.

D. Targeted Case Managers cannot supervise, provide or be associated with any other IDD service.

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E. Targeted Case Management Services must be distinctly separate from other IDD service(s) an agency provider provides.

F. Targeted Case Managers must adhere to the requirements in the IDD Targeted Case Management Manual.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule ~~44.2~~ 44.3 Support Coordination/Targeted Case Management Activities**

A. Coordinating and facilitating the development of the Plan of Services and Supports through the person-centered planning process.

B. Revising/updating each ~~individual~~ person's Plan of Services and Supports at least annually or when changes in the ~~individual~~ person's circumstances occur or when requests are made by the ~~individual~~ person/legal guardian.

C. Informing and assisting ~~individuals~~ people/legal guardians with access of ~~about all ID/DD Waiver~~ services, both Home and Community-Based Services and non-Home and Community-Based Services ~~waiver services~~, from which the ~~a~~ person ~~may need~~ could benefit.

D. Informing ~~individuals~~ people /legal guardians about certified providers for the services on his/her approved Plan of Services and Supports initially, annually, if he/she becomes dissatisfied with the current agency provider, when a new agency provider/~~site~~ service location is certified, or if an agency provider's certification status changes.

E. Assisting the ~~individual~~ person/legal guardian with meeting/interviewing agency provider representatives and/or arranging tours of service locations ~~sites~~ until the person ~~individual~~ chooses an agency provider.

F. Support Coordinators/Targeted Case Managers are responsible for entering required information in Medicaid's LTSS System.

G. Notifying each individual of:

1. Initial enrollment;
2. Approval/denial of requests for additional services;
3. Approval/denial of requests for increases in services;
4. Approval for requests for recertification for services;
5. Approval for requests for readmission~~.~~;
6. Reduction in service(s); and,
7. Termination of service(s).

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H. Informing and providing the ~~individual~~ person/legal representative with the procedures for appealing the denial, reduction, or termination of ID/DD Waiver or IDD Community Support Program ~~s~~Services.

I. Educating people ~~individuals~~, legal guardians and families on ~~individual~~ people's rights and the procedures for reporting instances of abuse, neglect and exploitation.

J. Performing all necessary functions for the ~~individual~~ person's annual recertification ~~of ICF/IID level of care~~ and continued eligibility.

K. ~~Ongoing~~ At least monthly monitoring and assessment of the ~~individual~~ person's Plan of Services and Supports that must include:

1. Information about the ~~individual~~ person's health and welfare, including any changes in health status, needs for support, preferences, progress and accomplishments, and or changes in desired outcomes.
2. Information about the ~~individual~~ person's satisfaction with current service(s) and provider(s) (~~ID/DD Waiver~~ IDD Services and others).
3. Information addressing the need for any new services (~~ID/DD Waiver~~ IDD Services and others) based upon expressed needs or concerns or changing circumstances and actions taken to address the need(s).
4. Information addressing whether the amount/frequency of service(s) listed on the approved Plan of Services and Supports remains appropriate.
5. Review of Activity Support Plans developed by agency~~ies~~ providers which provide ~~ID/DD Waiver~~ IDD S~~s~~ervices to the person ~~individual~~.
6. Ensuring all services a person ~~an individual~~ receives, regardless of funding source, are coordinated to maximize the benefit and outcome for the person ~~individual~~
7. Follow-up activities regarding issues/needs identified during monthly or quarterly contacts or those reported by providers.
8. Determination of the need to update the Plan of Services and Supports.
9. Information about new agency providers/service locations in the person's area.
10. Review of services utilization via a report generated by the Division of Medicaid.

L. ~~Monitoring service provision/implementation monthly through either an onsite face-to-face visit, or a telephone contact and review of service utilization.~~

L. ~~M.~~Addressing issues related to ~~an individual~~ a person's Plan of Services and Supports with his/her agency provider(s). If an agency provider is not responsive, the Support Coordinator/Targeted Case Manager is responsible for reporting the issue as a grievance through DMH's established grievance reporting procedures through the Office of Consumer Support.

N. ~~Conducting face-to-face visits with each individual and legal guardian at least once every three (3) months, rotating service settings and talking to staff. For people who receive only day services, at least one (1) visit per year must take place in the person's home.~~

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M. ~~O.~~The following items must be addressed during quarterly visits:

1. Determine if needed supports and services in the Plan of Services and Supports have been provided;
2. Review implementation of Activity Support Plans to ensure specified outcomes are being met;
3. Review the ~~individual~~ person's progress and accomplishments;
4. Review the ~~individual~~ person's satisfaction with services and agency providers;
5. Identify any changes to the ~~individual~~ person's needs, preferences, desired outcomes, or health status;
6. Identify the need to change the amount or type of supports and services or to access new waiver or non-waiver services;
7. Identify the need to update the Plan of Services and Supports; and,
8. Determine the general wellbeing of the person and if there are any areas in their life in which they need assistance. Assisting the person/legal guardian with access or referral of needed assistance.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 45: ID/DD Waiver In-Home ~~Respite~~ Services

**Rule 45.1 In-Home Respite Services ~~General~~**

A. In-Home Respite provides temporary, periodic relief to those people ~~persons~~ normally providing care for the eligible person ~~individual~~. In-Home Respite ~~staff~~ personnel provide~~s~~ all the necessary care the usual caregiver would provide during the same time period.

B. In-Home Respite is only available to people ~~individuals~~ living in a family home and is not permitted for people ~~individuals~~ living independently, either with or without a roommate.

C. In-Home Respite is not available for people who receive Supported Living, Supervised Living, Shared Supported Living, Host Home ~~s~~Services, or who live in any other type of staffed residence.

D. In-Home Respite is not available to people ~~individuals~~ who are in the hospital, an ICF/IID, nursing home, or other type of rehabilitation facility that is billing Medicaid, Medicare, and/or private insurance.

E. In-Home Respite cannot be provided in the provider's residence.

F. ~~Staff~~ Employees may accompany people ~~individuals~~ on short community outings (1-2 hours) but this cannot comprise the entirety of the service. Activities are to be based upon the outcomes identified in the ~~PSS~~ Plan of Services and Supports and implemented through the Activity Support Plan. Allowable activities include:

1. Assistance with personal care needs such as bathing, dressing, toileting, grooming;
2. Assistance with eating and meal preparation for the person receiving services;
3. Assistance with transferring and/or mobility; and,
4. Leisure activities.

G. ~~Staff~~ Employees cannot accompany people ~~individuals~~ to medical appointments.

H. In-home respite ~~staff is~~ personnel are not permitted to provide medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations. Refer to Rule 30.8.

~~I. H.Individuals cannot be left unattended at any time during the provision of In-Home Respite Services.~~

I. Each person must have an Activity Support Plan, developed with the person, which is based on his/her Plan of Services and Supports.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 45.2 Family Members as Providers of In-Home Respite**

(a) The following types of family members are excluded from being providers of In-Home Respite:

1. Anyone who lives in the same home with the person ~~individual~~, regardless of relationship.
2. Those that are parents/step-parents, spouses, or children of the person ~~individual~~ receiving the services.
3. Those who are ~~a spouse, relative or anyone else who is~~ normally expected to provide care for the person ~~individual~~ receiving the services.

B. Providers employing a family member to serve as In-Home Respite personnel ~~staff~~, regardless of relationship or qualifications, must maintain the following documentation in each ~~staffs'~~ employees' personnel record in addition to the requirements in ~~Standard~~ Rule 11.2 and Chapter 12:

1. Proof of address for the family member seeking to provide services. Proof of address is considered to be a copy of a lease, rental agreement, or utility bill that includes that person's name. If required documentation cannot be obtained, the family member seeking to provide services must provide a signed and notarized affidavit that includes his/her current address.

2. Evidence the ~~individual~~ person's ID/DD Waiver Support Coordinator has been notified the agency provider is seeking approval of a family member to provide In-Home Respite.

C. Family members providing In-Home Respite will only be authorized to provide a maximum of up to one-hundred seventy-two (172) hours per month (forty [40] hours per week).

D. Providers must conduct drop-in, unannounced quality assurance visits during the time the approved family member is providing services. These visits must occur at least two (2) times per year. Documentation of these visits must be maintained in the ~~staff's~~ employees' personnel record. Documentation must include:

1. Observation of the family member's interactions with the person receiving services;
2. Review of the Plan of Services and Supports and Service Notes to determine if outcomes are being met; and,
3. Review of utilization to determine if contents of Service Notes support the amount of service provided.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 45.3 In-Home Nursing Respite**

A. The Standards in Rule 45.1 also apply.

B. In-Home Nursing Respite is provided by a registered or licensed practical nurse. He/she must provide nursing services in accordance with the Mississippi Nursing Practice Act and other applicable laws and regulations.

C. In-Home Nursing Respite is provided for people ~~persons~~ who require skilled nursing services, as prescribed by a physician, in the absence of the primary caregiver. The need for administration of medications alone is not a justification for receiving In-Home Nursing Respite ~~s~~Services. Refer to Rule 30.8.

D. ~~Individuals~~ People must have a statement from their physician/nurse practitioner stating:

1. The treatment(s) and/or procedure(s) the person ~~individual~~ needs in order to justify the need for a nurse in the absence of the primary caregiver; ~~and~~
2. The amount of time needed to administer the treatment(s) and/or~~/~~ procedure(s); and,
3. How long the treatment(s) and/or procedure(s) are expected to continue.

E. Private Duty Nursing services through Early Periodic Screening Diagnostic and Treatment (EPSDT) must be exhausted before waiver services are utilized.

F. In-Home Nursing Respite cannot be provided by family members.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 46: ID/DD Waiver Behavior Support Services

**Rule 46.1 General**

A. Behavior Support provides systematic behavior assessment, Behavior Support Plan development, consultation, restructuring of the environment and training for people ~~individuals~~ whose maladaptive behaviors are significantly disrupting their progress in learning, self-direction or community participation and/or are threatening to require movement to a more restrictive setting or removal from current services. This service also includes consultation and training provided to families and ~~staff~~ employees working with the person ~~individual~~. The desired outcome of the service is long-term behavior change.

B. If at any time a~~n~~ ~~individual~~ person's needs exceed the scope of the services provided through Behavior Support, the person ~~individual~~ will be referred to other appropriate services to meet his/her needs.

C. This service is not restricted by the age of the person ~~individual~~; however, it may not replace educationally related services provided to people ~~individuals~~ when the service is available under Early Periodic Screening Diagnostic and Treatment ~~EPSDT~~, Individuals with Disabilities Education Act ~~IDEA~~ or other sources such as an Individualized Family Service Plan (IFSP) through First Steps or is otherwise available. All other sources must be exhausted before waiver services can be approved. This does not preclude a Behavior Consultant from observing a person ~~an individual~~ in his/her school setting, but direct intervention cannot be reimbursed when it takes place in a school setting.

D. Behavior Support must be provided on a one (1) ~~staff~~ employee to one (1) person ~~individual~~ ratio.

E. Behavior Support Services consists of:

1. An on-site visit as part of a Functional Behavior Assessment to observe the person ~~individual~~ to determine if the development of a Behavior Support Plan is warranted.
2. Informal training of ~~staff~~ employees and other caregivers regarding basic positive behavior support techniques that could be employed if it is determined that a Behavior Support Plan is not warranted based on the presenting behavior(s).
3. A Functional Behavior Assessment if consultation indicates a need based on the professional judgement of the Behavior Consultant.

F. Functional Behavioral Assessments are limited to every two (2) years, if needed, unless the person ~~individual~~ changes providers or the Behavior Support Plan documents substantial changes to:

1. The ~~individual~~ person's circumstances (living arrangements, school, caretakers);
2. The ~~individual~~ person's skill development;
3. Performance of previously established skills; and,

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4. Frequency, intensity or types of challenging behaviors.

G. A medical evaluation for physical and/or medication issues must be conducted prior to completion of the Functional Behavior Assessment and before a Behavior Support Plan can be implemented.

H. Behavior Support Plans can only be developed by the person who conducted the Functional Behavior Assessment.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 46.2 Role of the Behavior Consultants**

A. Behavior Consultants must perform the following activities:

1. Provide consultation as part of the Functional Behavior Assessment;
2. Conduct Functional Behavior Assessment;
3. Develop Behavior Support Plan;
4. Implement the Behavior Support Plan to the degree determined necessary;
5. Train the Behavior Specialist Interventionist and/or staff employees and other caregivers in the implementation of the Behavior Support Plan.;
6. Monitor and review data submitted by the Behavior Specialist Interventionist to determine progress toward successful implementation of the Behavior Support Plan; and,
7. Monitoring fidelity of implementation of the Behavior Support Plan and reliability of the data.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 46.3 Role of the Behavior Interventionist Specialist**

A. Behavior Specialists Interventionist's are responsible for:

1. Participating in the development of the Behavior Support Plan with the Behavior Consultant;
2. Implementing the Behavior Support Plan;
3. Collecting and analyzing data for the effectiveness of the Behavior Support Plan;
4. Adjusting or revising the strategies identified in the Behavior Support Plan as approved by the Behavior Consultant;
5. Providing face-to-face training on the Behavior Support Plan and implementation strategies to staff employees and other caregivers. This shall include training for meals, hygiene, and/or community activities, and evenings and weekends noted in the bBehavior sSupport pPlan as particularly challenging.;

6. Monitoring ~~program staff~~ agency provider employees and other caregivers on the implementation of the Behavior Support Plan; and,
7. Submitting documentation to the Behavior Consultant as specified in the Behavior Support Plan which documents progress toward successful implementation of the Behavior Support Plan.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 46.4 Provision of Behavior Support In Conjunction with Other Services**

A. All providers must allow for implementation of the Behavior Support Plan in the service setting regardless of if another provider employs the Behavior Support personnel ~~staff~~. All appropriate ~~staff~~ employees must receive training from the Behavior Consultant and/or Behavior Interventionist ~~Specialist~~ from the Behavior Support ~~provider~~ agency provider.

B. Behavior Support can be provided simultaneously with other waiver services if the purpose is to:

1. Conduct a Functional Behavior Assessment;
2. Provide direct intervention; or,
3. Provide training to ~~staff~~ employees/parents on implementing and maintaining the Behavior Support Plan.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 47: ID/DD Waiver Home and Community Supports (HCS)

**Rule 47.1 General**

A. Home and Community Supports ~~(HCS)~~ is for people ~~individuals~~ who live in the family home and provides assistance with activities of daily living ~~(ADLs)~~ and instrumental activities of daily living (IADLs) such as bathing, toileting, transferring and mobility, meal preparation (but not the cost of the meals themselves), assistance with eating and incidental household cleaning and laundry which are essential to the health, safety, and welfare of the person ~~individual~~. Other activities can include assistance with keeping appointments, use of natural supports and other typical community services available to all people, social activities and participation in leisure activities.

B. Home and Community Supports may be shared by up to three (3) people ~~individuals~~ who have a common direct service provider ~~agency~~. ~~Individuals~~ People may share ~~HCS staff~~ Home and Community Supports personnel when agreed to by the participants and the health and welfare can be assured for each participant.

C. Home and Community Supports cannot be provided in a school setting or be used in lieu of school services or other available day services.

D. ~~HCS~~ Home and Community Supports is not available for people ~~individuals~~ who receive Supported Living, Shared Supported Living, Supervised Living, Host Home ~~s~~Services, or who live in any other type of staffed residence.

E. ~~HCS~~ Home and Community Supports is not available to people ~~individuals~~ who are in the hospital, an ICF/IID, nursing home, or other type of rehabilitation facility that is billing Medicaid, Medicare, and/or private insurance.

F. ~~HCS~~ Home and Community Support providers are responsible for providing transportation to and from community outings within the scope of the service. Refer to Rule 13.7.

G. ~~F.HCS~~ Home and Community Support providers are responsible for supervision and monitoring of the person ~~individual~~ at all times during service provision whether in the ~~individual~~ person's home, during transportation (if provided), and during community outings.

H. ~~G.~~Home and Community Supports ~~staff is~~ personnel are not permitted to provide medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations.

I. ~~H.HCS~~ Home and Community Supports ~~staff~~ personnel cannot accompany a minor on a medical visit without a parent/legal representative present.

J. ~~I.~~Home and Community Supports cannot be provided in a provider's residence.

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K. ~~J.HCS~~ Home and Community Supports ~~staff~~ personnel may assist people ~~individuals~~ with shopping needs and money management, but may not disburse funds on the part of a person ~~an individual~~ without written authorization from the legal guardian, if applicable.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 47.2 Family Members as Providers of ~~HCS~~ Home and Community Supports**

A. The following types of family members are excluded from being providers of Home and Community Supports ~~HCS~~:

1. Anyone who lives in the same home with the person ~~individual~~, regardless of relationship.
2. Those that are parents/step-parents, spouse or children of the person ~~individual~~ receiving the services.
3. Those who are ~~a spouse, relative or anyone else who is~~ normally expected to provide care for the ~~individual~~ person receiving the services.

B. Providers employing a family member to serve as a ~~HCS~~ Home and Community Supports employee ~~staff~~, regardless of relationship or qualifications, must maintain the following documentation in each employees' ~~staffs~~' personnel record in addition to the requirements in ~~Standard~~ Rule 11.2 and Chapter 12.

1. Proof of address for the family member seeking to provide services. Proof of address is considered to be a copy of a lease, rental agreement, or utility bill that includes that person's name. If required documentation cannot be obtained, the family member seeking to provide services must provide a signed and notarized affidavit that includes his/her current address.
2. Evidence the ~~individual~~ person's ID/DD Waiver Support Coordinator has been notified the agency provider is seeking approval of a family member to provide Home and Community Supports ~~HCS~~.

C. Family members employed as an employee ~~staff~~ to provide ~~HCS~~ Home and Community Supports must meet the qualifications and training requirements outlined in Part 2: Chapters 11 and 12.

D. Family members providing ~~HCS~~ Home and Community Supports will only be authorized to provide a maximum of one-hundred seventy-two (172) hours per month (40 hours per week).

E. Providers must conduct drop-in, unannounced quality assurance visits during the time the approved family member is providing services. These visits must occur at least two (2) times per year. Documentation of these visits must be maintained in the ~~staff's~~ employees' personnel record. Documentation must include:

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1. Observation of the family member's interactions with the person receiving services;
2. Review of Plan of Services and Supports and Service Notes to determine if outcomes are being met; and,
3. Review of utilization to determine if contents of Service Notes support the amount of service provided.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 48: ID/DD Waiver Transition Assistance Services

**Rule 48.1 General**

A. Transition Assistance is a one (1) time set-up expense for people ~~individuals~~ who transition from institutions (ICF/IID or Title XIX nursing home) to the ID/DD Waiver. They may move to a less restrictive community living arrangement such as a house or apartment, with ID/DD Waiver supports or home with family and receive ID/DD Waiver Supports. ~~where they receive Supervised Living, Shared Supported Living, Supported Living services, or Host Home Services and who do not use services provided through the Bridge to Independence (Money Follows the Person) program.~~

B. To be eligible for transition assistance the following is necessary:

1. The ~~individual~~ person cannot have another source to fund or attain the items or support.
2. The ~~individual~~ person ~~cannot~~ must be transitioning from a setting where these items were provided for him/her and upon leaving the setting they will no longer be provided.
3. The ~~individual~~ person must be moving to a residence where these items are not normally furnished.
4. The ~~individual's~~ person's ICF/IID or nursing facility stay is not acute or for rehabilitative purposes.

C. Items bought using these funds are for individual use and are to be property of the person ~~individual~~ ~~if an individual~~ if he/she moves from a residence owned or leased by a provider.

D. There is a one-time, life time maximum of $800 per person ~~individual~~.

E. ~~Transition Assistance, if approved on the PSS, must be provided by the community living (Supervised, Shared Supported Living, Supported Living or Host Home) provider in order to aid in transition.~~

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 48.2 Expenditures for Transition Assistance**

A. Examples of expenses that may be covered as Transition Assistance are:

1. Transporting furniture and personal possessions to the new living arrangement;
2. Essential furnishing expenses required to occupy and use a community domicile;
3. Linens and towels;
4. Cleaning supplies;

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5. Security deposits that are required to obtain a lease on an apartment or home that does not constitute paying for housing rent;
6. Utility set-up fees or deposits for utility or service access (e.g. telephone, water, electricity, heating, trash removal);
7. Initial stocking of the pantry with basic food items for the person not the family;
8. Health and safety assurances such as pest eradication, allergen control or one-time cleaning prior to moving; and,
9. Essential furnishings include items for a person ~~an individual~~ to establish his or her basic living arrangements such as a bed, table, chairs, window blinds, eating utensils, and food preparation items.

B. Transition Assistance ~~s~~Services shall not include monthly rental or mortgage expenses, regular utility charges, and/or household appliances or recreational electronics such as DVD players, game systems, or computers.

C. At the Person-Centered Planning meeting, the person ~~individual~~ and/or legal guardian, and the rest of the team agree upon the basic types of items to be purchased.

D. The provider makes purchases and arranges to store the item(s) until the person ~~individual~~ is ready to move into his/her new home.

E. After the person ~~individual~~ moves, the provider submits a claim to Medicaid for the dollar amount of the items, up to the approved maximum reimbursement rate. If the total amount of purchases exceeds the approved maximum reimbursement rate, the provider will only be paid up to that amount.

F. The provider must maintain receipts for all items purchased in the ~~individual~~ person's record and send copies to the ID/DD Waiver Support Coordinator.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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# Part 2: Chapter 49: All Substance Use Disorders Prevention and Treatment Services

**Rule 49.1 General**

A. All DMH-certified service providers of substance use ~~disorders~~ services must submit the Mississippi Substance Abuse Management Information System (MSAMIS) report to ~~the~~ DMH by the tenth (10th) working day of the month following the reporting period.

B. The Agency Provider must have written policies and procedures for the following:

1. Successful completion of treatment;
2. Transfer of person ~~individual~~ to another service ~~program~~;
3. ~~4.~~ ~~Program~~ Service re-entry after any disruption of services; and,
4. ~~5.~~ ~~Individual~~ Person initiated discharges without completion.
   (a) When people ~~individuals~~ choose to disregard agency provider ~~program~~ rules and regulations after facility has documented all interventions clinically available to employees ~~staff~~.
   (b) When people ~~individuals~~ willfully choose to leave the service ~~program~~.
5. ~~6.~~ ~~Staff~~ Employee initiated discharges without completion (last resort):
   (a) Standard protocol of interventions utilized before discharge is initiated.
   (b) The required protocol for treatment team meeting including:
      (a) Required ~~staff~~ employee present;
      (b) Requirement for review of all interventions used prior to this staffing;
      (c) How the treatment team makes the discharge decision; and,
      (d) In order to help DMH Referral planning practices.
6. ~~7.~~ Acceptance and accommodation of people ~~individuals~~ entering treatment services utilizing medication assisted treatment (MAT) or beginning the use of medication assisted treatment after admission to treatment services.
7. ~~8.~~ Discharge from services after no therapeutic contact within the last ninety (90) days.

C. To assist with appropriate referrals and placement, all residential services ~~programs~~ must report to DMH when the census of the service ~~program~~ exceeds ninety percent (90%) capacity and when the census drops below ninety percent (90%) capacity. Report should be submitted to the Office of Consumer Support by fax or the ~~Bureau of Alcohol and Drug Services~~ Bureau of Behavioral Health Services by email within twenty-four (24) hours of crossing the ninety percent (90%) threshold.

D. For agency providers ~~programs~~ classified as a state or federal institution or correctional facility that are certified by CARF, The Joint Commission (TJC), the American Corrections Association or other certification body approved by ~~the~~ DMH, DMH may accept those certifications in lieu of the Health and Safety Operational Standards with the exception of standards related to clinical services ~~program~~ operation and personnel requirements. ~~Programs~~ Agency providers must be in good standing with the applicable certification body in order for approval to be granted.

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E. The Joint Commission ~~(TJC)~~ accredited substance use disorder treatment service providers (not funded by DMH) seeking DMH certification must submit documentation of ~~TJC~~ The Joint Commission accreditation in the specific substance use disorder area(s) that corresponds (not to include DUI) with the substance use disorder service area(s) included in the DMH Operational Standards. ~~The~~ DMH will determine if the documentation is sufficient to support certification in the specific substance use disorder service~~s~~ areas.

F. All service locations ~~programs~~ must have a physical environment which provides designated space for privacy of individual and group counseling sessions.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 49.2 HIV and TB Risk Assessment and Testing**

A. All providers must provide and document that all people ~~individuals~~ receiving substance use disorder treatment services receive a risk assessment for HIV at the time of intake. For people ~~individuals~~ determined to be high risk by the HIV assessment, testing options are determined by level of care and must be provided as follows:

1. Outpatient Services: ~~Individuals~~ People must be offered on-site HIV Rapid ~~t~~Testing by the organization or informed of available HIV testing resources available within the community.

2. Primary Residential Services: ~~Individuals~~ People must be offered and encouraged to participate in on-site HIV Rapid Testing. If HIV Rapid Testing is not immediately available, then testing must be offered using other methodology on-site or the person ~~individual~~ must be transported to a testing location ~~site~~ in the community only until such time as a Rapid Testing Program can be implemented.

3. Transitional Residential and Recovery Support Services: ~~Individuals~~ People must be offered and encouraged to participate in on-site HIV Rapid Testing unless the service ~~program~~ can provide documentation that the ~~individual~~ person received the risk assessment and was offered testing within the last six (6) months. If testing was refused, the facility should encourage further testing. If HIV Rapid Testing is not immediately available, then testing must be offered using other methodology on-site or the person ~~individual~~ must be transported to a testing location ~~site~~ in the community only until such time as a Rapid Testing Program can be implemented.

B. All ~~programs~~ service locations must have and follow written policies and procedures for ensuring maximum participation from people ~~individuals~~ in HIV testing to include:

1. Standardized procedures for conducting an HIV Risk Assessment.
2. Utilization of an "opt-out" methodology for documenting people ~~individuals~~' who decline to be tested.

3. Standardized protocol for explaining the benefits of testing.

C. All ~~programs~~ services offering HIV Early Intervention Testing should provide at a minimum:

1. A minimum of thirty (30) minutes up to one (1) hour of pre-test counseling which must include a risk assessment if one hasn't been previously conducted.
2. Offer appropriate post-test counseling as needed. If preliminary testing is reactive (positive) then a minimum of sixty (60) minutes of post-test counseling is required.
3. All ~~programs~~ services providing on-site testing must have the following:
   (a) A Clinical Laboratory Improvements Amendments (CLIA) Waiver;
   (b) Relevant ~~Staff~~ employee training;
   (c) A written protocol for HIV testing; and,
   (d) Agreements with the State Department of Health or other relevant agency providers to obtain HIV test kits, where applicable.

D. ~~Programs~~ Services providing on-site testing must have policies and procedures that include but are not limited to:

1. Standardized procedures for conducting an HIV test and delivering results;
2. Standardized procedures for obtaining a confirmatory test in the case of a reactive "preliminary positive" test result;
3. Documentation and standardized procedures for providing linkage to care; and,
4. Quality control procedures to include:
   (a) Proper storage of HIV test kits and controls; and,
   (b) Documentation of when and how often controls are run to verify test accuracy.

E. All Primary and Transitional Residential providers must document that all people ~~individuals~~ received a risk assessment for TB at the time of intake. Any person ~~individual~~ determined to be at high risk cannot be admitted into a treatment service ~~program~~ until testing confirms the person ~~individual~~ does not have TB.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 49.3 Education Regarding HIV, TB, STDs**

A. All providers must provide and document that all people ~~individuals~~ receiving substance use disorder treatment services receive a minimum of one (1) hour of educational information concerning the following topics in a group and/or individual session:

1. HIV/AIDS
   (a) Modes of transmission;
   (b) Universal Precautions and other preventative measures against contracting/ spreading the virus; and,
   (c) Current treatments and how to access them.



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2. Tuberculosis (TB)
   (a) Modes of transmission; and,
   (b) Current treatment resources and how to access them.

3. Sexually Transmitted Diseases (STDs)
   (a) Modes of transmission;
   (b) Precautions to take against contracting these diseases;
   (c) Progression of diseases; and,
   (d) Current treatment resources and how to access them.

4. Hepatitis
   D. Modes of transmission;
   E. Precautions to take against contracting these diseases; and,
   F. Current treatments and how to access them.

B. Transitional Residential and Recovery Support Services must also provide the services outlined, unless the agency provider ~~program~~ can provide documentation that the person ~~individual~~ received the educational information prior to a transfer to a less restrictive level of care.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 49.4 Service to Pregnant Women**

A. All substance use disorder services ~~programs~~ must document and follow written policies and procedures that ensure:

1. Pregnant women are given top priority for admission;
2. Pregnant women may not be placed on a waiting list. Pregnant women must be admitted into a substance use disorder treatment service ~~program~~ within forty-eight (48) hours;
3. If a service ~~program~~ is unable to admit a pregnant woman due to being at capacity or any other appropriate reason, the service ~~program~~ must assess, refer and assist the person ~~individual~~ with placement in another DMH-certified service ~~program~~ within forty-eight (48) hours;
4. If a service ~~program~~ is unable to admit a pregnant woman, the woman must be referred to a local health provider for prenatal care until an appropriate placement is made;
5. If unable to complete the entire process as outlined, DMH Office of Consumer Support must be notified immediately by fax or email using standardized forms provided by DMH. The time frame for notifying DMH of inability to place a pregnant woman cannot exceed forty-eight (48) hours from the initial request for treatment from the person ~~individual~~;
6. If an agency provider ~~program~~ is at capacity and a referral must be made, the pregnant woman must be offered an immediate face-to-face assessment at the agency

provider or another DMH-certified agency provider. If offered at another DMH-certified agency provider ~~program~~, the referring agency provider must fully facilitate the appointment at the alternate DMH-certified agency provider ~~program~~. The referring agency provider must follow-up with the certified agency provider ~~and program~~ to ensure the person ~~individual~~ was placed within forty-eight (48) hours.

7. Written documentation of placement or assessment and referral of pregnant women must be maintained on-site and reported to ~~the~~ DMH.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 49.5 Services to ~~Individuals~~ People Who Use IV Drugs**

A. All DMH-certified substance use ~~disorder~~ services ~~programs~~ must document and follow written policies and procedures that ensure:

1. ~~Individuals~~ People who use IV drugs are provided priority admission over non-IV drug users.
2. ~~Individuals~~ People who use IV drugs are placed in ~~the~~ treatment services ~~program~~ identified as the best modality by the assessment within forty-eight (48) hours.
3. If an ~~program~~ agency provider is unable to admit a person ~~an individual~~ who uses IV drugs due to being at capacity or any other appropriate reason, the agency provider ~~program~~ must assess, refer and place the person ~~individual~~ in another certified DMH agency provider ~~program~~ within forty-eight (48) hours.
4. If unable to complete the entire process as outlined, DMH Office of Consumer Support must be notified immediately by fax or email using standardized forms provided by DMH. The time frame for notifying DMH of inability to place a person ~~an individual~~ who uses IV drugs cannot exceed forty-eight (48) hours from the initial request for treatment from the person ~~individual~~.
5. If an agency provider ~~program~~ is at capacity and a referral must be made, the referring provider is responsible for assuring the establishment of alternate placement at another certified DMH agency provider ~~program~~ within forty-eight (48) hours.
6. The referring agency provider is responsible for ensuring the person ~~individual was~~ is placed within forty-eight (48) hours.
7. In the case there is an IV drug user that is unable to be admitted because of insufficient capacity, the following interim services will be provided:
   (a) Counseling and education regarding HIV and TB, the risks of sharing needles, the risk of transmission to sex partners and infants, and the steps to prevent HIV transmission; and,
   (b) Referrals for HIV and TB services made when necessary.
8. Written documentation of placement or assessment and referral of IV drug users must be maintained on-site and reported to ~~the~~ DMH.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 49.6 DUI Convictions**

A. ~~Service~~ Agency providers must determine and document, at intake, if the person ~~individual~~ has been convicted of more than one (1) DUI that has resulted in a suspended driver's license. If so, the agency provider must explain the DUI assessment and treatment process to the person ~~individual~~ and determine if he/she is interested in participating.

B. ~~Programs~~ Agency providers must disclose if they are certified by ~~the~~ DMH to conduct DUI assessments.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 50: Withdrawal Management Services

**Rule 50.1 General**

A. The Withdrawal Management standards in this section are based on the *American Society of Addiction Medicine*© established criteria for Level 3.2-WM: Clinically Managed Residential Withdrawal Management (sometimes referred to as "social detox") and 3.7 Medically Monitored Inpatient Withdrawal Management.

B. These services must be provided in conjunction with ~~the~~ DMH-certified Primary Residential ~~s~~Services.

C. All agency providers ~~programs~~ must utilize the results of a medical screening instrument(s) identifying the need for Withdrawal Management Services. The screening assessments should be conducted as often as the individual case warrants.

D. ~~Programs~~ Agency providers providing Withdrawal Management Services must have written policies and procedures which specify the following:

1. ~~An individual~~ A person designated as responsible for coordinating Withdrawal Management Services;
2. A description of the method by which Withdrawal management Services are offered; ~~and~~
3. A description of the method by which referrals are made to physicians and/or hospitals for appropriate medical intervention;~~.~~ and
4. Criteria for admission, care, discharge, and transfer of a person ~~client~~ to another level of care.

E. All Residential Agency Providers ~~Programs~~ must have a current contract on file with a Medically Managed Intensive Inpatient Withdrawal Management Agency Provider. If applicable and funds are available, ~~The~~ DMH will reimburse this contract for people ~~individuals~~ experiencing physical withdrawals from benzodiazepines, opioids and/or alcohol, ~~individuals using opiates in combination with benzodiazepines and/or alcohol~~ or people ~~individuals~~ who have a history of a biomedical condition(s) that will complicate withdrawal. If the agency provider ~~program~~ is serving pregnant females, the following must be included:

1. The contract with the medical provider will state that women will not be detoxed during pregnancy without consideration by a physician or nurse practitioner of the impact it would have on the mother or her fetus.
2. All Residential Services ~~Programs~~ are responsible for ensuring that pregnant women are evaluated immediately by a physician, hospital, or medical clinic when symptoms of intoxication, impairment, or withdrawal are evident.
3. All Residential Services ~~Programs~~ must provide transportation for pregnant women that are referred to a physician, hospital, medical clinic or other appropriate ~~R~~residential ~~F~~facility.

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4. Withdrawal management services for pregnant/prenatal women will take into account up-to-date medical research.

F. ~~Programs~~ Agency providers should establish a protocol for immediate referral to an acute care facility such as:

1. The proper threshold score as established by the assessment instrument
2. When the person ~~individual~~ has any one of the following:
   (a) Seizures or history of seizures;
   (b) Current persistent vomiting or vomiting of blood;
   (c) Current ingestion of vomit in lungs;
   (d) Clouded sensorium such as gross disorientation or hallucination;
   (e) A temperature higher that one hundred and one (101) degrees Fahrenheit;
   (f) Abnormal respiration such as shortness of breath or a respiration rate greater than twenty-six (26) breaths per minute;
   (g) Elevated pulse such as a heart rate greater than one hundred (100) beats per minute or arrhythmia;
   (h) Hypertension such as blood pressure greater than one hundred sixty (160) over one hundred twenty (120);
   (i) Sudden chest pain or other sign of coronary distress or severe abdominal pain;
   (j) Unconscious and not able to be awakened;
   (k) Other signs of significant illness such as jaundice, unstable diabetes, acute liver disease, severe allergic reaction, poisoning, progressively worsening tremors, chills, severe agitation, exposure, or internal bleeding shock;
   (l) Uncontrollable violence~~,~~; or
   (m) Suicidal or homicidal ideations.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 50.2 Staffing and Observation**

A. ~~Programs~~ Agency providers providing Level 3.2-WM: Clinically Managed Residential Withdrawal Management Services must provide a level of services designed to safely assist people ~~individuals~~ through withdrawal without the need for on-site medical and nursing personnel. Services must contain the following:

1. Appropriately credentialed personnel who are trained to provide physician approved protocols, and recognize signs and symptoms of alcohol and drug intoxication, withdrawal and appropriate monitoring of those conditions. ~~Staff~~ Employees must:
   (a) Observe and supervise the person ~~individual~~
   (b) Determine the person's ~~individuals~~ appropriate level of care
   (c) Facilitate the person's ~~individuals~~ transition to continuing care
2. Twenty-four (24) hour a day medical evaluation and consultation.

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3. A written agreement or contract with a local hospital able to provide Medically Managed Withdrawal Management Services as defined by the American Society of Addiction Medicine (ASAM).
4. ~~Staff~~ The Employee supervising~~on~~ self-administered medications must be appropriately licensed or credentialed by the state of Mississippi.

B. ~~Programs~~ Agency providers providing Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management Services. This service provides care to people ~~individuals~~ whose withdrawal signs and symptoms are sufficiently severe to require twenty-four (24) hour care delivered by medical and nursing professionals. Services must include the following:

1. ~~Program~~ Services staffed by a physician or appropriately licensed ~~staff~~ employee performing the duties as a physician under a collaborative agreement or other requirements of the medical practice act.
2. Physician or licensed designee must be available twenty-four (24) hours a day by telephone.
3. ~~Individual~~ People must be assessed by a physician or licensed designee within twenty-four (24) hours of admission or earlier if medically necessary.
4. A registered nurse or other licensed and credentialed nurse is available to conduct a nursing assessment on admission.
5. Documentation of hourly observation of the people ~~individual~~ receiving services during the first twenty-four (24) hours of the withdrawal management. Agency providers ~~Programs~~ providing this service must have a written plan describing the handling of medical emergencies which includes the roles of ~~staff members~~ employees and physicians.
6. Must have interdisciplinary team of appropriately trained employees ~~staff~~ available to assess and treat the ~~individual~~ person's needs.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 51: Substance Use Disorder Recovery Support Services

**Rule 51.1 General**

A. Recovery Support Services are non-clinical services that are offered before, during and after any services that assist people ~~individuals~~ and families working towards recovery from substance use disorders. They incorporate a full range of social, legal, and other resources that facilitate recovery and wellness to reduce or eliminate environmental or personal barriers to recovery. ~~RSS~~ Recovery Support Services include social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families.

B. The Recovery Support ~~staff~~ personnel must maintain on-site a comprehensive file of existing community resources. Each listed resource must include:

1. The name, location, telephone number and hours of operation of the resource;
2. The types of services provided by the resource;
3. Eligibility requirements; and,
4. Contact person(s).

C. Recovery Support ~~Staff~~ personnel must develop an annual plan for conducting community outreach activities that must include:

1. Each county in their catchment area;
2. An emphasis on ~~alcohol and other drug~~ substance use treatment and prevention services offered by their organization;
3. A minimum of twelve (12) community activities per year and cannot be limited to exhibits or booths at community events; and,
4. Identification of targeted community health providers, areas or populations such as workplaces of young adults, physicians, drug courts, etc.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 51.2 Availability of Recovery Support Services**

Recovery Support Services must be provided to people ~~individuals~~ regardless of where or if Primary Treatment Services have been completed.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 51.3 Policies and Procedures**

A. Recovery Support Services must establish a written policy which details a twelve (12) month step down approach for the delivery of Recovery Support Services. Emphasis must be placed on the "critical time" of the first six (6) months of service.

B. The highest level of frequency of contacts during the first one to three (1-3) months must include, at a minimum:

1. Face-to-face contact for a minimum of one (1) hour weekly (more if determined to be necessary). This may be in the form of non-clinical psychoeducational groups, individual support, or family support sessions.
2. Community involvement is required. This may be in the form of twelve (12) step meeting(s), volunteerism, faith-based support groups or any other mutually agreed upon meaningful pro-social activity that supports recovery.
3. Weekly random drug screen.
4. Weekly family contact is required. If a person ~~individual~~/family refuses to participate documentation is required.

C. The subsequent three (3) months must include, at a minimum:

1. Face-to-face contact for a minimum of one (1) hour every other week (more if determined to be necessary). This may be in the form of non-clinical psychoeducational groups, individual support sessions, or family support sessions.
2. Continued ~~C~~community involvement is required. This may be in the form of twelve (12) step meeting (s), volunteerism, faith-based support groups or any other mutually agreed upon meaningful pro-social activity that supports recovery.
3. Monthly random drug screens.
4. Family contact as needed. If a person ~~individual~~/family refused contact in the prior three (3) months, it must be re-addressed and documentation is required.

D. The remaining six (6) months should be determined following outcomes of the first six (6) months.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 51.4 Contacts**

A. For the six (6) months immediately following completion of treatment, as described in Rule 51.3, Recovery Support ~~staff~~ personnel must make at least one (1) attempt to contact each member per month. Group or individual sessions are acceptable as contacts.

B. Recovery Support ~~Staff~~ personnel should attempt to contact people ~~individuals~~ immediately, but not to exceed forty-eight (48) business hours, following a missed appointment.

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C. Following a missed appointment, Recovery Support ~~Staff~~ personnel must make at least three (3) separate attempts to contact each person ~~individual~~ on their caseload prior to discharging the ~~individual~~ person. A record of contacts/attempts must be maintained in the ~~individual~~ person's record. Contact must include the most appropriate means of engagement preferred by the person ~~individual~~ to encourage continued participation such as phone calls, face-to-face visits, letters, emails or other electronic technology as long as full confidentiality is maintained.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 52: Substance Use Disorder Prevention Services

**Rule 52.1 General**

A. Prevention Services are designed to reduce the risk factors and increase the protective factors linked to substance use disorder and related problem behaviors to provide immediate and long-term positive results. The process begins prior to the onset of a disorder. These interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, tobacco use, and illicit drug use.

B. No Prevention Services will be provided to people ~~persons~~ who are actively engaged in any substance use ~~and addictive disorders~~ services ~~program~~. This includes people ~~individual~~s detained in a facility for drug related offenses.

C. All prevention services ~~programs~~ must implement at least three (3) of the following six (6) strategies, required by the Center for Substance Abuse Prevention (CSAP) in the delivery of Prevention Services:

1. Information/dissemination;
2. Affective education services ~~programs~~;
3. Alternative services ~~programs~~;
4. Problem/Identification and referral;
5. Community-based process (~~C~~community development)l and,
6. Environmental services ~~programs~~.

D. All DMH-certified providers of Prevention Services must document all prevention activities on the designated ~~I~~internet-based tool or other required tool by the tenth (10th) working day of the month following the reporting period.

E. All prevention agency providers must have an employee ~~staff member~~ designated to coordinate the prevention services ~~program~~.

F. ~~Individuals~~ People working in prevention services must have their own working computer (provided by the certified agency provider) with internet access.

G. All prevention services ~~programs~~ must show evidence of ongoing use of at least one (1) model, evidence-based curriculum recommended by the Center for Substance Abuse Prevention ~~(CSAP)~~. All services ~~programs~~ are required to provide an evidenced-based curriculum schedule upon request. The percentage of evidence-based curriculum implementation must adhere to ~~BADS~~ Bureau of Behavioral Health Services grant requirements.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 52.2 Prevention Services**

A. Overview - For purposes of § 96.124, each agency provider shall develop and implement comprehensive Prevention Services which include a broad array of Prevention Strategies directed at people not identified to be in need of treatment. The comprehensive service shall be provided either directly or through one (1) or more public or non-profit private entities. The comprehensive primary Prevention Services shall include activities and services provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance use.

1. In implementing the Prevention Services, grantees must use a variety of strategies, as appropriate for each target group, including but not limited to, the following:
   (a) Information Dissemination;
   (b) Education;
   (c) Alternatives to traditional services;
   (d) Problem Identification and Referral;
   (e) Community-Based Process; and,
   (f) Environmental

B. Other Prevention Funding Continuation Application (FCA) Requirements

1. Synar Amendment
   Each full-time Prevention Specialist should conduct a minimum of twenty-five (25) merchant education activities and document each activity in DataGadget as an environmental strategy.
2. Quarterly Coalition Meetings
   Services must meet, at a minimum, quarterly with all other DMH-funded and/or certified Prevention Services within their mental health region/catchment area. Each agency provider or approved designee is responsible for submitting the agenda and minutes to the Bureau of Behavioral Health Services with Quarterly Reports. Other community-based organizations that have an interest in the prevention of substance use (domestic violence, gambling, school personnel, Employee Assistance Program (EAP) Coordinator, corrections, health department, etc.) may participate in the coalitions meetings. The populations being served should have a representative on the coalition. Additionally, regions should be familiar with other services within their area of the state but not necessarily within their mental health region.
3. Training for Prevention Coordinators/Specialist
   (a) At a minimum, the Prevention Coordinator/Specialist must attend the forty (40) hour Prevention course Substance Abuse Prevention Specialist Training (SAPST) designated by the Bureau of Behavioral Health Services within six (6) months of hire.
   (b) For Prevention Specialists that have already completed the forty (40) hour Prevention training, an additional fifteen (15) hours of continuing education training is required for each grant year. Evidence of training should be attached to the progress report and available for review in the personnel or separate employee training file.

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(c) ~~Staff~~ Employees providing Prevention services that are listed on the Prevention grant must attend the eight (8) - hour Prevention - 101 training within three (3) months of hire.

(d) Prevention Specialists/Coordinators must acquire their Prevention Certification designation from the MS Department of Child Protection Services within two (2) years of their hire date.

(e) Prevention Specialists that have the designation of Associate Prevention Specialist (APS), will be allotted one (1) year to acquire their designation of Department of Child Protection Services.

(f) All Prevention staff must complete Substance Abuse and Mental Health Services Administration's Online Course on Primary Prevention within two (2) weeks of start date and annually thereafter. The course is located at https://www.samhsa.gov/grants/block-grants/sabg/primary-prevention-course.

D. Health Fairs

No more than ten percent (10%) of grant funds may be used to fund Prevention Services at health fairs or similar information dissemination activities.

E. National Outcome Measures (NOMs)

Addictive Services funded programs must adhere to all requirements regarding the collection and submission of National Outcome Measures. This information should be documented in DataGadget. *(For example of desired outcome measures see table listed below)*

Outcome Measures

| Mississippi Prevention Priority Areas and Annual Performance Indicators | | |
|---|---|---|
| Prescription Drug Use | Alcohol Use | Marijuana Use |
| Youth Rx Drug Misuse | Youth Alcohol Use | Youth Marijuana Use |
| Drug Use Perception of Harm | Young Adult Alcohol Use | Young Adult Marijuana Use |
| Young Adult & Adult Rx Drug Use | Adult Alcohol Use | Adult Marijuana Use |

*(Technical Assistance on data submission may be requested by notifying the Bureau of Behavioral Health Services.)*

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## Part 2: Chapter 53: DUI Diagnostic Assessment Services for Second and Subsequent Offenders

**Rule 53.1General**

A. The DUI Diagnostic Assessment is a process by which a diagnostic assessment (such as, Substance Abuse Subtle Screening Inventory ~~(SASSI)~~, or other DMH approved tool) is administered and the result is combined with other required information to determine the offenders appropriate treatment environment.

B. All DMH-certified agency providers ~~programs~~ which conduct DUI ~~A~~assessments must have a designated ~~staff member~~ employee(s) responsible, accountable, and trained to administer the assessment and implement the agency provider's ~~program~~ procedures.

C. The agency provider ~~program~~ must have written policies and procedures and adhere to those policies and procedures which describe:

1. The criteria by which the treatment environment is determined;
2. The criteria by which successful completion of treatment is determined for DUI offenders; and,
3. The process by which a person ~~an individual~~ is admitted into ~~a~~ substance use ~~disorder~~ treatment ~~program~~ following completion of the DUI Diagnostic Assessment.

D. The DUI Diagnostic Assessment must consist of the following components and be documented in the ~~individual~~ person's case file:

1. Motor Vehicle Report from an official governmental source such as the MS Department of Public Safety.
2. Results and interpretation of the Substance Abuse Subtle Screening Inventory ~~SASSI~~, or other DMH ~~Bureau of Alcohol and Drug Abuse~~ Bureau of Behavioral Health Services approved tool. In order to administer the diagnostic tool, at least one (1) employee ~~staff member~~ must be certified.
3. An ~~I~~initial ~~A~~assessment.

E. ~~Individuals~~ People receiving DUI treatment services through ~~a~~ DUI Outpatient services ~~Program~~ must receive a minimum of twenty (20) hours of direct service (individual and/or group therapy), in no less than ten (10) separate therapeutic sessions or as otherwise specified by the DMH Bureau of Behavioral Health Services ~~BADS~~, before receiving the DMH Certification of DUI In-Depth Diagnostic Assessment and Treatment Form. Documentation of treatment will be maintained in the ~~individual~~ person's record.

F. All DUI Diagnostic Assessment/Treatment agency providers ~~Programs~~ must submit the DMH Certification of DUI In-Depth Diagnostic Assessment and Treatment Form and a release of information to the Bureau of Behavioral Health Services ~~BADS~~ when a person ~~an individual~~ has successfully completed the treatment ~~program~~.

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G. All DUI Diagnostic Assessment services must be equipped to provide each person ~~individual~~ the type of substance use ~~disorder~~ treatment services indicated by the results and interpretation of the assessment (components listed in this section above). Substance use ~~disorder~~ treatment may be offered through the assessment service and/or through an affiliation agreement with a DMH-certified substance use ~~disorder~~ treatment service ~~program~~. The assessment service must be able to provide, at a minimum, outpatient and primary residential or inpatient chemical dependency substance use ~~disorder~~ treatment.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 54: Opioid Treatment Services

**Rule 54.1 General Related to Opioid Treatment Programs (OTP)**

A. ~~The Mississippi Department of Mental Health (~~DMH~~)~~, ~~Bureau of Alcohol and Drug Services (BADS)~~ Bureau of Behavioral Health Services, will serve as the State Authority for Opioid Treatment Programs under the authority provided under state statute (Section 41-4-7 of the Mississippi Code of 1972, Annotated). Such Opioid Treatment Programs ~~programs~~ shall provide withdrawal management services to people suffering from chronic addiction to ~~opiates/opiate~~ opioids/opioid derivatives. The services support the person ~~individual~~ by utilizing methadone, ~~and/or B~~buprenorphine (including buprenorphine-naloxone formulations), naltrexone, and other medications approved by the federal Food and Drug Administration (FDA), while the person ~~individual~~ participates in a spectrum of counseling and other recovery support services ~~that are~~ intended to assist the person with successful recovery from ~~opiate~~ opioid addiction.

B. Agency ~~P~~providers of Opioid Treatment Programs ~~(OTP)~~ shall comply with all applicable federal, ~~S~~state, and local laws, codes, and/or rules to include, but not be limited to, those promulgated/administered by or through the United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration ~~SAMHSA~~, Drug Enforcement Administration (DEA) regulations, and the Controlled Substances Act (21 U.S.C. 801~~23~~ et seq.) ~~(g) (l )~~. Any federal laws, regulations, or guidelines that exceed or conflict with the standards set forth under this chapter will take precedent.

C. An Opioid Treatment Program must have a current, valid certification from Substance Abuse and Mental Health Services Administration ~~SAMHSA~~ and permanently display proof of that current certification in public view, available for public inspection. Additionally, Opioid Treatment Programs must have a current certification from the Commission on Accreditation of Rehabilitation Facilities (CARF).

D. The operation of each Opioid Treatment Program must be in compliance with the Mississippi Pharmacy Practice Act (Section 73-21-69 et. seq. of the Mississippi Code as Annotated, 1972) as well as current rules and regulations promulgated by the State Board of Pharmacy; and, must at a minimum obtain and maintain a "Pharmacy Permit," as defined and authorized by the Mississippi Board of Pharmacy.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 54.2 Staffing for Opioid Treatment Programs**

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A. An Opioid Treatment Program must employ sufficient and qualified ~~staff~~ employees to meet the treatment and support needs of the population served. Services must be provided by an interdisciplinary team, all of whom are properly licensed, registered, or certified by the appropriate authority in accordance with Mississippi law. At a minimum, the ~~staff~~ team must include:

1. A licensed physician;
2. A registered nurse;
3. A Licensed pharmacist, and
4. Licensed psychologist/counselor/social worker, licensed/certified mental health therapist (specialized in substance use ~~and disorders~~ services) who must be on-site during all hours of operation. The therapist to individual ratio must be set with a limited caseload that supports and meets the needs of the people ~~individuals~~ receiving services and limits must be addressed in the agency~~'s~~ provider's policies and procedures.

B. An Opioid Treatment Program must designate a ~~m~~Medical ~~d~~Director~~/staff physician~~ who is responsible for administering and supervising all medical services performed by the program. The ~~m~~Medical ~~d~~Director~~/staff physician~~ must be a physician licensed in the ~~S~~state of Mississippi. He/she must be on-site as needed to complete all medical needs in accordance with standard medical practice and available by phone as needed. The Medical Director may directly provide services to the Opioid Treatment Program's patients or delegate specific responsibility to authorized program physicians and healthcare professionals functioning under the Medical Director's direct supervision.

C. An Opioid Treatment Program must employ at least one (1) full-time ~~R~~registered ~~N~~nurse ~~(RN)~~ for the first one hundred (100) or fewer people ~~individuals~~. In addition to the one (1) full-time registered nurse additional registered nurses must be maintained so as to provide nursing services at least one (1) hour per week per five (5) people ~~individuals~~ enrolled over one hundred (100) people ~~individuals~~. (For example a service location ~~program~~ serving one hundred fifty (150) people ~~individuals~~ would have one (1) full-time registered nurse ~~RN~~ and an additional ten (10) hours per week of registered nurse ~~RN~~ time from another registered nurse ~~RN~~ on staff). Nursing functions may be supplemented by a licensed practical nurse, if a registered nurse or physician is on-duty. All nursing services provided must be in compliance with the Mississippi Nursing Practice Act (Section 73-15-1 et. seq. of the Mississippi Code of 1972 as Annotated) and current rules and regulations promulgated by the Mississippi State Board of Nursing.

D. A person may hold more than one (1) ~~staff~~ employee position within the facility if that person is qualified to function in both capacities, and the required hours for each job are separate and apart for each position.

E. All Opioid Treatment Programs must provide availability of ~~staff~~ employees seven (7) days a week, twenty-four (24) hours a day. A record of the on-call schedule must be maintained and the people ~~individuals~~ must be informed of how to access the on-call employees ~~staff~~; therefore, a signed statement by the person ~~individual~~ must be

maintained in the ~~individual~~ person's record. The on-call ~~staff~~ employee must be available at all times for emergencies of the people ~~individuals~~ served. The on-call ~~staff~~ employee must have access to pertinent ~~individual~~ information, including dosage levels, for a person receiving services.

F. In addition to the requirement of Rule 2.4.A, entities applying for certification as an Opioid Treatment Program must include the following:

1. ~~Program~~ Service goals and objectives;
2. P~~rogram~~ Service funding (including individual fee schedules); and,
3. Demonstrated need to establish the service ~~program~~.
   (a) Submit sufficient justification to include:
      (1) Location population data;
      (2) ~~Agencies p~~Plan for service implementation;
      (3) Identified gaps in service;
      (4) Expected target population; and,
      (5) Sufficient documentation of support for services in the form of a signed letter from at least one (1) of the following:
         i. ~~Individuals~~ Person receiving services
         iii. Businesses
         iv. Property-owners residing/located within the immediate area surrounding the proposed location
      (6) Sufficient documentation of need in the form of a signed letter from at least one (1) of the following:
         i. Behavioral health program
         ii. Area physician
         iii. Other health professional/agency provider
      (7) Sufficient documentation of support for services in the form of a signed letter from at least one (1) of the following:
         i. Local governing authorities
         ii. Local law enforcement officials
         iii. Local judges

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 54.3 Admissions to Opioid Treatment Programs**

A. The Opioid Treatment Program must have written policies and procedures to describe the total process utilized for admission to the service ~~program~~ and must at a minimum include:

1. A face-to-face with each person requesting ~~methadone maintenance~~ treatment services;
2. Documentation and identification of the ~~individual~~ person's immediate/urgent need (s);
3. Admission criteria must include, but not be limited to the following:

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(a) Current diagnosis of opioid dependence in accordance with the Diagnostic and Statistical Manual of Mental Disorders (Current Edition)~~.~~;

(b) ~~Individual~~ Person is at least eighteen (18) years old; as evidenced by:

(1) Driver's license; or

(2) Birth certificate or Social Security card;

(c) ~~Individual~~ Person meets the federal requirements, including exceptions, regarding determination that the person ~~individual~~ is currently addicted to opioids ~~opiates~~ and has been addicted to opioids ~~opiates~~ for at least one (1) year prior to admission;

(d) ~~Individual~~ Person is not currently enrolled in another Opioid Treatment Program;

(e) ~~Individual~~ Person has signed a statement to evidence his/her understanding of the risks and side effects of available treatments;

(f) ~~Individual~~ Person has signed a statement to evidence his/her understanding of the options concerning all treatment procedures in Opioid Replacement Management;

(g) ~~Individual~~ Person has signed a statement evidencing that admission is voluntary;

(h) ~~Individual~~ Person has been informed of and received a copy of rights of people receiving services ~~individuals served by the program~~, including confidentiality (a signed copy must be maintained in the ~~individual~~ person's record);

(i) ~~Individual~~ Person has been informed of and received a copy of service ~~program~~ rules (signed documentation of receipt of service ~~program~~ rules must be maintained in the ~~individual~~ person's case record);

(j) ~~Individual~~ Person has received counseling, testing, and education regarding HIV, Hepatitis B, Hepatitis C, TB, and sexually transmitted diseases (documentation must be maintained in the ~~individual~~ person's record); and,

(k) ~~Individual~~ Person must have signed documentation that they understand the fee schedule and tapering process due to inability to pay for services.

4. Criteria for waiting list (a plan must be documented); and,
5. Any specific conditions/situations that would exclude a person ~~an individual~~ from being eligible for admission. Provisions for and documentation of recommendations for alternate services must be included.

B. Each ~~individual~~ person must be provided an orientation prior to administration of any medication. The orientation must be documented by a signed statement that is maintained in the case record which proves the person ~~individual~~ acknowledges receipt of a service ~~program~~ handbook. The ~~program~~ service handbook must include, but is not limited to the following:

1. Signs and symptoms of overdose, and conditions for seeking emergency assistance;
2. Description of the medications to be administered by the service ~~program~~, including potential risks, benefits, side effects, and drug interactions;

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3. The nature of addictive disorders;
4. The goals and benefits of medication-assisted treatment and the process of recovery;
5. Voluntary and involuntary discharge procedures;
6. Toxicology urine drug screen (UDS) testing procedures;
7. Medication dispensing procedures;
8. Hours of operations;
9. Medication fee schedule; and,
10. Counseling services offered during treatment.

C. Each person ~~individual~~ must be reviewed prior to admission and annually thereafter from the date of admission on the Prescription Drug Monitoring Program (PDMP) in MS and nearby states for which access is available to assess for appropriateness of Opioid Treatment Services. No person ~~individual~~ is eligible for admission or continued services/treatment whose review indicates the potential for diversion. Each Prescription Drug Monitoring Program ~~PDMP~~ access shall confirm the person ~~individual~~ is not seeking prescription medication from multiple sources. The service ~~program~~ shall access the Prescription Drug Monitoring Program ~~PDMP~~:

1. Upon admission;
2. Before initial administration of methadone or other treatment in an opioid treatment program;
3. Prior to requesting any ~~T~~take ~~H~~home dosing exceptions and shall submit the resulting report to the State Opioid Treatment Authority (SOTA) with the exception request;
4. After any positive drug test for prescription medication; ~~and~~
5. Every six (6) months to determine if controlled substances other than methadone are being prescribed for the person ~~individual~~. The ~~individual~~ person's record shall include documentation of the results of the Prescription Drug Monitoring Program ~~PDMP~~ database check and the date upon which it occurred~~.~~; and,
6. In accordance with any other applicable requirements set forth by state or federal laws, regulations, or licensing authorities.

D. No service ~~Program~~ shall provide any form of consideration, including but not limited to free or discounted services or medication, for referral of potential people ~~clients~~ to the service ~~Program~~.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 54.4 Opioid Treatment Program Services**

A. Medical Services must be provided and/or managed by the Medical Director of the program. The Medical Director must:

1. Be a physician licensed under Mississippi law who has been designated to oversee all medical services of an agency provider and has been given the authority and responsibility for medical care delivered by an agency provider. This includes

ensuring the program is in compliance with all federal, state, and local laws and regulations regarding the medical treatment of addiction to an Opioid drug.

2. (a) Be American Society of Addiction Medicine ~~ASAM~~ or American Board of Addiction Medicine (ABAM) certified, or hold a comparable accreditation approved by DMH;
   (b) Hold a Drug Enforcement Administration license for prescribing opioid treatment medication; and,
   (c) Have completed an employee training plan to include appropriate components as determined by DMH. ~~have documented references in working experience in an opioid treatment program and have documented education in addiction services.~~
3. Be available to the program on a continual basis, seven (7) days per week, twenty-four (24) hours per day.
4. Be present or ensure that qualified medical personnel are present in the program location for two (2) hours per week for each fifty (50) people ~~clients~~ enrolled.
5. Complete a full physical and ~~biopsychosocial~~ evaluation for each person ~~client~~ annually to re-confirm ~~for~~ the need for ~~the~~ continued participation in the Opioid Treatment Program ~~OTP~~.
6. Ensure that a Pharmacist licensed by the state of Mississippi is present and overseeing the dispensing of medication at each service ~~program~~ location. Based on the state Board of Pharmacy rules and regulations, DMH defines "dispensing" as the interpretation of a valid prescription or order of a practitioner by a pharmacist and the subsequent preparation of the drug or device for administering to or use by a patient or other person entitled to receive the drug. The Pharmacist is not required to be on-site at all times that medications are distributed in single doses (by a nurse at the dosing counter). However, the Pharmacist is required to be present during the creation of take-home doses and at the time that people pick up their take-home doses. It should be outlined in the agency provider's policies and procedures the required duties of the Pharmacist (such as verifying dosing parameters or completing necessary paperwork, etc.) and allow for sufficient time in the service to complete these tasks.

B. ~~Program~~ Services ~~much~~ must include, but are not limited to, the following:

1. Medical Services under the direction of the Medical ~~Provider~~ Director will include an initial history and physical evaluation to determine diagnosis and if the person ~~individual~~ meets criteria for ~~methadone maintenance treatment (MMT);~~ medication-assisted treatment, unless the person ~~individual~~ can provide documentation of a medical examination (including laboratory test results) that was conducted within fourteen (14) days prior to admission. The admission activities outlined in this requirement can be conducted by a Licensed Nurse Practitioner under the supervision of a Licensed Physician but cannot be conducted by a Physician's Assistant. The physical evaluation will include but not be limited to the following:
   (a) A complete medical history;
   (b) Baseline toxicology report produced from a urine drug screen ~~(UDS)~~ that includes at a minimum testing for the following substances using the following cutoff concentrations:
      (1) ~~Opiates~~ Opioids 100 ng/ml;

(2) Methadone 300 ng/ml;
(3) Buprenorphine 0.5 ng/ml;
(4) Benzodiazepines 200 ng/ml;
(5) Barbiturates 200 ng/ml;
(6) Cocaine 300 ng/ml;
(7) Amphetamines 1000 ng/ml;
(8) Tetrahydrocannabinol 100 ng/ml;
(9) Alcohol .03 gm/dl;
(10) Any other drug known to be frequently used in the locality of the Opioid Treatment Program ~~OTP~~.

(c) A TB skin test or chest x-ray if the skin was ever previously positive;

(d) Screening for STDs;

(e) Other laboratory tests as clinically indicated by the person's ~~client's~~ history and physical examination; and,

(f) A pregnancy test shall be completed, and the results documented, for each female of childbearing potential prior to the initiation of ~~Opioid~~ medication-assisted treatment, medically-assisted withdrawal, or detoxification procedures.

2. Provide for the medical needs (annual physical exams, prescribing of medications, follow-up evaluations, ordering and review of lab work), of the people ~~individuals~~ being served in accordance with current standards of medical practice;

3. Ensure that the program is in compliance with local, state, and federal guidelines as they relate to the medical treatment of opioid addiction;

4. Determine the adequate treatment dose of ~~methadone~~ medication to meet the needs of the person served;

5. Provide for dosing and counseling services seven (7) days each week, including as needed by people, on days when the Opioid Treatment Program is closed;

6. Establish hours of operations for at least six (6) days each week (except on Federal holiday) which ~~that~~ are flexible to accommodate the majority of a person's ~~client~~ school, work, and family responsibility schedules;

7. Maintain physical plant that is adequate in size to accommodate the proposed number of people ~~clients~~, required program activities, and provide a safe, therapeutic environment that supports enhancement of each person's ~~client's~~ well-being and affords protection of privacy and confidentiality;

8. Reconcile administration and dispensing medication inventory;

9. Approve all take-home medications; and,

10. Participate in treatment planning including approval and signing of all plans.

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C. Nursing Services provided must be in compliance with the Mississippi Nursing Practice Act (Section 73-15-1 et. seq. of the Mississippi Code of 1972 as Annotated) and current rules and regulations promulgated by the Mississippi State Board of Nursing. These duties and responsibilities are in addition to requirements of the Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers and must include the following:

1. Administration of all ~~methadone~~ medications as prescribed by the licensed Medical Director~~/physician~~;
2. Documentation of all medication administered and countersigning of all changes in dosage schedule;
3. Provision of general nursing care in addition to ~~alcohol and drug~~ substance use services when ordered by the program's licensed ~~medical director~~ Medical Director~~/ physician~~;
4. Supervision of functions that may be supplemented by a licensed practical nurse; and,
5. Participation in treatment team meetings.

D. Counseling and Recovery Support Services are a part of a holistic approach to treating the opioid ~~opiate~~ addicted person ~~individual~~. Counseling services must be provided by a licensed psychologist, licensed professional counselor, licensed certified social worker or DMH credentialed addictions therapist and must be provided in accordance with the following requirements:

1. Written documentation must support decisions of the treatment team including indicators such as a positive drug screens, inappropriate behavior, criminal activity, and withdrawal management procedures.
2. Counseling must be provided individually or in small (not to exceed twelve [12] people ~~individuals~~) groups of people ~~individuals~~ with similar treatment needs.
3. Each person ~~individual~~ must be assigned to a primary counselor and the counselor must be familiar with all people ~~individuals~~ on his/her caseload and document all contacts in the ~~individual~~ person's record.
4. Specialized information and counseling approaches for people ~~individuals~~ who have special problems, ~~i.e.,~~ (e.g., terminal illness) must be provided and documented;
5. Counselors must assess the psychological and sociological backgrounds of people ~~individuals~~, contribute to the treatment team, and monitor individual treatment programs.
6. Counselor to person ~~individual~~ ratio cannot exceed 1:40 (one [1] counselor to every forty [40] people receiving services ~~individuals served by the program~~).

E. Through the provision of Counseling Services, therapeutic interventions must be available as needed but at a minimum consist of the following:

1. Evidence-based therapeutic ~~programs~~ services/practices, stress/anxiety management and relapse prevention must be included as a schedule of therapeutic interventions.

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2. Individual, group or family therapy sessions must be provided for one (1) hour per week for the first ninety (90) days of treatment.
3. Individual, group, or family therapy sessions must be provided for two (2) hours per month for days ninety-one (91) through one hundred eighty (180) of treatment.
4. Individual, group or family therapy sessions must be provided for one (1) hour per month for the remainder of treatment.
5. Provide referrals for special needs.
6. Provide focused counseling in cases of psychosocial stressors such as:
   (a) Abuse/neglect (known or suspected);
   (b) Marital (relationship);
   (c) Pregnancy;
   (d) Financial/legal;
   (e) Vocational/educational;
   (f) Infectious disease; and/or,
   (g) Other services as ordered/indicated.

F. Women's Services must be provided to ensure accessibility of services to pregnant women. The program must develop, implement, maintain, and document implementation of written policies and procedures to ensure the provision and accessibility of adequate services for women. The program must adhere to (and document wherever possible) the following: ~~develop and implement policies and procedures that include but are not limited to the following and are documented in the client record:~~

1. Give priority to pregnant women in its admission policy;
   (a) Cannot deny admission solely on the basis of the pregnancy;
   (b) If a program is unable to provide services for a pregnant women, the State Opioid Treatment Authority ~~much~~ must be notified as to how the program will assist the pregnant women in locating services;

2. Arrange for and document medical care during pregnancy by appropriate referral, and written and recorded verification that the person ~~individual~~ receives prenatal care as planned;

3. Implement informed consent procedures for people ~~individuals~~ who refuse prenatal care to ensure the person ~~individual~~ acknowledges in writing that she was offered prenatal treatment but refused;

4. Ensure that the pregnant person ~~individual~~ is fully informed of the possible risks to her unborn child from continued use of illicit drugs or from a narcotic drug administered during maintenance or withdrawal management treatment;

5. Ensure that the pregnant person ~~individual~~ is fully informed of the possible risks and benefits to her unborn child from participating in the Opioid Treatment Program ~~OTP~~;

6. ~~Document implementation of~~ Implement a ~~the~~ process to provide pregnant ~~clients~~ people with access to or referral for prenatal care, pregnancy/parenting education, and postpartum follow-up~~.~~;

7. Obtain written consent to reciprocally share a person's ~~client~~ information with existing medical providers or future medical providers that ~~has~~ have been or will be treating the pregnant women;

8. For pregnant women who refuse appropriate referral for prenatal services, the program shall:
   (a) Utilize informed consent procedures to have the person ~~client~~ formally acknowledge, in writing, that the Opioid Treatment Program ~~OTP~~ offered a referral to prenatal services that was refused by the person ~~client~~; and,
   (b) Provide the person ~~client~~ with the basic prenatal instruction on maternal, physical, and dietary care as part of the Opioid Treatment Program ~~OTP~~ counseling services and document service delivery in the clinical record.

9. ~~Provide written documentation of implementation for~~ Implement the following procedures to care for pregnant women:
   (a) ~~Clients~~ People who become pregnant during treatment shall be maintained on the pre-pregnancy dosage, if effective, as determined by the Medical Director;
   (b) Dosing strategies will be consistent with those used for non-pregnant people ~~clients~~ ~~unless otherwise indicated;~~ if effective, as determined by the Medical Director;
   (c) Methadone ~~dose~~ dosage shall be monitored more intensely during the third (3rd) trimester~~;~~.

10. The program shall ~~document~~ describe in writing and ~~file~~ document in the clinical record the decision by and process utilized ~~for~~ if a pregnant woman ~~who~~ elects to withdraw from methadone or buprenorphine which shall, at the minimum, ~~with documentation to~~ include the following ~~minimum~~ requirements~~.~~:
    (a) The Medical Director shall supervise the withdrawal process.
    (b) Regular fetal assessments, as appropriate for gestational age, shall be part of the withdrawal process.
    (c) Education shall be provided on medically supervised withdrawal and the impact of medically supervised withdrawal services on the health and welfare of the unborn children.
    (d) Withdrawal procedures shall adhere to accepted medical standards regarding adequate dosing strategies.
    (e) When providing medically supervised withdrawal services to pregnant women whose withdrawal symptoms cannot be eliminated, referrals to inpatient medical programs shall be made.

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(f) The program shall describe in writing and document implementation of policies and procedures, including informed consent, to ensure appropriate post-pregnancy follow-up and primary care for the new mother and well-baby care for the infant.

11. Maintain documentation of an annual review implemented by the Medical Director of the protocol for treating pregnant females.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 54.5 Medication Management for Opioid Treatment Programs**

A. The medication used in the treatment of ~~opiate~~ opioid addiction must at a minimum:

1. Be approved by the Food and Drug Administration ~~(FDA)~~;
2. Be administered only as authorized and directed by orders signed by the ~~m~~Medical ~~d~~Director;
3. Be dispensed according to product pharmaceutical label; and,
4. Be appropriate to produce the desired response for the desired length of time.

B. Urine drug screening ~~(UDS)~~ must be included as one (1) source of information in making programmatic decisions, monitoring drug use, and making decisions regarding ~~individual~~ people's capability to receive take-home medication. They must NOT be used as the sole criterion to discharge a person ~~client~~ from treatment.

C. The service ~~Program~~ must include methodology for conducting a urine drug screening in its policies and procedures that at a minimum, ensures the following:

1. Urine specimens are obtained in a treatment atmosphere of trust and safety, rather than of punishment and power;
2. Results of all drug testing shall be filed in the person's ~~client's~~ clinical record;
3. Urine testing shall be documented and performed by a laboratory certified by an independent, federally approved accreditation entity;
4. Specimen testing includes the same panel and cutoff concentrations as the baseline toxicology report;
5. Specimens are obtained randomly on the basis of the individual clinic visit schedule; but no less than twice a month for the first thirty (30) days and a minimum of eight (8) times in any twelve (12) month period~~.~~;
6. ~~Individuals~~ People have signed a statement that he/she has been informed about how urine specimens are collected and of the responsibility to provide a specimen when asked (a signed statement must be maintained in the ~~individual~~ person's record);
7. The bathroom used for collection is clean and always supplied with soap and toilet articles;
8. That specimens are collected in a manner that minimizes falsification; if using direct observation, the procedures must be carried out ethically and professionally~~.~~;

9. That results of urine screens are communicated promptly to the person ~~individual~~ to facilitate rapid intervention with any drug that was disclosed or with possible diversion of methadone (or other treatment) as evidenced by lack thereof ~~of methadone~~ or its metabolites in the urine; and,
10. The program will develop a specific, DMH-approved policy, requiring that blood serum testing will be done on a person ~~an individual~~ if there is any reason for suspicion that the urine testing is incorrect or in any manner thought to be false. This policy must be developed and approved prior to opening the program.

D. The program must have written policies and procedures that outline the documentation and implementation of standard procedures for addressing a Failed Urine Drug Screen, which is defined as positive toxicology results for illicit or non-prescribed drugs and/or negative results for drugs provided by the Opioid Treatment Program ~~OTP~~ in the course of opioid maintenance therapy. These implemented policies and procedures must include, but are not limited to the following:

1. Baseline toxicology testing results shall be discussed with the person ~~client~~ and documentation of this discussion recorded as a progress note in the clinical record;
2. For new people ~~clients~~ who are within the first ninety (90) days of treatment, a failed urine drug screen will be discussed by the counselor and the person ~~client~~ during the next clinic visit to review the treatment plan and modify services as needed.
3. For people ~~clients~~ with take-home privileges:
   (a) The first failed urine drug test will result in the following:
      (1) ~~Client~~ Person will be placed on probation for ninety (90) days;
      (2) ~~Client~~ Person will receive a minimum of two (2) random drug screens per month during the probationary period; and,
      (3) ~~Client~~ Person must be required to meet with his/her primary counselor to discuss toxicology results and individual service plan.
   (b) The second failed urine drug test will result in the following:
      (1) ~~Client~~ Person will be transferred to a lower dosing phase;
      (2) ~~Client~~ Person will receive a minimum of two (2) random drug screens per month during the probationary period; and,
      (3) ~~Client~~ Person must be required to participate in a clinical staffing with the treatment team to develop and implement a remedial plan.
   (c) The third and subsequent failed urine drug test will result in the following:
      (1) Complete ~~biopsychosocial~~ re-assessment;
      (2) Complete medical re-evaluation of medication dosage, plasma levels, metabolic responses and adjustment of dosage;
      (3) Assessment for co-occurring disorders and modifications to treatment protocol as needed;
      (4) Increase in counseling services, change in primary counselor and/or family intervention as appropriate; and,
      (5) Consideration of alternative opioid addiction treatment.

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(d) The sixth consecutive failed urine drug test will result in the person ~~client~~ being informed that administrative withdrawal procedures will begin immediately and a referral made to the appropriate level of care unless the Medical Director:

(1) Provides objective clinical contraindications of the need for this action; and,

(2) Develops a written intervention plan in consultation with the person ~~client~~ and the treatment team to detoxify from any substance not prescribed by the Opioid Treatment Program ~~OTP~~, and intensify counseling.

E. When dispensing Methadone the program must:

1. Ensure that each medication administration and dosage change is ordered and signed by the program Medical Director;
2. Ensure that administration of each dose is documented in the ~~individual~~ person's record;
3. Ensure that administration of each dose is documented in the medication sheets;
4. Document administration of the dose with signature or initials of the qualified person administering the medication; and,
5. Document the exact number of milligrams of the medication dispensed with daily totals.

F. The initial dose of methadone should be prescribed by the Medical Director based on standard medical practice and sound clinical judgment. For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 mg and the ~~The initial~~ total daily dose for the first day may not exceed ~~30~~ 40 mg unless the Medical Director documents in the ~~individual~~ person's record that ~~30~~ 40 mg did not suppress ~~opiate~~ opioid abstinence symptoms.

G. Subsequent doses of medication shall be:

1. Individually determined based upon the Medical Director's evaluation of the history and present condition of the person ~~client~~.
2. Reviewed and updated ~~as~~ according to the person's ~~client's~~ treatment plan and in consideration of the following criteria:
   (a) Cessation of withdrawal symptoms
   (b) Cessation of illicit opioid use as measured by:
      (1) Negative drug tests; and,
      (2) Reduction of drug-seeking behavior
   (c) Establishment of a blockade dose of an agonist
   (d) Absence of problematic craving as measured by:
      (1) Subjective reports; and,
      (2) Clinical observations

(e) Absence of signs and symptoms of too large an agonist dose after an interval adequate for the person ~~client~~ to develop complete tolerance to the blocking dose

3. Subject to a process which shall be established and implemented by the Program to address people ~~individuals~~ who are objectively intoxicated or who are experiencing other problems that would render the administration of methadone unsafe.

H. The Program shall have a written policy implemented for Split Dosing that must:

1. Include input from the Medical Director in consultation with the treatment team and the State Opioid Treatment Authority ~~SOTA~~;
2. Accurately reflect that split dosing is guided by outcome criteria that shall include:
   (a) The person ~~client~~ complains that the dosage level is not holding.
   (b) The person ~~client~~ exhibits signs and symptoms of withdrawal.
   (c) The Medical Director employs peak and trough criteria for split dosing, if appropriate.
   (d) The Medical Director is unable to obtain a peak and trough ratio for 2.0 or lower, increasing intervals of dosing may be appropriate.
   (e) Addressing the failure of all avenues of stabilization
   (f) Addressing stabilization failures with the person ~~client~~ involving the Medical Director and the treatment team
3. Include provisions for education of the person ~~client~~ on the rationale for split dosing and ~~T~~take-~~H~~home medication.

I. The Program shall develop, implement, maintain, and document implementation of dosing policies and procedures for the provision of medication to a guest person ~~client~~ "Guest Dosing." ~~in a program in which the client is not enrolled that shall,~~ The Guest Dosing policies shall at a minimum specify:

1. The person ~~client~~ must be enrolled in his home Opioid Treatment Program ~~OTP~~ for a minimum of thirty (30) days before being eligible for a guest dose ~~and~~ at another Opioid Treatment Program ~~OTP~~, unless approval is obtained by the State Opioid Treatment Authority ~~SOTA~~ prior to enrollment as a guest.

2. The receiving program must have evidence of two (2) consecutive successful urine drug screens within a thirty (30) day period prior to a person ~~client~~ being enrolled for guest dosing, unless approval is obtained by the State Opioid Treatment Authority ~~SOTA~~ prior to enrollment as a guest.

3. The sending program's responsibilities include, at a minimum:

(a) Develop a document to utilize in transmitting all relevant person ~~client~~ and dosing information to the receiving agency provider to request guest dosing privileges;
(b) Forward this document to the receiving program;
(c) Provide the person ~~client~~ with a copy of the document that was sent to the receiving service ~~program~~;
(d) Verify receipt of the information sent to the receiving program;
(e) Verify that the person ~~client~~ understands all stipulations of the guest dosing process including, but not limited to, fees, receiving program contacts, dosing times and procedures;
(f) Accept the person ~~client~~ upon return from guest dosing unless other arrangements have been made; and,
(g) Document all procedures implemented in the guest dosing process in each person's ~~client's~~ case record.

4. The receiving program's responsibilities include, at a minimum:
   (a) Verify receipt of the sending program's request for guest dosing privileges and acceptance or rejection of the person ~~client~~ for guest medication within forty-eight (48) hours of the request;
   (b) Communicate any requirements of the receiving program that have not been specified on the document submitted by the sending program;
   (c) Establish a process for medical personnel to verify dose prior to dosing; and,
   (d) Document all procedures implemented in the guest dosing process in each person's ~~client's~~ case record.

5. If guest dosing exceeds fourteen (14) days, a drug screen shall be obtained.

6. Guest dosing shall not exceed twenty-eight (28) days.

J. No dose of methadone in excess of 120 ~~milligrams~~ mg per day may be ordered or administered without the prior approval of the State Opioid Treatment Authority ~~SOTA~~.

K. Take-~~H~~home ~~P~~privileges. The Program must develop, implement, maintain, and document implementation of policies and procedures that govern the process utilized by the Medical Director and treatment team for determination of unsupervised consumption of medication, referred to as ~~T~~take-~~H~~home ~~P~~privileges. All information utilized to determine ~~T~~take-~~H~~home ~~P~~privileges must be documented in the ~~individual~~ person's record, with documentation to include at a minimum, the following:

(a) Absence of recent ~~ab~~use of drugs and/or failed urine drug screens;
(b) Regularity of clinic attendance;

(c) No observed, reported, or otherwise known serious behavioral problems;
(d) Absence of known recent criminal activity;
(e) Stability of the person's ~~client's~~ home environment and social relationships;
(f) Length of time in treatment;
(g) Assurance that take-home medication can be safely stored within the person's ~~client's~~ home;
(h) ~~Client~~ Personal possession of a secure locking storage device in order to receive the medication from the clinic (NO exceptions); and,
(i) Decisions and rationale for the approval of ~~T~~take-~~H~~home ~~P~~privileges.

L. The program will adhere to the following schedule of Treatment Phases based on the clinical judgment of the Medical Director and the treatment team's behavioral assessment of the person ~~individual~~ served. The quantity of take-home medication and frequency of urine drug screens ~~(UDS)~~ must not be less restrictive than the following:

1. Phase 1 - During the first ninety (90) days of treatment, people ~~clients~~ will successfully complete a minimum of two (2) urine drug screens ~~UDSs~~ per month but will NOT be eligible for any take-home medication.
2. Phase 2 – During days 91-180 of treatment, people ~~clients~~ will successfully complete one (1) urine drug screen ~~UDS~~ per month to be eligible for two (2) doses per week of take-home medication.
3. Phase 3 – During days 181-270 of treatment, people ~~clients~~ will successfully complete one (1) ~~UDS~~ urine drug screen per month to be eligible for three (3) doses per week of take-home medication.
4. Phase 4 – During days 271-365 of treatment, people ~~clients~~ will successfully complete one (1) urine drug screen ~~UDS~~ per month to be eligible for six (6) doses per week of take-home medication.
5. Phase 5 – During the second continuous year of treatment, people ~~clients~~ will successfully complete one (1) urine drug screen ~~UDS~~ per month to be eligible for thirteen (13) doses of take-home medication.
6. Phase 6 – ~~d~~During the third and subsequent continuous years of treatment, people ~~clients~~ will successfully complete one (1) urine drug screen ~~UDS~~ per month to be eligible for a one (1) month supply of take-home medication.

M. Temporary ~~T~~take-~~H~~home ~~M~~medication for non-emergency: The Program shall develop, implement, maintain, and document implementation of written policies and procedures for the process to allow for temporary take-home medication for exceptional circumstances which shall include at a minimum:

1. The need for temporary take-home medication shall be clearly documented with verifiable information in the clinical record.
2. The ~~client~~ ~~will~~ person must meet the minimum requirements for ~~T~~take-~~H~~home ~~P~~privileges outlined in ~~section~~ Rule 54.5.D.3;
3. Take-home medication may be ~~A~~assessed and authorized, as appropriate, for a Sunday, or legal holiday as identified by Section 3-3-7, Mississippi Code of 1972,

Annotated (Amended in regular Session 1987, effective from and after passage March 20, 1987.);

4. Take-home medication will ~~N~~not be allowed in short-term detoxification (i.e., withdrawal management up to thirty [30] days); and,
5. Requests for temporary special take-home medication shall be approved in writing by the State Opioid Treatment Authority prior to dispensing and administering medication to the person ~~client~~.

N. Temporary ~~T~~take-~~H~~home ~~M~~medication for emergency: The ~~P~~program shall develop, implement, maintain, and document implementation of written policies and procedures for the process to allow for temporary take-home medication for exceptional circumstances which shall include at a minimum:

1. The need for emergency take-home medication shall be clearly documented with verifiable information in the clinical record.
2. Requests for emergency take-home medication shall be approved in writing by the ~~P~~program's Medical Director and shall not exceed a three (3) day medication supply at any one (1) time;
3. Requests for emergency special take-home medication shall be approved in writing by the State Opioid Treatment Authority ~~SOTA~~ prior to dispensing to the person ~~client~~.
4. Situations that might warrant emergency take-home medication include:
   (a) Death in the family;
   (b) Illness;
   (c) Inclement weather; and,
   (d) Other similar uniquely identified situations.
5. Take-home medication will ~~N~~not be allowed in short-term detoxification

O. Since the use of take-home privileges provides opportunity not only for diversion, but also accidental poisoning, the ~~m~~Medical ~~d~~Director and the treatment team must make every attempt to ensure that the ~~T~~take-~~H~~home ~~M~~medication is given only to people ~~individuals~~ who will benefit from it and who have demonstrated responsibility in handling ~~methadone~~ their medication(s). The program must have in writing and utilize ~~a written policy with documentation of implementation of a~~ "call-back" procedure ~~requiring a random schedule or with reasonable cause that the patient be required to~~ that requires a randomly scheduled drug test or, with reasonable cause, the patient return to the program with the amount of medication that should be remaining based upon prescribed dosing.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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**Rule 54.6 Withdrawal Management**

A. Medically supervised withdrawal management from a synthetic narcotic with a continuum of care must be a part of the treatment protocol for the Opioid Treatment Program. The program must develop, implement, maintain, and document implementation of written policies and procedures that include, at a minimum:

1. A process for voluntary medically supervised withdrawal that shall:
   (a) Acknowledge that participation in the Opioid Treatment Program ~~OTP~~ is voluntary and that the person ~~client~~ is free to leave treatment at any time;
   (b) Identify the steps to be taken by the program when a person ~~client~~ and program ~~staff~~ employee agree on a need to initiate the withdrawal procedures;
   (c) Identify the steps to be taken by the program when a person ~~client~~ requests withdrawal against the medical advice of the program employee ~~staff~~; and,
   (d) Ensure availability of a variety of supportive options to improve the chances of a successful episode of medically supervised withdrawal.

2. A process for involuntary medically supervised withdrawal that shall:
   (a) Identify the circumstances under which involuntary administrative withdrawal procedures will be implemented;
   (b) Identify the steps to be taken to delineate the responsibilities of program employees ~~staff~~ in implementation of involuntary administrative withdrawal procedures;
   (c) Ensure availability of a variety of supportive options to improve the chances of a successful episode of medically supervised withdrawal; and,
   (d) Provide for the referral or transfer of the person ~~client~~ to an appropriate treatment program upon completion of the withdrawal process.

3. The program Medical Director shall approve all requests for voluntary and involuntary withdrawal from an Opioid Treatment Program ~~OTP~~.

4. The Medical Director shall establish a person's ~~an individual~~ withdrawal dosage schedule in accordance with sound medical treatment and ethical considerations, and based on an objective assessment of each person's ~~client's~~ unique needs.

5. Each person's ~~individual~~ withdrawal schedule shall be for a time period of not less than thirty (30) days, unless otherwise clinically contraindicated with supporting documentation from the Medical Director.

6. Take-home medication shall NOT be allowed during medically supervised withdrawal.

7. A history of one (1) year of physiological dependence shall not be required for admission to an Opioid Treatment Program ~~OTP~~ for supervised withdrawal.

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8. ~~Clients~~ People who have two (2) or more unsuccessful detoxification episodes within a twelve (12) month period shall be assessed by the program Medical Director for other forms of treatment.

9. A service ~~program~~ shall not admit a person ~~client~~ for more than two (2) detoxification episodes in one (1) year.

10. Drug screens during detoxification shall be performed as follows:
    (a) An initial drug screen shall be performed at the beginning of the detoxification process.
    (b) At least one (1) random drug screen shall be performed monthly during the detoxification process.

11. Decreasing the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, within the tolerance level of the person ~~individual;~~.

12. Counseling of the type and quantity designed to motivate the continuation of the withdrawal process~~;~~.

13. Assurance that voluntary withdrawal would be discontinued and maintenance resumed in the event of impending relapse~~; and~~.

14. Provisions for the continuance of care after the completion of withdrawal ~~last dose of methadone~~.

B. Documentation must be maintained regarding the ~~individual~~ person's condition during the total withdrawal process to include:

1. Signs and symptoms of medical and emotional distress;
2. Actions taken to avoid discharge; and,
3. Progress of the person ~~individual~~ served.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 54.7 Diversion Control**

A. The Program must develop, implement, maintain and document implementation of a written plan to reduce the possibilities for diversion of controlled substances from legitimate treatment to illicit use. The diversion control plan must include, at a minimum, policies and procedures for:

1. Continuous monitoring of clinical and administrative activities related to dosing and take-home dispensing practices to identify weaknesses and reduce the risk of medication diversion;

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2. Problem identification and correction, including for prevention of related diversion problems;
3. Specific assignment of diversion control measures to ~~staff members~~ employees who are identified in the diversion control plan to demonstrate accountability to patients and the community;
4. Random and unannounced drug screening for all employees, including full-time or contract employees;
5. Video-camera surveillance in medication area(s), both within the dispensing area and outside the dispensing area with all monitoring conducted by the administrator and/or security personnel;
6. Surveillance in the parking lot of the clinic and surrounding areas, including security camera(s) with outdoor monitoring capabilities; ~~and,~~
7. Loitering by people ~~individuals~~ being served around the building and surrounding area(s) is not permitted~~.~~;
8. Procedures for people ~~clients~~ who are dispensed three (3) or more take-home doses aree to receive a minimum of two (2) call-backs annually;
9. Restriction of employees from taking purses or bags into the medication area(s); and,
10. Only one (1) person ~~client~~ at a time at the medication window.

B. The Opioid Treatment Programs must have written procedures utilized for handling bio hazardous medical waste material, which provide at a minimum the following:

1. Safe handling;
2. Safe storage; and,
3. Safe disposal.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

**Rule 54.8 Multiple Enrollments**

A. The Program shall develop, implement, maintain and document implementation of written policies and procedures established to ensure that it does not admit or provide medication for a person ~~an individual~~ who is enrolled in another Opioid Treatment Program ~~OTP~~. ~~The policies and procedures shall include the following at a minimum:~~

B. The State Opioid Treatment Authority ~~SOTA~~ shall establish written guidelines, incorporated herein by reference, for participation in a central registry process to aid in the prevention of ~~multiple~~ enrollment of a person ~~client~~ in more than one (1) Opioid Treatment Program ~~OTP~~ at the same time. Each Opioid Treatment ~~OTP~~ Program shall provide written documentation of adherence to the State Opioid Treatment Authority ~~SOTA~~ guidelines that shall, at a minimum, include the following:

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1. The Program shall make a disclosure to the central registry at each of the following occurrences:
   (a) A person ~~client~~ is admitted for opioid treatment;
   (b) A person ~~client~~ is transferred to another agency provider for opioid treatment;
   (c) A person ~~client~~ is discharged from opioid treatment;
2. The Program shall make disclosures in the format and within the timeframes established by the State Opioid Treatment Authority ~~SOTA~~.
3. The Program shall limit disclosures ~~to~~ of personal ~~client~~ identifying information and the dates of admission, transfer, and discharge.
4. The Program shall obtain the person's ~~client's~~ written consent, in accordance with 42 CFR Part 2, prior to making any disclosures to the central registry.
5. The Program shall inform each person ~~client~~ of the required written consent for participation in the central registry before services are initiated.
6. The Program shall deny admission to people ~~individuals~~ who refuse to provide written consent for disclosures to the central registry and shall document these denials in the case record.

C. The Program shall obtain the person's ~~client's~~ written consent, in accordance with 42 CFR Part 2, to photograph the applicant at the time of admission. The photograph shall be maintained in the person's ~~client's~~ case record.

D. The Program shall require that all people ~~clients~~ show proof of identification in the form of an official state driver's license or a non-driver's license issued by the state's Department of Public Safety. A copy of current identification will be maintained in the clinical record.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*

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## Part 2: Chapter 55: Glossary

A. ~~X.~~Agency Pprovider - the overall agency provider/entity. Agency Pprovider does not refer to an individual ~~staff member~~ employee or service location ~~program site~~.

B. ~~A.~~Basic bedroom furnishings – bed frame, mattress (at least 4 inches thick), box springs (if applicable to bed frame type), ~~night stand,~~ chest of drawers or dresser, lamp, nightstand, two (2) sets of bed linens

C. ~~B.~~Certified Peer Support Specialist Professional (CPSSP ~~CPS~~) - ~~CPS~~ Certified Peer Support Specialist Professionals provide non-clinical activities with a rehabilitation and resiliency focus that allow consumers of mental health services and substance use services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues and challenges associated with various disabilities while directing their own recovery. ~~peer support that is person-centered and recovery/resiliency focused~~. A Certified Peer Support Specialist Professional is a person with significant life-altering experience, also referred to as lived experience ~~CPS is a self-identified consumer/family member (past or present) of mental health services~~ who has successfully completed ~~the Department of Mental Health approved Certified Peer Specialist training and certification exam. CPSSP~~ peer support competencies-based training and testing.

A Certified Peer Support Specialist Professional - Adult (CPSSP-A) is an adult diagnosed with a metal illness and/or substance use who can demonstrate their own efforts at self-directed recovery and expertise including knowledge approaches to support others in recovery. This designation prepares people who are successfully engaged in recovery from mental health and/or substance use to help other adults in their recovery journey.

A Certified Peer Support Specialist Professional – Parent/Caregiver (CPSSP-P) is a biological parent, adoptive parent, or relative caregiver with permanent legal custody who is raising or has raised a child with an emotional, social, behavioral, and/or substance use disability; and, whose child has received services from a children/youth mental health provider. The Certified Peer Support Specialist Professional-Parent/Caregiver will provide support and guidance to parents/caregivers in navigating the child serving systems and advocating with them to help their child/youth.

A Certified Peer Support Specialist Professional – Youth/Young Adult (CPSSP-Y) is a person between the ages of eighteen – twenty-six (18-26) with lived experience with a behavioral health diagnosis who can demonstrate his or her own efforts in self-directed recovery. A behavioral health diagnosis can include a mental and/or substance use. This designation prepares people who are successfully engaged in recovery from mental health and/or substance use to help others in their recovery journey.

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A Certified Peer Support Specialist Professional – Recovery (CPSSP-R) is an adult diagnosed with a substance use who provides Peer Support Services for people in recovery from substance use.

D. ~~C.~~Chemical restraint - a medication used to control behavior or to restrict the ~~individual~~ person's freedom of movement and is not standard treatment of the ~~individual~~ person's medical or psychiatric condition.

E. ~~D.~~Community-based - services and supports are located in or strongly linked to the community, in the least restrictive setting supportive of ~~an individual~~ a person's safety and treatment needs. Services and supports should be delivered responsibly and seamlessly where the person lives, works, learns and interacts.

F. ~~E.~~Cultural Competency - the acceptance and respect for difference, continuing self-assessment regarding culture, attention to dynamics of difference, ongoing development of cultural knowledge and resources and flexibility within service models to work towards better meeting the needs of minority populations.

G. ~~F.~~Days - calendar days.

H. ~~G.~~Director – ~~an individual~~ a person with overall responsibility for a service, ~~or~~ service area(s) (such as Community Services Director, Director of Community Support Services, Director of ID/DD Waiver Support Coordination, Service ~~Program~~ Director for Adult and Children's Partial Hospitalization, Day Treatment, ~~Treatment~~ Therapeutic Foster Care) or multiple services provided at/from a single location. This person ~~individual~~ must have at least a Master's degree in ~~a~~ mental health or intellectual/developmental disabilities, or a related field and either (1) a professional license or (2) a DMH Credential~~s~~ as a Mental Health Therapist or ~~DMH credentialed~~ Intellectual/Developmental Disabilities Therapist (as appropriate to the service and population being served ~~and/or supervised~~). A registered nurse may be employed as the Director for DMH/H Agency Providers that only serve as agency providers of In-Home Nursing Respite Services, In-Home Respite Services And Community Support Services.

I. ~~H.DMH Credentials – examples include Certified Mental Health Therapist (CMHT), Certified Intellectual or and Developmental Disabilities Therapist (CIDDT), Certified Addictions Therapist (CAT).~~ DMH Credentials - a generic term referring to any or all levels of DMH professional certification/licensure; examples include (not an exhaustive list): DMH-certified Mental Health Therapist (CMHT), DMH-certified Intellectual and Developmental Disabilities Therapist (CIDDT), DMH-certified Addictions Therapist (CAT), DMH-certified Community Support Specialist (CCSS).

J. ~~I.~~Grievance - a written statement made by a person ~~an individual~~ receiving services alleging a violation of rights or policy.

K. ~~J.~~Immediate family members - spouse, parent, stepparent, sibling, child, or stepchild.

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L. ~~K.~~Legal representative – the legal guardian or conservator for a person ~~an individual~~ as determined in a court of competent jurisdiction.

M. ~~L.~~Mechanical restraint - the use of a mechanical device, material, or equipment attached or adjacent to the ~~individual~~ person's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.

N. ~~M.~~Medical Screening - Components of medical screening include: patient personal information, doctor's information (name, etc.), exam information – ~~BP~~ blood pressure, pulse, height, weight, current diagnosis, current meds, statement of freedom from communicable disease, physical and dietary limitations and allergies. Must be signed by a licensed physician/nurse practitioner.

O. ~~N.~~Peer - A self-identified consumer or family member of a consumer of mental health or substance use services.

P. ~~O.~~Peer Support Service - Peer Support Services are non-clinical ~~person-centered~~ activities with a rehabilitation and resiliency/recovery focus that allow consumers~~/family members~~ of mental health services and substance use services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues and challenges associated with various disabilities while directing their own recovery ~~and advocacy processes~~. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family member that is directed toward the achievement of specific goals defined by the ~~individual~~ person. ~~Peer Support Services include a wide range of structured activities to assist people individuals in their individualized recovery/resiliency process. Specific goals may include the areas of wellness and recovery/resiliency, education and employment, crisis support, housing, social networking, development of community roles and natural supports, self-determination and individual advocacy.~~ Peer Support Services are provided by a Certified Peer Support Specialist Professional.

Q. ~~P.~~Peer Support Specialist Professional Supervisor - ~~An individual~~ A person credentialed according to the standards and guidelines determined by DMH. Prior to, or immediately upon acceptance in a Peer Support Specialist Professional Supervisory position, this person ~~individual~~ will be required to receive basic Peer Specialist training specifically developed for supervision within the Peer Specialist ~~program~~, as provided by DMH.

R. ~~Q.~~Person-Centered Planning – A best practice approach to planning for people who require life-long supports and services. Person-Centered Planning discovers and acts on what is important to a person as well as what is important for a person. Person-Centered Thinking© principles are used to gather information with and from participants of the person's choosing. The person and his/her team develop individually tailored outcomes that are molded into activities to assist people in having meaningful days and in doing what they choose to do.

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S. ~~R.~~Person-Centered, Recovery Oriented System of Care – identification of the supports needed for individual recovery and resilience. Individualized and person-centered means that the combination of services and supports should respond to ~~an individual~~ a person's needs, and should work with the strengths unique to each ~~individual~~ person's natural and community supports. Services and supports should be designed to help the person served identify and achieve his/her own recovery goals. The public mental health system must also recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation. However, an individualized/person-centered process must recognize the importance of the family and fact that supports and services impact the entire family.

T. ~~S.~~Person-Centered Thinking – Person-Centered Thinking underlies and guides respectful listening which leads to actions, resulting in people who: ~~H~~have positive control over their life; are recognized and valued for their contributions (current and potential) to their communities; and, are supported in a web of relationships, both natural and paid, within their communities. © TLC-PCP.

U. ~~T.~~Physical escort - the temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a person ~~an individual~~ who is acting out to walk to a safe location.

V. ~~U.~~Physical restraint - personal restriction that immobilizes or reduces the ability of a person ~~an individual~~ to move his or her arms, legs, or head freely. Such term does not include a physical escort.

W. ~~V.~~Professional License – examples include Licensed Professional Counselor (LPC)/Provisional Licensed Professional Counselor (P-LPC), Licensed Psychologist, Licensed Master Social Worker ~~(LMSW)~~, Licensed Certified Social Worker ~~(LCSW)~~, Licensed Marriage and Family Therapist (LMFT), and Medical Doctor.

~~W. Program - the single service provision site.~~

~~X. Agency Pprovider - the overall agency provider/entity. Agency Pprovider does not refer to an individual staff member employee or service location program site.~~

X. ~~Y.~~Psychiatric Services – includes interventions of a medical nature provided by medically trained ~~staff~~ personnel to address medical conditions related to the ~~individual~~ person's mental illness or emotional disturbance. Medical services include medication evaluation and monitoring, nurse assessment, and medication injection.

Y. ~~Z.~~Results-oriented - services and supports that lead to improved outcomes for the person served. People have as much responsibility and self-sufficiency as possible, taking into consideration their age, goals and personal circumstances. Recovery-oriented services means services that are dedicated to and organized around actively helping each ~~individual~~ person served to achieve full personal recovery in their real life and service environment.

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Z. ~~AA.~~Seclusion - a behavior control technique involving locked isolation. Such term does not include a time-out.

AA. ~~BB.~~Supervisor - ~~an individual~~ a person with predominantly supervisory and administrative responsibilities on-site in the day-to-day provision of services for such areas as Work Activity Services, Day Services-Adults, Psychosocial Rehabilitation Services, Day Support Services, etc. This ~~individual~~ person must have at least a Bachelor's degree in ~~a~~ mental health, intellectual/developmental disabilities, or a related field, and be under the supervision of a person ~~an individual~~ with a Master's degree in a mental health, intellectual/developmental disabilities, or a related field.

BB. ~~CC.~~Time-Out - behavior management technique which removes a person ~~an individual~~ from social reinforcement into a non-locked room, for the purpose of calming. The time-out procedure must be part of an approved treatment service ~~program~~.

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