

*Supporting a Better
Tomorrow...Today*

**Substance Use Disorder
Services Providers
Operational Standards and
Record Guide Training**

August 31, 2016



Purpose of Today's Meeting

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

Road to the Final Documents:

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

How to Apply for Certification of New Services

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



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



General Updates to the Standards

- Updating the language
- Incorporation of Previous DMH Grant requirements
- Inclusion of new services available for certification
- Removal of standards and certification of Chemical Dependency Units



Chapter 1

Certification Responsibilities of the MS Department of Mental Health

Rule 1.2.C

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

Chapter 2

Certification

Rule 2.4.D

In addition to the requirement of Rule 2.4.A, entities applying for certification as a Opioid Treatment Program must include the following:

- Program goals and objectives;
- Program funding (including individual fee schedules);
- Demonstrated need to establish the program.
 - Submit sufficient justification to include:
 - Location population data
 - Agencies plan for service implementation
 - Identified gaps in service
 - Expected target population

Chapter 2

Certification

Rule 2.4.D

Sufficient documentation of support for services in the form of a signed letter from at least one of the following:

- Individuals
- Businesses
- Property-owners residing/located within the immediate area surrounding the proposed location

Sufficient documentation of need in the form of a signed letter from at least one of the following:

- Behavioral health program
- Area physician
- Other health professional/agency

Chapter 2

Certification

Rule 2.4.D

Sufficient documentation of support for services in the form of a signed letter from at least one of the following:

- Local governing authorities
- Local law enforcement officials
- Local judges



Chapter 2


Certification

Rule 2.4.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 sites of Opioid Treatment Program(s).

Rule 2.4.E

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




Chapter 3

Service Options

Rule 3.1.A

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



Chapter 3

Service Options

Rule 3.1.A.3

- Substance Use Disorders Services
 - Outpatient Services
 - Crisis Response Services
 - Prevention Services
 - Peer Support Services
 - Support for Recovery/ Resiliency Oriented Services




Chapter 6

Appeals

Rule 6.2 Procedures for Appeal

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



Chapter 9

Quality Assurance

Rule 9.A.1

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

Rule 9.A.3

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

Chapter 11

Human Resources

Personnel Records

Rule 11.1.B.9

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

Rule 11.1.D.3

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

Rule 11.1.D.4

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



Chapter 11

Human Resources

Personnel Records

Rule 11.2.E

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

Rule 11.2.H

Job Description

Rule 11.2.I

Date of Hire

Chapter 11

Human Resources

Personnel Records

Rule 11.2.J

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

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



Chapter 11

Human Resources

Qualifications

- Peer Support requirements for transition age youth
- Removal of requirement for 6 month in self-directed recovery for Certified Peer Support Specialist
- Removal of Rule 11.3.S outlining education and experience requirements for support staff responsible for indirect services

Chapter 11

Human Resources

Substance Use Disorder Services

- Removal of “employed after January 1, 2011” language in Substance Use Disorders Services qualifications
- Added the acceptance of a professional substance use credential approved by DMH (MAAP CADC) for Directors of Substance Use Disorder Services in addition to the required Master’s degree
- Clarification of “recovery” terminology to “self-identify as in recovery”, clarification that recovery must be sustained, agency must define recovery for their organization



Chapter 11

Human Resources

Multidisciplinary Requirements

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

Peer Support

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



Chapter 12

Training/ Staff Development

General Orientation

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



Chapter 12

Training/ Staff Development

Staff Training and Continuing Education

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



Chapter 12

Training/ Staff Development

Staff Training and Continuing Education

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



Chapter 12

Training/ Staff Development

Staff Training and Continuing Education

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



Chapter 13

Health and Safety

- Consolidation of fire safety inspection requirements into one standard with a single Safety Review Log requirement and consistent timelines



Chapter 13

Health and Safety

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



Chapter 13

Health and Safety

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



Chapter 14

Rights of Individuals Receiving Services

Rights

- Exclusion of civilly committed and incarcerated individuals
- The right to services regardless of cultural barriers or limited English proficiency
- Right to have visitors to the greatest extent possible
- Right to daily private communication

Chapter 14

Rights of Individuals Receiving Services

Staff Roles

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

Chapter 14

Rights of Individuals Receiving Services

Ethical Conduct

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

Cultural Competency/ Limited English Proficiency

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

Chapter 14

Rights of Individuals Receiving Services

Grievance Procedures

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

Chapter 14

Rights of Individuals Receiving Services

Restraints

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

Chapter 14

Rights of Individuals Receiving Services

Restraints

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



Chapter 14

Rights of Individuals Receiving Services

Search and Seizure

Requirement to develop search, seizure and screening policies and procedures



Chapter 15

Serious Incidents

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

Chapter 15

Serious Incidents

- Serious Incidents should be submitted:

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

SIR Training

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

Chapter 16

Service Organization

Admission

Rule 16.2.A

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

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

Chapter 16

Service Organization

Admission

Rule 16.2.B.12

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

Chapter 16

Service Organization

Program Posting

Rule16.4.A

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

Rule16.4.B

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

Chapter 16

Service Organization

Program Posting

Rule 16.4.C

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

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

Chapter 16

Service Organization

Service and Program Design

Rule16.5.C

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

Rule16.5.D

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

Chapter 16

Service Organization

Service and Program Design

Rule 16.5.G.

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

Chapter 16

Service Organization

Service and Program Design

Rule16.5.K

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

Chapter 16

Service Organization

Confidentiality

Rule 16.7.E.

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

Chapter 16

Service Organization

Case Records

Rule 16.8.A

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

Rule 16.8.F

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



Chapter 16

Service Organization

Assessments

Individuals receiving mental health services and/or substance use disorder services must have the initial biopsychosocial assessment.

The initial biopsychosocial assessment must be completed by a DMH Credential staff.

Chapter 17

Individual Planning of Treatment Services and Supports

- Removal of requirement that the agency document training and use of an evidenced based practice in service planning
- Clarification of which planning approaches are appropriate for each population served.



Chapter 19

Crisis Response Services

Formally known as "Emergency Crisis Services"

- Must be available to the general public
- Must be available 24 hrs. a day, 7 days a week/365 days a year
- Must have the ability to triage & determine the need to deploy Mobile Crisis Response Services



Chapter 19

Crisis Response Services

- Crisis Response Staffing Requirements must include the following:
- At least one (1) staff member must have experience and training in crisis response to each population served (MH, SUD, & IDD)
- All Mobil Crisis Response Teams Master's level staff must be **certified** to complete Pre-Evaluation Screening for Civil Commitment

Chapter 20

Community Support Services (CSS)

- Clarification that CSS are only provided by DMH/C and DMH/P providers
- Renamed the CSS Activity Plan to the Recovery Support Plan
- Removed the requirement that a representative from DHS and a school representative be included in the development of the Recovery Support Plan for CY
- Removed requirement that a least one contact per quarter be face-to-face



Chapter 21

Psychiatric Physician Services

- Clarification in regards to Psychiatric/Physician Services
- Must be provided within 14 days of initial assessment for individuals in specific priority groups

Chapter 22

Outpatient Therapy Services

- Intensive Outpatient Programs for Substance Use Disorders has two sections
 1. Adults-age 18 older with 3 sessions per week for 10 weeks(between 1 hr.& 3 with 9 hrs. total per week
 2. Adolescents –age 12-18, 6.5 hrs. per week for at least 10 weeks

Chapter 23

Partial Hospitalization Program Individuals with SUD

Provide direct access to psychiatric, medical & laboratory services that meet daily monitoring appropriate to address a structured outpatient setting

Written Policies & procedures must include:

- Admission criteria & procedures
- Documentation of medical supervision & follow the individual's status
- Documentation of support services for families & significant others
- Procedures for implementing & documenting discharge criteria

Chapter 23

Partial Hospitalization Program

Individuals with SUD

Staffing Criteria:

PHP Services must have a full time direct that plans coordinates & evaluates the program

Staff must have adequate substance use & addictive disorder experience and the following in a Mental or related field:

- 1 Master's level staff for fewer than 6 persons served
- 1 Master's level staff & 1 Bachelor's for 7-12 persons served
- 1 Master's level staff & 1 Bachelor's & 1 support staff when 13-18 persons are served

Chapter 23

Partial Hospitalization Program

Individuals with SUD

Psychiatric services must be offered at admission
Medical supervision & nursing services must be available during operation hours

Programs may operate 7 days a week but must:

- Operate 4 days per week
- Operate 4 hours per day
- Provide at least 20 hours of treatment service per week
- Be available 12 months a year

Chapter 23

Partial Hospitalization Program Individuals with SUD

- The PHP Program must be designed for a max. of 18 individuals with a max. stay of 30 days
- A daily schedule of therapeutic activities must include individual, group, family and other supportive activities
- Must have adequate space for program activities of 50 square feet per individual



Chapter 31

Community Living for SUD

- All Community living services for individuals with SUDs is located in one chapter
- Previous Community Living Standards are located in SUD services
- Community Living Handbook is specific to SUD
- Programs serving children must also comply with Rule 29



Chapter 31

Community Living for SUD

Transitional Residential

- Clarified the service components
- Clarified that the written master schedule of activities must include the following
 - Group therapy
 - Psychoeducational groups
 - Therapeutic & leisure activities

Chapter 31

Community Living for SUD

Primary Residential Continued:

- Clarified the service components
- Clarified that the written master schedule of activities must include the following
 - Group therapy
 - Psychoeducational groups
 - Family-oriented education
 - Therapeutic and leisure activities
 - Vocational counseling
 - For children & youth, an academic schedule indicating school hrs.

Chapter 49

All Substance Use Disorder Services



ALL certified providers must submit MSAMIS data by the 10th working day of the month following the reporting period



Chapter 49

All Substance Use Disorder Services

Policy & Procedure must have:

- Successful completion of treatment
- Transfer of an individual to another program
- Program re-entry after any disruption of services
- Individual initiated discharges without completion
- Staff initiated discharges without completion
- Acceptance and accommodation of individuals entering treatment services utilizing medication assisted treatment (MAT)
- Discharge from services after no therapeutic contact within the last 90 days

Chapter 49

All Substance Use Disorder Services

Reporting Requirements

When the program's census exceeds 90% capacity and when it drops below 90% capacity; must report to the OCS or to the BADS.



This is a Federal Requirement

Chapter 49

All Substance Use Disorder Services

Risk Assessment and HIV Rapid Test in Transitional Residential and RSS

- Must be offered unless the program can provide documentation of completion within the 6 months prior to entering the program.

Chapter 49

All Substance Use Disorder Services

HIV Early Intervention Services

- Minimum 30 minutes, maximum 1 hour **pre-test** counseling, which must include a risk assessment
- No changes for post-test requirements

Chapter 49

All Substance Use Disorder Services

- Requirements for HIV/STD/TB/Hepatitis education must be a minimum of 1 hour.
- For individuals who are pregnant or use IV drugs, documentation of placement or assessment and referral must be maintained on-site and reported to DMH.

Chapter 50

Withdrawal Management

- Services now based on American Society of Addiction Medicine (ASAM) criteria
- All programs utilizing Withdrawal Management must adhere to ASAM guidelines.
- Enhanced requirements for service to pregnant females.
- Increased staffing guidelines and qualifications related to medically monitored withdrawal management.



Chapter 51

SUD Recovery Support Services

- Clarified step down approach for services
 - Highest level of frequency (first 1-3 months)
 - Decrease in frequency of contact (next 3 months)
 - Service requirements and frequency reducing based on individual outcomes and needs

Chapter 52

SUD Prevention Services

Prevention Services are designed to reduce the risk factors & increase the protective factors linked to substance use disorder & related problem behaviors to provide immediate & long-term results

No Prevention Service shall be provided to persons who are actively engaging in substance use and addictive disorders



Chapter 53

DUI Diagnostic Assessment Services for 2nd and Subsequent Offenders

The Motor Vehicle Report must be secured from the MS Department of Public Safety and placed in the individual's record.



Chapter 54

Opioid Treatment Services

- Expanded admission criteria
- Increased requirement for medical services and detailed roles and duties of each staff position
- Revised requirements for Medical Director to be either ASAM or ABAM certified
- Expanded requirements for policies and procedures, documentation and services provided to pregnant women
- Expanded requirements related to urine drug screens, dosing, take home privileges, treatment phases and dosing exceptions
- Added requirements for withdrawal management, diversion control and multiple enrollments



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

2016 DMH Record Guide

General Information

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

2016 DMH Record Guide Supplemental Information Document

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



Section B

All Records

Face Sheet

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

Consent to Receive Services

Changes include:

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

Right of Individuals Receiving Services

Changes include:

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

Acknowledgement of Grievance Procedures

Changes include:

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

Consent to Release/ Obtain Information

Changes include:

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

Medication/ Emergency Contact Information

Changes include:

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



Section C

All Mental Health and Substance Use Disorder Records

Initial Assessment

- Rearranged material to be more clearer
 - Added more detail
 - Removed and rearranged elements to reveal a more user friendly document
 - Revisions for entries of "No" or "Not present" as acceptable responses and "Not Applicable" if an entire section does not apply
- Further revised to consolidate information gathered

Trauma History

- Added information related to:
 - Military service
 - Law enforcement or first responder service

Individual Service Plan

- Removed Axis system to align with the current DSM V
- Rearranged document for a better flow
- Clarification to previous sections and more detailed information added
- Additional areas for staff signature
 - Updated the staff positions with signatory authority to certify that the planned services are medically/therapeutically necessary
 - Allows for 4 staff members signatures

Individual Crisis Support Plan

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

Recovery Support Plan

- Should be completed with the individual receiving services (joint effort).
- Replaces the previous Community Support Plan and the Substance Abuse Recovery Support Plan.
- Meant to be a flexible document that expounds upon the information provided in the ISP.
- Must be developed within 30 days of admission of all individuals receiving services.

Recovery Support

- Record the individual's Needs Statement from their Initial Assessment and Individual Service Plan.
- Record the individual's Long Term Goal(s) for the Individual Service Plan.
- ALL Recovery Support Plans must have individualized objectives and they must be measureable.
- Record what the individual hopes to accomplish or achieve while receiving Support Services.
- Describe the strategies or activities that the individual will complete to achieve the desired outcome.

Progress Note

- Must document single therapeutic support interventions and activities that take place with/for an individual.
- Can be used (as needed) to provide supplemental documentation that cannot be adequately captured in the Weekly Progress Note.
- Replaces the previous Case Management/Community Support Progress Note, Supported Living Contact Note and Supervised Living Activity Summary.

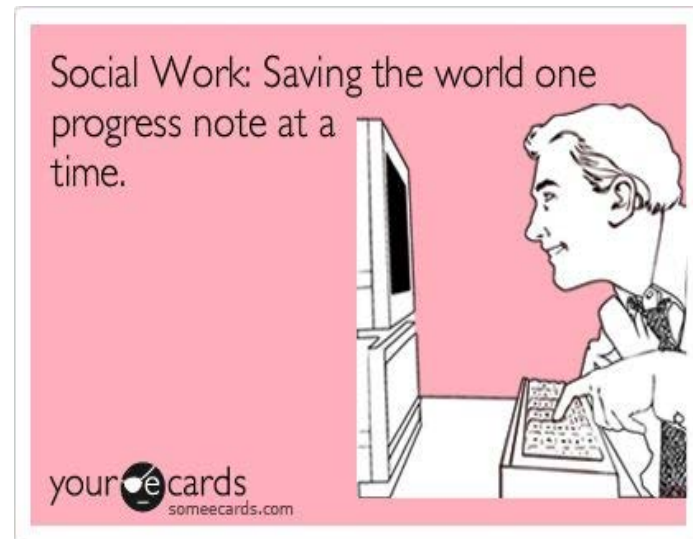
Progress Note

- Document the location where services were provided
- Document the time services began and ended along with the total amount of time services were provided
- Document therapeutic interventions and activities utilizing SAP format

Progress Note

SAP Format

- Summary
- Assessment
- Plan



Weekly Progress Note

- Replaces the previous progress note used for Psychosocial Rehabilitation Services (PSR)/Clubhouse Progress Note, Senior PSR Progress Note, Day Support Progress Note, and Day Treatment Progress Notes

Weekly Progress Note

- Documentation of the individuals weekly and monthly progress towards the areas of need identified on his/her Individual Service Plan.
- Document all activities an individual participates in or completes during the week.
- Monthly summary of progress or lack of progress towards goals/objectives/outcomes must be documented utilizing SAP format
- SAP Format: Summary, Assessment, and Plan

Substance Abuse Specific Assessment

- The Substance Abuse Specific Assessment must be completed if substance use disorder services are provided or if substance use disorder is suspected.
- In addition to the Initial Assessment, the Substance Abuse Specific Assessment **must** be completed if substance use disorder is indicated.
- This assessment is applicable to both youth and adults.

Readmission Assessment Update

- Update identifying information
- Update the client's description of need
- Update the client's legal information/involvement
- Document any changes relating to the individual's history occurring during the lapse of service
- Update any status changes (in medical, mental health, substance use, social cultural, educational/vocational) that have occurred during the gap in service



Section D

As Needed for All Records

Initial Assessment and Crisis Contact Summary

- Replaces the previous *Emergency Crisis Contact Log*

Medical Examination

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

Documentation of Healthcare Provider Visit

Changes include:

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

Self Administration Medication Log

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

Telephone/ Visitation Agreement

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

Service Termination/ Change Summary

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

Provider Discharge Summary

Changes include:

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



Section J

Substance Use Disorder Services

Risk Assessment Interview for TB/HIV/STDs

- Removed Start/Stop Time
- Questions revised and added
- Determining if an individual is "at-risk"

Educational Activities for TB/HIV/STD

- Time/date requirements
- Tuberculosis Risk Assessment, Testing, Referral
- Opt-Out

SUD Monthly Capacity Management & Waiting List Reports

- Pregnant women are given top priority for admission
- Individuals who use IV drugs are given priority admission over non-IV drug users.

SUD Monthly Capacity Management

- Completed if program's census exceeds 90% capacity and if census drops below 90%
- Submitted to DMH within 24 hours of census change
- New form is completed each time census crosses the 90% threshold
- Now submitted to DMH's Office of Consumer Support by **fax only** to **(601) 359-9570**
- **Federal Reporting Requirement from SAMHSA**

Emergency Placement for Pregnant Women and IV Drug Users

- Completed for each pregnant woman/IV drug user that seeks substance abuse treatment from the agency
- Submitted to DMH within 48 hours of individual seeking services
- Submitted monthly for each individual until the individual is admitted to an appropriate program
- Now submitted to DMH's Office of Consumer Support by **fax only** to **(601) 359-9570**
- **Federal Reporting Requirement from SAMHSA**



Section K

Administrative Information

Disaster Preparedness and Response Guidance

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

Staff Verification of Training on Suspected Abuse or Neglect Reporting

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

Questions!!

Technical Assistance

Supporting a Better Tomorrow...Today

