Mississippi Department of Mental Health
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Mississippi Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers

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Introduction

Mississippi Department of Mental Health

The Mississippi Department of Mental Health (DMH) is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, alcohol/drug problems, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia.

The mental health service delivery system is comprised of three major components: 1) state-operated programs and community services programs; 2) regional community mental health centers; and 3) other nonprofit/profit service agencies/organizations.

DMH supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resilience oriented. A variety of community services and supports is available. Services and supports are provided to adults with serious mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/developmental disabilities, persons with substance abuse problems, and persons with Alzheimer's disease or dementia.

Mississippi Department of Mental Health Division of Certification

The Division of Certification (i.e. the Division) is responsible for developing and managing the application, certification and compliance processes for providers seeking to obtain and maintain DMH provider certification. Major duties of the Division include (but are not limited to):

1. Assists in the development and promulgation of the *DMH Operational Standards* rules and requirements pertaining to DMH provider certification.
2. Administers DMH Interested Provider Orientation.
3. Processes applications for DMH provider certification and related forms and fees.
4. Assists the public and DMH-certified providers with information pertaining to DMH provider certification.
5. Manages provider compliance activities and compliance report compilation and dissemination.
6. Maintains a registry of DMH-certified providers and provides verification of DMH provider certification, as appropriate.
7. Issues DMH provider Certificates of Operation and regulates the use of DMH provider Certificates of Operation.
8. Facilitates DMH Certification Review Committee (CRC) meetings and related matters.

Public Service Delivery System

The network of services comprising the public service delivery system for people with mental health needs, substance use disorders, and intellectual and developmental disabilities, also sometimes referred to as the "state mental health system," is delivered through three (3) main components:

- **State-Operated Programs**

DMH administers and operates state behavioral health programs, a specialized behavioral health program for youth, regional programs for people with intellectual and developmental disabilities,

and a specialized program for adolescents with intellectual and developmental disabilities. These programs serve designated counties or service areas and offer community living and/or community services.

The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (adults), serious emotional disturbance (children/youth), and substance use disorders. These programs include Mississippi State Hospital and its satellite program, Specialized Treatment Facility, and East Mississippi State Hospital and its satellite programs, North Mississippi State Hospital and South Mississippi State Hospital.

The state-operated programs for people with intellectual and developmental disabilities provide residential services. The programs also provide licensed homes for community living. These programs include Boswell Regional Center and its satellite program, Mississippi Adolescent Center; Ellisville State School and its satellite program, South Mississippi Regional Center; North Mississippi Regional Center, and Hudspeth Regional Center.

- **Community Mental Health Centers (CMHCs/LMHAs)**

Community Mental Health Centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. CMHCs, also referred to as a region's "local mental health authority" (LMHA), provide a range of community-based mental health, substance use disorder, and in some regions, intellectual and developmental disabilities services, supports and programs. The governing authorities of the CMHCs are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting the CMHCs/LMHAs.

- **Other Service Agencies/Organizations**

These agencies make up a smaller part of the service system, are certified, and may also receive funding through DMH to provide community-based services. Many of these agencies may also receive funding from other sources. Programs currently provided through these agencies include community-based substance use disorder services, community-based services for people with intellectual and developmental disabilities, and community-based services for adults and children with mental illness or emotional problems.

Mississippi Department of Mental Health Provider Certification

Mississippi state law grants the Mississippi State Board of Mental Health (through the Mississippi Department of Mental Health) certain authorities pertaining to the certification of Mississippi state mental health system community-based providers of mental health, intellectual/developmental disabilities, and substance use prevention and treatment services, including but not limited, the authority to: certify, coordinate and establish standards and establish required services, as specified in Miss. Code Ann. § 41-4-1(2) for regional mental health and intellectual disability commissions and other community service providers for community or regional programs and services in adult mental health, children and youth mental health, intellectual disabilities, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders, and related programs throughout the state.

DMH has a certification process in place to ensure that community-based providers meet certain rules, requirements, and qualifications to deliver safe, appropriate, and quality care.

Mississippi Department of Mental Health Operational Standards

The ***Mississippi Department of Mental Health (DMH) Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers*** (commonly referred to as the *DMH Operational Standards*) is DMH's published set of promulgated rules and requirements for eligible community-based agency providers of mental health, intellectual and developmental disabilities, and substance use disorder services which are seeking certification

or which are currently certified by DMH. Chapters 1-17 apply to all DMH Certified Providers, and Chapters 18-54 are broken up by provider service type. A Glossary of terms is in Chapter 55. While specifics are outlined in the *DMH Operational Standards*, an overview of some of the components involved in DMH's certification process include:

- **Application:** Providers seeking certification must apply to DMH for certification. This process includes detailed information about the agency provider, their organization, services offered, staff qualifications, and other relevant information.
- **Rights of People Served:** Providers certified by DMH must uphold the rights of the people they serve and conduct their operations in an ethical and professional manner. DMH-certified providers' services
  are predicated on person-centered, and recovery and resiliency-oriented practices and principles.
- **Compliance:** Providers certified by DMH are required to comply with applicable state and federal laws and regulations, and the rules and requirements for provider certification promulgated by DMH in the *DMH Operational Standards.*
- **Site Visits and Administrative Reviews:** DMH conducts on-site and administrative reviews to assess certified agency providers to ensure they meet the rules and requirements for service delivery.
- **Staff Qualifications, Training, and Continuing Education:** DMH's certification process involves an evaluation and assurance of the qualifications and credentials of the agency provider's staff. DMH also assesses the provider's staff development and continuing education activities to ensure providers stay updated on the latest practices and that their staff are appropriately trained for their roles within the public service delivery system.
- **Programmatic Requirements:** DMH sets forth requirements for the specific services/supports and programs which DMH certifies.
- **Quality Assurance and Documentation:** Providers must demonstrate their ability to maintain accurate and complete data informatics and documentation, as required by DMH, as well as implement quality assurance measures with a focus on continued improvement and delivery of safe, quality, appropriate care.
- **Technical Assistance:** DMH partners with its certified providers to provide training and technical assistance, as needed, to assist providers in obtaining and maintaining certification.

Additional Information

DMH views its relationship with our certified agency providers as a partnership. The overall goal of DMH agency provider certification is to ensure a comprehensive public service delivery system for the people of Mississippi which consists of a continuum of safe, needed, quality, accessible, community-based services, supports, and programs which are predicated on people's choices and support people with thriving in the most appropriate and least restrictive environment. Through our state-operated programs and in collaboration with our certified providers, DMH strives to promote a public service delivery system based on hope, person-centeredness, recovery, and resiliency. DMH is inspired by the future and encouraged by ways we can continue to partner with people, families, organizations, and communities for the benefit of the people we serve. To that end, DMH provider certification is crucial in our agency's mission of supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders, and/or intellectual and developmental disabilities one person at a time.

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Part 2: Chapter 1: General Information

Rule 1.1 Repeal of Prior Rules

Upon 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 Community Service Providers*.

Rule 1.2 Statutory Authority – DMH Provider Certification

A. Mississippi state law grants the Mississippi State Board of Mental Health (through the Mississippi Department of Mental Health) the following authorities which pertain to the certification of Mississippi state mental health system community-based providers of mental health services, intellectual/developmental disabilities services, and/or substance use prevention and treatment services:

   1. To certify, coordinate, and establish standards and required services for regional mental health and intellectual disability commissions and other community service providers for community or regional programs and services in adult mental health, children and youth mental health, intellectual disabilities, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders, and related programs throughout the state.

   2. To establish and promulgate reasonable standards for the construction and operation of state and all Mississippi Department of Mental Health certified facilities, including reasonable standards for the admission, diagnosis, care, treatment, transfer of patients and their records, and also including reasonable standards for providing adult day services and treatment, outpatient care, emergency care, inpatient care and follow-up care, when such care is provided for people with mental or emotional illness, an intellectual disability, alcoholism, drug misuse, and developmental disabilities.

B. Additional authorities pertaining to the Mississippi State Board of Mental Health and the Mississippi Department of Mental Health are outlined in the relevant sections of Mississippi state statute.

Source: Miss. Code Ann. § 41-4-7

Rule 1.3 About DMH Provider Certification

A. The purposes of the rules and requirements set forth in the *Mississippi Department of Mental Health (DMH) Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers (i.e., DMH Operational Standards)* are as follows:

1. To carry out the authority of the Mississippi State Board of Mental Health and the Mississippi Department of Mental Health (DMH) in fostering a public service delivery system which is comprised of an array of needed community-based mental health (MH), substance use disorder (SUD), and intellectual and developmental disabilities (IDD) services/supports and programs.
2. To promote the provision of safe, appropriate, and quality community-based services/supports and programs in Mississippi for people with mental health (MH) and substance use (SUD) prevention and treatment needs and people with intellectual and developmental disabilities (IDD).
3. To promulgate rules and requirements for obtaining and maintaining DMH certification as a community-based provider of mental health, intellectual and developmental disabilities, and/or substance use prevention and/or treatment services/supports and programs.
4. To outline eligibility requirements for DMH provider certification.
5. To outline DMH provider certification types and the requirements for each.
6. To outline the services/supports and programs for which DMH offers provider certification and the requirements for each.
7. To outline DMH's monitoring and compliance responsibilities and processes for provider certification.

B. DMH Agency Provider Certification is designed primarily for:

1. Community Mental Health Centers (CMHCs), operated by regional commissions, as outlined in Miss. Code Ann. § 41-19-33.
2. Certified Community Behavioral Health Clinics (CCBHCs).
3. Community-based providers of mental health (MH), intellectual/developmental disabilities (IDD), and/or substance use disorder (SUD) prevention and treatment services/supports and programs which require DMH provider certification to comply with applicable federal or state laws and/or with third-party payer source requirements pertaining to DMH provider certification.
4. Community-based providers of these services which receive funding through DMH.
5. Other community-based providers of these services which desire to achieve DMH provider certification, meet the requirements for such, and which DMH may be authorized to certify.
6. Any other providers of these services which are designated in state and/or federal law as requiring DMH provider certification.
7. Other Mississippi state agencies may also be eligible for DMH provider certification in a certain service area(s) which is under the purview of DMH to certify; in these

instances, DMH reserves the right to limit certification of these specific services to state agencies.

8. Any other providers of these services which the Mississippi State Board of Mental Health may be further authorized to certify.

C. DMH certifies some agencies for specific services, rather than all services provided by the agency.

D. DMH Agency Provider Certification does not pertain to:

1. Providers which are outside the scope of DMH's authority to certify, as determined by DMH, the Mississippi State Board of Mental Health, and applicable federal and/or state laws.
2. Providers which are not community-based.

E. Community-Based Providers:

1. For the purposes of DMH provider certification, a "community-based" provider is defined as a provider of mental health, substance use, and/or IDD services which offers these services within local communities. These services may be day-centered or residential. Except for exclusions outlined in the *DMH Operational Standards*, for the purposes of DMH provider certification, "community-based" does not refer to services which are provided in institutional-based settings, as defined, and determined by DMH. (Note: Counties sometimes use Designated Mental Health Holding Facilities for the purpose of providing short-term emergency mental health treatment for people awaiting commitment proceedings or awaiting placement in a treatment setting.)

   "Community-based" services, as further defined in the *DMH Operational Standards*, refers to the services/supports and programs which the Mississippi State Board of Mental Health and DMH designate as being required to be delivered in the community and may be related to provider type.

2. If a question persists as to whether a provider or service meets this "community-based" definition, DMH makes the determination, and this determination is considered binding on interested parties.

3. DMH provider certification is limited to the issuance of certification to provider applicants and certified providers, in accordance with applicable state and federal laws, and as outlined in the *DMH Operational Standards.*

4. Maintenance of DMH provider certification is contingent upon continued compliance with the most current version of the *DMH Operational Standards*, as well as other applicable state and federal rules, DMH rules, requirements, policies, and procedures.

F. DMH's full certification of a community-based provider of mental health, intellectual and developmental disabilities, and/or substance use disorder prevention/treatment services/supports and programs attests to the provider's assurances of:

1. Agreement to abide by all applicable state and federal laws pertaining to DMH provider certification.
2. Agreement to abide by the applicable rules promulgated by DMH to obtain and maintain DMH provider certification, as outlined in the *DMH Operational Standards*.
3. Agreement to adhere to principles of ethical and professional conduct.
4. Acknowledgement that initial and continued certification is contingent upon compliance with the applicable *DMH Operational Standards* as well as all applicable policies, procedures, rules, and requirements, as outlined by DMH.
5. Acknowledgement that noncompliance with the applicable *DMH Operational Standards or* other applicable policies, procedures, rules, and requirements as outlined by DMH, may result in enforcement action including, and up to, loss of DMH provider certification.

Source: Miss. Code Ann. § 41-4-7

Rule 1.4 Jurisdictional Scope and Limitations

A. These rules and requirements are limited to the issuance of provider certification through DMH.

B. Actions of the Division of Certification, the Certification Review Committee (CRC), DMH, and the Mississippi State Board of Mental Health should in no way be construed as a recommendation for or against personnel action.

C. It is not the intent of DMH to monitor providers which do not hold DMH provider certification. No provisions in these rules and requirements should be construed as overlapping or interfering with the jurisdiction of other provider certification, accreditation, or licensure entities.

D. Holding a DMH provider certification does not exempt a provider from any other certification/accreditation/licensing entity requirements or any applicable federal, state, or local laws.

E. DMH is responsible for the final interpretation of all matters pertaining to DMH provider certification including, but not limited to, all provisions contained within the *DMH Operational Standards*. This interpretation will be considered binding on all interested parties, provider certification applicants, and DMH-certified providers, unless otherwise preempted by the Mississippi State Board of Mental Health or applicable federal and/or state laws.

F. DMH may develop supplementary policies, procedures, and/or provider bulletins to work in concert with this document.

G. Any provisions or situations not expressly covered in this document will be handled on a case-by-case basis at the discretion of DMH, the Division of Certification, the CRC, the DMH Executive Director, and/or the Mississippi State Board of Mental Health.

H. DMH provider certification does not guarantee any funding from DMH. Conversely, DMH-certified providers which receive funds from DMH must maintain compliance with the applicable rules and requirements in the *DMH Operational Standards*, as well as applicable federal and state laws, DMH grant guidelines stipulations, and applicable DMH policies and procedures.

I. DMH provider certification does not guarantee any third-party payer source. Moreover, DMH does not engage in third-party payer activities on behalf of DMH-certified providers/interested providers and/or the public. Third-party payer source inquiries should be directed to the applicable payer source.

Source: Miss. Code Ann. § 41-4-7

Rule 1.5 Access to DMH Operational Standards and Updates

A. The *DMH Operational Standards* document is made available online on the DMH website.

B. The *DMH Operational Standards* is periodically updated and revised. Interested parties, provider applicants, and certified providers are responsible for ensuring that they have the most current version. Updates will be communicated through publication on the agency website, via provider bulletins, and will be included in the *DMH Operational Standards* at the earliest opportunity, in accordance with customary rules making practices.

C. Affected persons and agencies must comply with, and are responsible for, provisions contained in the most current version of the *DMH Operational Standards*, including provider bulletins pertaining to the *DMH Operational Standards* and utilization of current applications and related forms.

Source: Miss. Code Ann. § 41-4-7

Rule 1.6 Nondiscrimination and Americans with Disabilities Act

A. DMH promotes nondiscriminatory practices and procedures in all phases of state service administration, as well as in programs funded, certified, and/or operated by DMH according to applicable federal laws. DMH does not discriminate because of race, color, creed, gender, religion, national origin, age, disability, or political affiliation.

B. DMH complies with all aspects of the Americans with Disabilities Act (ADA). If requested, special accommodation to aid in the completion of forms or related certification matters will be provided.

Source: Miss. Code Ann. § 41-4-7

Rule 1.7 DMH Division of Certification

A. DMH Division of Certification (i.e., the Division) is responsible for developing and managing the application, certification, and compliance processes for providers seeking to obtain and maintain DMH provider certification.

B. Major duties of the Division include (but are not limited to):

1. Assists in the development and promulgation of the *DMH Operational Standards* rules and requirements pertaining to DMH provider certification.
2. Administers DMH Interested Agency Provider Orientation.
3. Processes applications for DMH provider certification and related forms and fees.
4. Assists the public and DMH-certified providers with information pertaining to DMH provider certification.
5. Manages provider compliance activities and compliance report compilation and dissemination.
6. Maintains a registry of DMH-certified providers and provides verification of DMH provider certification, as appropriate.
7. Issues DMH provider Certificates of Operation and regulates the use of DMH provider Certificates of Operation.
8. Facilitates DMH Certification Review Committee (CRC) meetings and related matters.

C. Division of Certification contact information is included in the introduction/cover of the *DMH Operational Standards.*

Source: Miss. Code Ann. § 41-4-7

Rule 1.8 DMH Certification Review Committee

A. The DMH Certification Review Committee's (CRC's) composition and appointment structure is as follows:

1. The CRC is comprised of seven (7) members.
2. Attempts are made to ensure adequate representation among disciplines and programmatic types.
3. Appointments are made by the DMH Executive Director.
4. Additional members may be appointed as determined necessary by the DMH Executive Director.
5. The term of office is five (5) years; CRC members may hold consecutive terms.
6. A Chairperson may be chosen by the CRC from among its members. Other CRC member functions and responsibilities may be assigned by the CRC or the Division of Certification, as needed.
7. A non-voting DMH staff member serves as the committee facilitator.

B. The CRC's purpose and powers are as follows:

1. The CRC may consult with the Division of Certification and other DMH programmatic areas in the review of provider certification applications as needed and make determinations regarding the awarding or denial of certification.
2. The CRC may provide consultation pertaining to DMH's provider grievances and complaints investigation processes as necessary and may render decisions accordingly.
3. The CRC reviews and makes decisions pertaining to issues of provider noncompliance.
4. The CRC reviews and makes decisions pertaining to waiver requests.
5. The CRC has the authority to impose sanctions on provider Certificates of Operation.
6. The CRC may receive and render decisions regarding special requests pertaining to DMH provider certification. The CRC may require supporting evidence to substantiate the request.
7. CRC decisions which are listed as appealable actions, as outlined in the *DMH Operational Standards*, may be appealed.
8. The CRC assists the Division of Certification with rules interpretation and provider certification questions.
9. The CRC assists DMH in developing applicable DMH provider certification rules and requirements and engages in continued studies of best practices pertaining to DMH provider certification, with a view of improving rules as needed.
10. The CRC will exercise such powers pertaining to DMH provider certification, as provided for in the *DMH Operational Standards*.
11. The CRC, in conjunction with the Division of Certification, may periodically develop and promulgate additional rules and requirements, provider bulletins, and administrative policies and procedures (to work in concert with this document) as it deems necessary for the execution and enforcement of applicable federal and state laws and the *DMH Operational Standards*.
12. CRC members are individually exempt from civil liability because of any action taken by the CRC.
13. General submissions/requests to the CRC should be submitted to the Division of Certification in writing c/o the Mississippi Department of Mental Health, Division of Certification or via email to the Division of Certification.

C. The CRC meetings will be conducted in the following manner:

1. CRC meetings are held at least quarterly at a time and place determined by the CRC, and at such other times as requested by the Division of Certification.
2. The meeting quorum is a majority of the CRC members present. If quorum is not present, then the meeting will be adjourned until a date designated by the CRC meeting facilitator.
3. A CRC meeting calendar, along with corresponding business submission deadlines, may be posted on the DMH website on an annual basis.
4. The CRC reserves the right to cancel or reschedule CRC meetings without prior notice.

D. CRC members may be removed from CRC business matters or office for the following reasons:

1. A CRC member must be disqualified from any business on which the member may not make an objective evaluation or decision.
2. A CRC member subject to disciplinary action or sanctions pertaining to, but not limited to, the *DMH Operational Standards*, must be disqualified from any business until the complaint/issue is resolved.
3. Action by either the DMH Executive Director or a majority of the CRC members, with the Executive Director's approval, is necessary to remove a member from office.

Source: Miss. Code Ann. § 41-4-7

Rule 1.9 DMH Office of General Counsel

A. The agency's Office of General Counsel assists in legal matters pertaining to DMH provider certification.

B. Except for any stipulations which may be provided in applicable law(s), DMH-certified providers who have engaged attorney representation pertaining to DMH provider certification matters must share this information with the DMH Office of General Counsel before DMH may communicate with any such representative. This information must be provided in a verifiable manner from the respective agency's contact person on file with DMH and once verified, any such agency provider attorney communications should be submitted to the Office of General Counsel. Moreover, named attorney representation will only be good for the matter currently communicated and will expire thereafter, unless the agency provider reaffirms the legal representative through the Office of General Counsel.

Source: Miss. Code Ann. § 41-4-7

Rule 1.10 DMH Deputy Executive Director(s) and DMH Executive Director

A. The DMH Deputy Executive Director(s), DMH Executive Director, or designee, reviews and makes decisions regarding actions relating to the denial of a DMH provider certification (if appealed by the applicant) and/or the imposition of appealable administrative actions (if appealed by the agency provider).

B. The DMH Executive Director, or designee, reserves the right to amend, clarify, or repeal any rule or requirement contained in the *DMH Operational Standards* (or adopt a new rule or requirement), with appropriate prior notice. In this event, notice will be placed on the agency website. Notice will also be given to DMH-certified providers to the last known registered contact information on file with the DMH Division of Certification; the promulgated change(s) will be effective whether received by the agency provider or not. Change(s) made under this provision will be communicated via provider bulletin(s) and will be incorporated into the existing *DMH Operational Standards* in a timely manner, according to customary rules making practice.

Source: Miss. Code Ann. § 41-4-7

Rule 1.11 Mississippi State Board of Mental Health

A. During the appeals process, an applicant/certified provider may appeal the decision of the DMH Executive Director to the Mississippi State Board of Mental Health.

B. The Mississippi State Board of Mental Health, as the authorized entity under applicable state law to promulgate DMH provider certification rules, reserves the right to amend, clarify, or repeal any rule or requirement contained within the *DMH Operational Standards* (or adopt a new rule or requirement) without prior notice. In this event, notice will be placed on the agency website. Notice will also be given to DMH-certified providers to the last known registered contact information on file with the DMH Division of Certification; the promulgated change(s) will be effective whether received by the provider agency or not. Change(s) made under this provision will be communicated via provider bulletin(s) and will be incorporated into the existing *DMH Operational Standards* in a timely manner, according to customary rules making practice.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 2: Provider Certification Organization and Structure

Rule 2.1 DMH Agency Provider Certification Types

A. Mississippi's public mental health system is comprised of an array of community-based providers of services/supports and programs for people with mental health needs, substance use prevention and treatment needs, and people with intellectual and developmental disabilities. These providers may be required to and/or desire to apply for DMH provider certification. The following is a list of DMH-certified provider types:

1. **Community Mental Health Centers (CMHCs) – (DMH/C):**

   (a) Agency providers certified under this option are Community Mental Health Centers (CMHCs) operating under the authority of regional commissions established under Miss. Code Ann. § 41-19-33. CMHC governing authorities are considered regional and not state-level entities. CMHCs are also referred to as a region's "Local Mental Health Authority (LMHA)."
   (b) CMHCs/LMHAs must provide all the required services defined by DMH and must have the capacity to offer these services *in* all counties within the respective CMHC's region. Having *the capacity to offer* in this context means that the CMHC must provide each of the required services *for* all counties within their region. While the required services do not necessarily have to be physically located and/or provided *in* each county within the CMHC's catchment area, the required services must be made available for citizens *in* each county within the CMHC's catchment area.
   (c) Services provided by an agency certified under this option must also meet requirements of the Mississippi Division of Medicaid (DOM) to become a DOM provider of mental health services as defined as part of DOM's Rehabilitation Option. DMH is not responsible for any required matching funds for reimbursement for this provider type.
   (d) The DMH certification designation assigned to a DMH-certified CMHC (or Local Mental Health Authority) is DMH/C.

2. **Certified Community Behavioral Health Clinics (CCBHCs) – (DMH/CCBHC):**

   (a) A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic which provides a comprehensive range of mental health and substance use services. CCBHCs are responsible for providing nine (9) specific services as outlined in Chapter 54, which can be provided directly or through formal relationships with Designated Collaborating Organizations (DCOs).
   (b) Community Mental Health Centers (CMHCs/LMHAs) which obtain CCBHC certification status must also provide all required services for CMHCs/LMHAs and meet all applicable rules for DMH/C providers, as outlined in the *DMH Operational Standards* in addition to meeting the CCBHC rules.
   (c) The DMH certification designation assigned to a CCBHC is DMH/CCBHC.

3. **DMH/Private Providers – (DMH/P):**

(a) Agency providers certified under this option must provide all required services as defined in the *DMH Operational Standards* for the mental health population(s) the agency has identified in the provider certification application(s) as seeking to serve (adults and/or children and youth) and must have the capacity to offer these services *for* all counties identified by the agency seeking certification by DMH.

(1) Having *the capacity to offer* in this context means that the DMH/P provider must provide each required mental health service for the population(s) the agency is serving (i.e., adults and/or children and youth) *for* each county where the DMH/P provider is certified by DMH to provide services.
(2) Additionally, if the DMH/P provider is certified to provide children and youth mental health and adult mental health services, then the required services for both children and youth mental health and adult mental health services must be provided for all identified counties.
(3) A DMH/P provider of mental health services, however, may provide IDD or SUD services in a county or counties, independent of the above county provision requirements pertaining to required mental health services.

(b) Any such services provided by an agency certified under this option must also meet the requirements of the DOM to become a DOM provider to provide mental health services as defined as part of DOM's Rehabilitation Option. DMH is not responsible for any required matching funds for reimbursement for this agency provider type.

(c) The DMH certification designation assigned to this type of agency is DMH/P.

4. **DMH/Grants – (DMH/G):**

(a) Agency providers other than those designated as DMH/D and DMH/C that receive funds for services through grants from/through DMH must be certified. These include agency providers that receive funds directly from DMH but are not DMH/Cs designation or DMH/Ds.
(b) The services for which this category of provider may be approved for DMH provider certification is determined by the applicable DMH programmatic staff.
(c) The DMH certification designation assigned to this type of agency provider is DMH/G.

5. **DMH/Home and Community-Based Waiver – (DMH/H):**

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

(c) Entities that may apply for this certification type include those already certified by DMH as well as other entities that provide the type of services offered through the ID/DD Waiver.
(d) The DMH certification designation assigned to a provider is DMH/H.

6. **DMH/IDD Community Support Program: 1915i – (DMH/I):**

(a) Agency providers meeting requirements for certification to provide services under the Home and Community-Based Services – IDD Community Support Program (CSP) (1915i) must be certified by DMH.
(b) All DMH/I agency providers must be enrolled as a DOM provider for the IDD Community Support Program prior to service delivery.
(c) Entities that may apply include those already certified by DMH, as well as other entities which provide the type of services offered through the IDD Community Support Program.
(d) The DMH certification designation assigned to a provider is DMH/I.

7. **DMH/Other Agency Providers Requirement or Option – (DMH/O):**

(a) Agency providers that receive funds from agencies other than DMH, and which do not also receive funds from DMH, may be required by that agency to obtain DMH certification.
(b) DMH/O agency providers provide one (1) or more mental health or substance use disorder services in an area of need, as determined by DMH.
(c) Except for any services allowed by DMH via prior approval, agencies which are certified as DMH/O providers cannot be certified to provide only one (1) (or a portion) of the required services for a DMH/C or a DMH/P provider. For example, a provider certified as a DMH/O provider to provide children and youth mental health services cannot be solely certified to provide children and youth day treatment services, because this is a required service for DMH/C providers.
(d) The DMH certification designation assigned to an eligible provider which does not meet one (1) of the other provider types listed above and does not receive funds from DMH is DMH/O.

8. **DMH/Department (DMH/D):**

(a) Agency community-based IDD providers operated under the authority and supervision of the Mississippi State Board of Mental Health must be certified. These are the community-based service locations operated by the state regional centers.
(b) The DMH certification designation assigned to DMH-operated community-based IDD providers is DMH/D.

B. The agency seeking certification by DMH should indicate, as part of the application process, which service(s) the agency is applying for and should seek consultation from DMH and/or the appropriate third-party payer source regarding eligibility questions. Once

a prospective agency's DMH provider certification application is complete, at the appropriate juncture in this process, DMH assigns the agency the appropriate DMH certification designation(s).

C. Depending on factors such as provider type, the population(s) served, services/supports and/or programs offered, and/or funding source(s), providers may be issued more than one (1) certification designation.

Source: Miss. Code Ann. § 41-4-7
Miss. Code Ann. § 43-13-117

Rule 2.2 Application and Certification Processes and Framework

A. DMH certifies qualified agency providers of mental health, substance use prevention and treatment, and intellectual and developmental disabilities services, as defined in applicable state law and through the authority given to the Mississippi State Board of Mental Health for this purpose.

B. DMH's provider certification process includes the following components:

1. Agency Provider Certification: This component refers to the certification of an overall agency or organization which meets the applicable requirements for provider certification, as outlined in these rules.

2. Agency Services/Supports Certification: This component refers to the listing of services/supports on the issued DMH Certificate of Operation for the certified agency for all services/supports/programs for which the agency has been certified by DMH to provide.

3. Agency Program Certification: This component refers to programs operated by the DMH-certified agency provider which are also issued a distinct DMH Certificate of Operation, in addition to the overall agency/organization Certificate of Operation, to show designation that the individual program(s) of the certified agency provider is/are also certified. The distinction between a "service/support" certified by DMH and a "program" certified by DMH is that a program is a service component which has a physical location (i.e., is location based), such as a Crisis Residential Unit; whereas a "service/support" certified by DMH is not necessarily confined to a standing physical location operated by the certified agency provider, such as Peer Support Services.

C. As it relates to the process of DMH provider certification, the distinction between "service/support" and "program" primarily applies to Certificate of Operation issuance, as well as different application types (e.g., an application to add a new service/support or an application to add a new program). However, despite this specific context, the term, "services," may also be utilized in a more general sense throughout the *DMH Operational Standards* to convey the services/supports and/or programs offered by a certified provider.

Source: Miss. Code Ann. § 41-4-7

Rule 2.3 Certification Issuance – General Requirements

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

C. Good standing with the Mississippi Secretary of State's Office must continue throughout the duration of the agency's DMH certification.

D. Non-profit and for-profit agency providers seeking provider certification must have and show evidence of a governing authority as required in Chapter 8.

E. New 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.

F. Interested Agency Providers seeking DMH certification must submit the required DMH application and supporting documentation and adhere to the timelines and procedures for application.

G. DMH reserves the right to verify, including contacting of external sources, information submitted as part of any DMH provider certification process.

H. DMH does not execute required background checks. This is the interested agency's or certified provider agency's responsibility.

I. Application date submission is determined by DMH.

J. Prior to service delivery, all services/supports and service locations must be certified by DMH with written documentation of the effective certification period.

K. DMH notifies DOM of an agency provider's certification status and any changes therein.

L. An Opioid Treatment Program will not be approved for provider certification 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 determination applies to initial and future satellite or branch locations of Opioid Treatment Program(s).

M. An Opioid Treatment Program utilizing methadone must be located in an area that is properly zoned in accordance with local ordinances and requirements. Additionally, DMH will not certify other programs located in an area not properly zoned in accordance with local ordinances and requirements.

N. Applicants providing false information and/or documentation or are 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 from either the agency (and/or the leadership members identified with the agency, as determined by DMH, who are now engaged with another agency) based upon prior conduct.

O. Agencies certified to provide IDD services must comply with the Home and Community Based Services (HCBS) Settings Final Rule. If any rule(s) for IDD service providers promulgated in the *DMH Operational Standards* conflict with or stipulate a lesser requirement than may be included in the HCBS Settings Final Rule, then the provider should contact DMH for notification of such and should comply with the HCBS Settings Final Rule.

P. When DMH must decide on timelines based on a DMH notification, except as may be elsewhere noted, Day One (1) is counted as the day after the date DMH issues the provider bulletin.

Q. Policies and procedures documentation submitted for applications should not be an exact replica of *DMH Operational Standards* rules and requirements; rather, the policies and procedures should be developed as the agency's plan for implementation of and compliance with these rules.

R. To be certified, specific service/program locations must be appropriate for the population(s) being served at the location, as determined by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 2.4 Provider Certification - Fees

A. Interested Agency Providers must submit a non-refundable initial application fee of $150.00. After submitting an initial application for DMH certification, the applicant will be contacted in writing by DMH notifying the Interested Agency Provider of the fee. The fee must be submitted and received by DMH prior to DMH review of the submitted initial application and supporting documentation. If the fee is not received by DMH within 30 business days of DMH notifying the Interested Agency Provider, the application will be voided. Interested Agency Providers whose applications are voided due to failure to submit the fee must wait 90 business days before reapplication. This fee applies to the initial application for certification and any other subsequent initial applications an Interested Agency Provider may submit due to being voided or denied.

B. A provider that is approved for Initial Certification must submit an Initial Certification fee of $300.00 to become fully certified. The provider will be contacted in writing by DMH notifying the provider of the fee. The fee must be submitted and received by DMH prior to DMH's issuance of a Certificate of Operation. If the fee is not received within 30 business days of DMH notifying the provider, Initial Certification will be voided. Providers whose certification has been voided due to failure to submit the fee must wait 90 days before reapplication.

C. DMH providers seeking Certificates of Operation Renewal per Rule 4.2 must submit a fee of $300.00 for every certification period. Providers who are eligible for certification renewal must submit the fee within 30 business days of being notified by DMH. The fee must be submitted and received by DMH prior to DMH's issuance of a renewal Certificate of Operation. If the fee is not received within 30 business days of DMH notifying the provider, the provider will have their certification automatically changed to Expired status, effective the last day of the ending certification period. Expired status means the certification is expired, and the certification is no longer valid. Providers whose certification has expired due to failure to submit the fee must wait 90 days before reapplication.

Source: Miss. Code Ann. § 41-4-7

Rule 2.5 Pre-Certification and Certification Phases

The DMH provider certification process has three (3) certification phases: Pre-Certification (Interested Agency Provider), Initial Certification, and Full Certification:

A. DMH Interested Agency Provider – Pre-Certification: An Interested Agency Provider is an organization which is seeking DMH certification as a new DMH-certified service provider with organizational and management structures in place to meet applicable requirements outlined in the *DMH Operational Standards* to begin service provision and has registered for the DMH Interested Agency Provider Orientation. Application timelines are outlined in this chapter.

B. DMH-Certified Provider – Initial Certification: A DMH initially certified provider is a provider which has:

1. Successfully completed DMH Interested Agency Provider Orientation.
2. Had the Initial Certification application approved by DMH.
3. Received an Initial Certification award notice.
4. Successfully completed an initial Health and Safety inspection(s) by DMH.
5. This process may involve the agency's successful response to a Compliance Report issued by DMH.
6. Timelines for initially certified providers are outlined in this chapter.
7. Initial Certification is not renewable. Rather, initially certified providers are expected to migrate to full certification according to the timeline(s) outlined in this chapter.

C. DMH-Certified Provider – Full Certification: A provider has migrated through the DMH initial certification phase, including successful completion of the initial Health and Safety inspection(s). A DMH fully certified provider is a provider which has:

1. Become initially certified.
2. Had applicable application(s) approved by DMH.
3. Successfully completed all initial Health and Safety site visit(s) conducted by DMH.
4. Provided services/supports and programs.
5. Had their programs/services/supports for which they are seeking full certification successfully reviewed by DMH.
6. Full certification also includes meeting the requirements of other entities (e.g., DOM) to provide the services, as outlined under DMH provider types.
7. This process may involve the agency's successful response to a Compliance Report issued by DMH.
8. Timelines to migrate from initial certification to full certification are outlined in this chapter.
9. Fully certified providers have their DMH certifications renewed on a certification cycle, as determined by DMH and as outlined in Chapter 4.

Source: Miss. Code Ann. § 41-4-7

Rule 2.6 Application Review Phase

A. The provider certification application review phase is as follows:

1. New Agency Provider (i.e., Interested Agency Providers): The Interested Agency Provider submits a complete application packet through the DMH Interested Agency Provider Portal and application(s) to add a program (as applicable) through electronic submission, per DMH instructions on the form.
2. Application to Add a Service/Support or Program or Provider Type or Modify a Program or Provider Type: A DMH-certified provider submits to DMH the application(s) to add or modify through electronic submission, per DMH instructions for submission.
3. DMH reviews applications for completeness. An application is complete when all required application forms and materials have been submitted in the proper format.
4. Incomplete applications will not be processed.
5. Within prescribed timelines, agencies who submit complete applications are given an opportunity to correct any application problem(s).
6. DMH reviews all applications against established criteria and determines if eligibility requirements are met.
7. DMH communicates the application decision to the provider, along with additional instructions/next steps.

B. Following DMH's receipt and review of provider applications, the possible outcomes are:

1. Incomplete: The application is determined by DMH to be missing required application elements. Incomplete applications submitted to DMH are not processed.

2. Hold Pending: DMH may request additional information from an agency applicant before rendering a decision/recommendation. The difference between an application deemed incomplete and held pending is as follows: Incomplete applications are missing required application elements. Held pending applications include all required application elements; however, additional information and/or application material revision submission is required to determine if provider eligibility requirements are met.
3. Approval: DMH will issue the agency provider the approval decision and instructions on next steps.
4. Denial: DMH may deny a provider application for the following reasons, including, but not limited to: failure to meet application/eligibility requirements; failure to meet prescribed application timelines; violation of or failure to meet the applicable sections of the *DMH Operational Standards* and/or any rules or requirements, grant requirements, policies and/or procedures established by DMH; a substantiated complaint through DMH; criminal background checks deficiencies; unresolved local ordinance issues; substantiated violation of ethical and professional conduct (Refer to Chapter 14), and/or conviction of a crime which is a felony under federal or state law. Previous or pending agency action and/or sanctions by any professional certification/licensure/accreditation/oversight organization may also result in delay or denial of application for DMH certification.
   (a) Interested Agency Providers seeking initial certification are limited to two (2) initial application denials. Once an Interested Agency Provider has been denied twice, the Interested Agency Provider may not reapply for certification.

Source: Miss. Code Ann. § 41-4-7

Rule 2.7 Certification Decisions

A. DMH certification decisions are based on the following (this is not an exhaustive list):

1. Provision of applicable required services in all required service locations for the desired certification designation.
2. Evaluation of applications based upon applicable requirements.
3. Adherence to *DMH Operational Standards*, DMH grant requirements guidelines (if applicable), policies and procedures, contracts, data requirements, memoranda of understanding, and memoranda of agreement.
4. Compliance with DMH fiscal management standards and practices.
5. Evidence of fiscal compliance/good standing with external (other than DMH) funding sources.
6. Compliance with ethical practices/codes of conduct related to provision of services and management of the organization.
7. Application outcomes, as listed in Rule 2.6.

B. DMH will issue certification results to the agency's Executive Director and/or primary contact listed on the certification application form.

Source: Miss. Code Ann. § 41-4-7

Rule 2.8 Application Process – New/Interested Agency Providers

A. New agency providers (i.e., Interested Agency Providers) who are not already certified by DMH and who desire to become a DMH-certified provider of mental health, IDD, and/or substance use disorder (SUD) services should review the current *DMH Operational Standards*.

B. Following review of the *DMH Operational Standards*, an agency interested in becoming a new DMH-certified provider must begin the application process by successfully completing DMH Interested Agency Provider Orientation, per the instructions outlined in the Interested Agency Provider Orientation Portal. As part of the Interested Agency Provider Orientation, DMH Interested Agency Providers will submit attestation that the provider has reviewed the current *DMH Operational Standards*, along with other attestations required during the application process.

C. The DMH Interested Agency Provider Orientation is made available via a web-based portal on the DMH website.

D. Following successful completion of the DMH Interested Agency Provider Orientation, the DMH Interested Agency Provider seeking DMH certification must submit the required DMH application and supporting documentation and adhere to the timelines and procedures for application. The initial application packet (including all required materials) must be submitted through the Interested Agency Provider portal, per the instructions outlined in the portal.

E. The complete Interested Agency Provider application packet must contain all required application submissions, as outlined in the Orientation portal, and these items must be complete, as determined by DMH.

F. DMH initial certification for new Interested Agency Providers is a two-step process:

1. First, an Interested Agency Provider must receive DMH Agency Provider Certification (i.e., initial certification of the agency) which is the agency's overall DMH certification and includes the certification of the services/supports the organization plans to provide. This process begins with the submission of the complete Interested Agency Provider application packet, as outlined in this chapter.
2. Second, upon approval of the Interested Agency Provider application packet, the new DMH initially certified agency provider must also apply for DMH certification of the physical service location(s) at which the services are to be provided.

G. A complete Interested Agency Provider application packet must contain the following application items in a complete manner, as determined by DMH (Note: additional application items may be added through the Interested Agency Provider portal; this is not an exhaustive list):

1. DMH Interested Agency Provider Application which is complete.
2. Evidence of incorporation from the Mississippi Secretary of State's Office, as applicable.
3. Governing and Professional Authority Structures, including names and positions and a signed statement of Governing Authority and Executive Director (ED) assurances.
4. Organizational chart which identifies agency leadership by position and name with delineated lines of authority.
5. Attestation Form denoting agreement to adhere to DMH's data submission requirements (i.e., Data Submission Requirements Agreement), as applicable based on provider type and services provided.
6. The name and contact information of the person associated with the agency who will be the point of contact for DMH pertaining to matters regarding DMH provider certification.
7. Signed releases of information, as may be required by DMH.
8. Official transcripts, verifiable copies of required professional credentials, and/or completed DMH verification of experience forms to verify that education, credentialing, and/or experience requirements have been met for identified positions.
9. Agency policies and procedures that address applicable *DMH Operational Standards* general rules chapters and program-specific chapters, as identified via the application submission process.
10. Proof of criminal background checks for each position outlined in the Interested Agency Provider Orientation, submitted in the manner prescribed for in the Orientation, with no disqualifying events, as determined by DMH.
11. Evidence of current licensure and/or certification from all other states/entities in which the agency provider/business operates.
12. Three (3) professional references from entities/individuals that maintain a business relationship with the applicant; if the provider is or has been licensed/credentialed in another state, then the verification status should be from the current or previous out-of-state licensure/credentialing entity.
13. A signed statement of assurance from the agency Executive Director (or top-level administrator) that the ED/top-level administrator has read all applicable sections of the *DMH Operational Standards* and agrees that certification issuance/maintenance is contingent upon compliance with the *DMH Operational Standards.* As part of this statement of assurance, Interested Agency Providers must attest to the understanding and implementation of the rights of people served by the agency and ethical and professional conduct, as indicated in Chapter 14.
14. Executive Director (or top-level administrator) full-time employment attestation form.
15. Requested agency job descriptions.
16. Signed Business Associate Agreement, as applicable, based on provider type and services provided.
17. Proposed budget and documentation of three (3) months of operating expenses based on the proposed budget submitted.
18. Other fiscal requirements for the application packet, as outlined below:
    (a) Applicants must provide evidence of systems in place (for entities in operation, planned systems for those not currently in operation) which 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.

(b) Entities currently in operation must submit the following to document average reserves of three (3) months of operating expenses:
   i. Most recent six (6) months of bank statements; and
   ii. Audited financial statements which include an unqualified opinion from a Certified Public Accountant (CPA).

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

(d) 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, if in place) will be considered. DMH retains the right to verify reported resource(s).

19. Additional application items may be required through the Interested Agency Provider application submission process.

H. If the Interested Agency Provider application packet is incomplete, DMH will notify the provider that the application is incomplete and request the required information. This is a one (1)-time notice provided as a courtesy; subsequent notices will not be provided. For the application to proceed, the provider must submit the required information; this information must be received by DMH no later than 30 calendar days following the notification by DMH. If the requested information is not submitted within this timeline, then the application packet will be voided. Interested providers are limited to two (2) voided applications. After the Interested Provider Application has been voided twice, the provider must wait one (1) year from the date the application was voided to submit a new application for certification.

I. Complete initial Interested Agency Provider application packets are reviewed to determine if provider eligibility requirements are met. Once a complete application packet is reviewed by DMH, if additional information and/or revisions are needed to render a decision, then the application will be held pending by DMH. In this instance, the provider will be notified by DMH within 30 business days of receipt of the application about the information/revision(s) needed to render a decision.

1. When an Interested Agency Provider application packet is held pending due to the need for additional information and/or revisions, the additional information/revisions must be received by DMH within 30 business days of the notification by DMH. If the requested information is not received by DMH by the prescribed deadline, the application packet will be voided.

2. Upon submission of the required additional information/revisions (i.e., second submission) of an application packet which has been held pending, DMH will either approve the second submission, if eligibility requirements are met, or require the agency to receive technical assistance from DMH. Required technical assistance must be completed by the Interested Agency Provider within 30 calendar days of DMH's

notification of such to the provider. (Note: If the additional information/revisions received in the second submission are determined to be entirely inadequate by DMH, then DMH may categorize the application as an incomplete application, notify the submitting agency of such, and the application will be voided).

3. If DMH requires the new Interested Agency Provider to undergo technical assistance: After the required technical assistance, the agency must resubmit a second revision of the deficient information in strikethrough and underline revision format (noting the deletions and additions to the original submission). This information must be received by DMH within 30 calendar days of the notice from DMH requesting this information.

4. DMH will either approve the second revision of a held pending Interested Agency Provider application (i.e., third submission) or deny the application.

J. If the Interested Agency Provider's application packet is approved, then an initial certification award notice will be issued to the provider which includes information on next steps, including scheduling an on-site initial Health and Safety inspection and application(s) to add a new program(s) as applicable. However, the award notice stipulates that full award to the agency provider of DMH initial certification is contingent upon a successful initial Health and Safety inspection(s) by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 2.9 Additional Timelines – Interested Agency Provider Application and Initial Certification

A. An Interested Agency Provider with an initial application packet that is denied cannot reapply or attend Interested Agency Provider Orientation for one (1) year from the date of the notification of denial.

B. An Interested Agency Provider with a voided application packet cannot reapply until 90 business days from the date that the application packet was voided. An Interested Agency Provider may opt to void the application packet. In this instance, the 90-day wait period for reapplication applies.

C. Upon reapplication, the Interested Agency Provider must adhere to current application requirements.

D. Interested Agency Providers with two (2) consecutive voided applications must wait one (1) year before reapplication.

E. An Interested Agency Provider has exactly one (1) year from the date of initial certification award to become a fully certified provider. The DMH certification of a provider who has achieved DMH initial certification but has not migrated to full certification by the initial certification expiration date will have their initial certification expire.

F. DMH providers which are initially certified may be granted one (1) six (6)-month extension on the one (1)-year time frame to achieve full certification if they contact DMH with this request prior to their initial certification expiration date. Subsequent requests for extensions must be submitted to the DMH Certification Review Committee for consideration and review prior to the provider's initial certification expiration date. Initially certified providers whose certification has expired must wait 90 calendar days from the date of notification before reapplication. Initially certified providers with two (2) consecutive expired certifications must wait one (1) year before reapplication.

G. If an agency's initial Interested Agency Provider application is denied and a new application with the same identified leadership as the denied agency (as determined by DMH) but with a new/different agency name, is submitted in less than one (1) year's time, then the new application may not be considered until the one (1)-year timeline has passed, unless approval for consideration is granted from the Certification Review Committee or the DMH Executive Director or designee.

Source: Miss. Code Ann. § 41-4-7

Rule 2.10 Application to Add New Services/Supports, Programs, or Program Types OR to Modify Existing Programs or Program Types

A. DMH-certified agency providers may apply to DMH for certification of new or additional services/supports, programs, or program types. DMH-certified agency providers may also apply to DMH to modify an existing DMH-certified program or program type.

B. DMH-certified agency providers with outstanding compliance issues and/or outstanding grievance/complaint investigations with DMH may have their applications to add services/supports, programs, or program types (or modify existing programs/program types) held for processing until compliance/grievance/complaints issues are resolved or completed. Unless approval is given by the DMH Executive Director, applications to add existing programs or program types or modify existing programs/program types will not be accepted unless the certified provider is following the current *DMH Operational Standards*, as determined by DMH. Examples of noncompliance include (but are not limited to): non-provision of required services; unresolved Plan of Compliance items; and/or lack of data submission.

C. DMH-certified agency providers seeking certification of new or additional services/supports and/or programs or program types or which are seeking to modify existing DMH-certified programs or program types must submit the completed DMH application for such purpose, along with any required supporting documentation, to DMH for review.

D. Applications to add a new service/support, to add a new program/program type, and to modify an existing program/program type are located on the DMH website. Applications of this nature are submitted to DMH through electronic submission, per the application instructions.

E. If a DMH-certified provider's application to add a new service/support, program/program type or modify an existing program/program type is incomplete, DMH will notify the provider that the application is incomplete and request the required information. This is a one (1)-time notice provided as a courtesy; subsequent notices will not be provided. For the application to proceed, the provider must submit the required information; this information must be received by DMH no later than 30 calendar days following the notification by DMH; otherwise, the application will be voided.

F. When a DMH-certified provider's application to add a new service/support, program/program type, or modify an existing program/program type is held pending due to the need for additional information and/or revisions, the additional information/revisions must be received by DMH within 30 calendar days of the notification by DMH. The received information must meet the prescribed timeline, be complete, and include all materials in a satisfactory manner; otherwise, the application will be voided.

G. Providers with voided applications for new services/supports, programs/program types, or modified programs/program types must wait 90 business days from the date that the application was voided to reapply for the new services/supports, programs, or modified programs. Unless approval is granted by the CRC, providers with two (2) consecutive voided applications must wait one (1) year to reapply.

H. DMH will either approve or deny complete applications of this nature. Unless approval is granted by the CRC, providers with denied applications must wait one (1) year to reapply for the new service/support, program/program type, or modification of existing program/program type.

Source: Miss. Code Ann. § 41-4-7

Rule 2.11 DMH Certification Criteria

A. DMH issues Agency Provider, Service/Supports, and Program Location Certifications for a four (4) year certification cycle unless stated otherwise at the time of certification, except for Certified Community Behavioral Health Clinic (CCBHC) Certificates of Operation, which are issued on a three (3) year certification cycle.

B. In addition to complying with the appropriate sections of the current *DMH Operational Standards*, an agency provider must comply with special guidelines and/or regulations issued by DMH for the operation of services and service locations and must update the Policies and Procedures Manual(s) and other documentation as required by these guidelines and/or regulations.

C. In addition to applicable *DMH Operational Standards*, services certified and/or funded by DMH must comply with any additional specifications set forth in individual service grants/contracts, as well as with the requirements outlined in DMH agency provider required forms.

D. DMH agency providers must follow federal mandates and guidelines regarding cultural competency.

E. Agency providers must comply with the requirements of DMH Provider Bulletins.

Source: Miss. Code Ann. § 41-4-7

Rule 2.12 DMH Provider Data Requirements

A. Agency providers must maintain current and accurate data for submission of all required reports and data to DMH.

B. Agency providers, including, but not limited to, DMH/P, DMH/C, and DMH/G provider types, must submit requested data to DMH on the provider's DMH-funded services, and/or any other data which may be required by various state/federal entities or by law to be submitted to DMH, regardless of funding source.

C. Data is defined in this rule as client data, treatment episode data, services data, and billing data as set forth in the Data Standards on the DMH website.

1. Billing data is defined within this section as the submission of claims for DMH Fee for Service Grants reimbursement.
2. This billing data does not include billing to the DOM or other funding sources.

D. Providers are required to submit required data monthly, to DMH on a specific schedule, as prescribed for by DMH.

E. Data should be submitted via the DMH data submission system(s) or by other means, as defined by DMH.

F. To assist with appropriate referrals and placement, all residential services must report a daily census to DMH via the electronic Bed Registry portal by 5:00 p.m. CST. All State certified and funded substance use clinically managed residential treatment programs and medically monitored intensive inpatient programs in Mississippi are expected to utilize the electronic Bed Registry portal in lieu of the paper submission fax requirements previously stipulated in the *DMH Operational Standards*.

G. As part of the application process, prospective certified providers may be provided with information on the current data system(s) and are required to review and sign a data submission requirements agreement indicating their understanding of these conditions.

Source: Miss. Code Ann. § 41-4-7

Rule 2.13 Certification Reviews

A. DMH conducts both Administrative and On-Site reviews of agency providers to ensure provider compliance with the applicable rules in the *DMH Operational Standards.*

B. Administrative Compliance Reviews are defined as reviews during which DMH requests that information (such as policies and procedures, staffing plans, 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 provider's administrative or service location(s).

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

1. New agency provider organizations.
2. New services or service locations for an existing DMH-certified agency provider.
3. Additional services or service locations for an existing DMH-certified agency provider.
4. Modification of a service location for an existing DMH-certified agency provider.
5. Adherence to a Plan of Compliance.

E. During the certification period of a certified agency provider, a comprehensive, on-site compliance review will be conducted to ensure continued adherence to the *DMH Operational Standards*, guidelines, contracts, data, and/or grant requirements, as applicable. On-site comprehensive compliance reviews will be conducted at least biennially during the certification period of the agency provider. Other administrative or on-site reviews of a more focused nature may occur annually, or on a more frequent basis, on a schedule as determined by DMH.

F. Depending on the agency's certification type, certified services, and/or certification status, specific components of administrative or on-site reviews (comprehensive or focused) may include any of the following:

1. Health and Safety Reviews, on a schedule as determined by DMH.
2. *DMH Operational Standards* (comprehensive or focused) compliance reviews.
3. Plan of Compliance verification reviews.
4. Fidelity Reviews: DMH conducts fidelity reviews of certain services/supports and/or programs certified by DMH. A fidelity review is an evaluation process which assesses whether a service or program is being implemented as intended, following prescribed protocols or guidelines. Fidelity Reviews are only conducted on programs receiving funds from/through DMH.
5. Financial/Grants Management Reviews.
6. Peer Reviews: All DMH funded/certified agency providers, services, and service locations are subject to a DMH-approved peer review/quality assurance (Q/A) evaluation process. Review team members obtain information from peers and agency

provider personnel about satisfaction with services, quality of life measures, and support provided from professional personnel; review services and people's records (when applicable) and dialogue with mental health administrators.

7. Pre-affidavit screening reviews: DMH may conduct audits of randomized samples of pre-affidavit screenings conducted by CMHCs to evaluate the effectiveness of the process and the appropriateness of recommendations.
8. CMHCs: Performance audit reviews on a schedule, as determined by DMH.
9. HCBS Settings Final Rule compliance reviews.
10. Reviews to assist in a provider grievance/complaints investigation process, as needed.
11. Other types of reviews, as may be determined by DMH.

G. DMH reviews may be unannounced.

H. For the purposes of DMH compliance reviews only, as outlined above, the agency provider should maintain records from the review for at least four (4) years following the compliance report release.

Source: Miss. Code Ann. § 41-4-7

Rule 2.14 DMH Compliance Reports

A. Following comprehensive compliance reviews conducted by DMH, DMH will issue to the certified agency provider a comprehensive Compliance Report.

B. Depending on the provider's certification type and the type of review(s) conducted, areas which may be addressed in the comprehensive Compliance Report may include, but are not limited to, administrative and/or on-site compliance review findings regarding the applicable *DMH Operational Standards* rules, Financial/Grants Management Audits findings, Peer Reviews, Fidelity Reviews, pre-affidavit screening, performance indicators, and/or provider grievance/complaints investigation findings.

C. Comprehensive Compliance Reports may include the following components:

1. Scope and Purpose of the Report.
2. Description of the Compliance Process.
3. Findings by Area, including any data-driven/score-based findings.
4. Summary and Findings: degree of compliance threshold met.
5. Anecdotal information, such as DMH interview synopses of people served.
6. Recommendations.
7. Actions to be taken by the Provider, if any, including timelines.
8. Summary of Enforcement Protocol, if applicable.
9. References, if applicable.

D. Additional, focused (i.e., noncomprehensive) compliance reports on a specific given area(s), including any of the areas listed above, may be issued by DMH to the certified

agency provider, in addition to comprehensive Compliance Reports, on a schedule as determined by DMH.

E. Compliance reports may be data driven and/or score-based, as applicable. Providers will be notified of scoring metrics prior to implementation.

Source: Miss. Code Ann. § 41-4-7

Rule 2.15 Plan of Compliance

A. Following the release of a DMH Compliance Report, providers who want to maintain their DMH certification must submit to DMH a Plan of Compliance on the DMH required form to address the noted issues of noncompliance, as outlined in the report. The Plan of Compliance must be submitted so that it is received by DMH within 30 business days of the date of DMH's issuance of the report.

B. The Plan of Compliance must address the corrective action(s) by the agency provider, date of corrective action(s), timelines for completion of corrective action(s), and measures put in place to maintain compliance and prevent future occurrence.

C. If the Plan of Compliance is accepted by DMH, then the agency provider will be notified in writing within 30 business days of the date of DMH's receipt of the Plan of Compliance.

D. If the Plan of Compliance is not received, is incomplete, or is not accepted by DMH, then the agency provider will be notified in writing within 30 business days of the date of DMH's receipt of the Plan of Compliance. In this instance, the DMH provider's certification will be placed on probationary status, and the provider will be notified accordingly.

E. DMH providers falling below a threshold passing score, as may be outlined in the DMH Compliance Report, may have their DMH certification immediately placed on probationary status, and the provider will be notified accordingly. Providers will be notified of scoring metrics prior to implementation.

F. Probationary status may be maintained for a period of up to six (6) months from the date of DMH's notification to the provider of this status.

G. Once an agency's certification is placed on probationary status, then the provider may submit to DMH a Plan of Compliance on the DMH required form to address the noted issues of noncompliance, as outlined in the DMH Compliance Report. The Plan of Compliance must be submitted so that it is received by DMH within 30 business days of the date of DMH's issuance of the notice of probationary status. For some providers (i.e., those whose performance threshold was not passing, as outlined in the Compliance Report), this will be the first submission of a Plan of Compliance; for other providers (i.e., those for which the first submitted Plan of Compliance was not received or insufficient), it will be considered a second Plan of Compliance submission, as outlined above.

H. By the end of the six (6)-month probationary period, if the Plan of Compliance is not submitted, submitted incomplete, or is not acceptable and corrections are not validated, then the provider's DMH certification may be suspended. If the Plan of Compliance is submitted complete and is acceptable, according to DMH, and corrections are validated, then the probationary status will be removed from the provider's certification (per an effective date as determined by DMH), and the provider will be notified accordingly.

I. Once a provider enters probationary status, regardless of the reason, DMH may also enact any such further enforcement measures, as may be outlined in applicable state law.

J. DMH will not make additional requests for a Plan of Compliance to be submitted.

K. Timelines for the submission of a Plan of Compliance may be revised due to the nature of the findings or for good cause as determined by DMH. If applicable, DMH will notify the certified agency provider of a revision in timelines.

Source: Miss. Code Ann. § 41-4-7

Rule 2.16 Administrative Certification Actions and Sanctions

A. Based on issues of noncompliance, DMH may determine the need to take administrative action on or sanction a provider's certification. This decision is made by the applicable DMH Deputy Director, DMH Executive Director or designee, and/or the DMH CRC.

B. Sanctions/administrative actions which may be imposed include:

1. Issuance of a letter of official reprimand to the DMH-certified provider; (the letter of official reprimand may require specific follow-up actions by the DMH-certified provider to maintain certification).
2. Issuance of a "cease and desist" letter.
3. Placement of certification on probation.
4. Denial of certificate renewal.
5. Suspension of certification for any period.
6. Termination of certification.
7. Revocation of certification.

C. A determination that the certification status of the agency's overall certification (or certification of a specific service/support or program) may have an administrative action executed based upon any of the following criteria:

1. Failure to comply with rules and requirements outlined in the *DMH Operational Standards*.
2. Failure to comply with guidelines, contracts, policies/procedures, data requirements, memoranda of understanding, and memoranda of agreement.
3. Failure to comply with DMH fiscal and/or grants requirements.

4. Failure to provide services, inclusive of required services, as outlined in the *DMH Operational Standards*, for a period of 12 months.
5. Defrauding a person receiving services, person 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 served by the agency provider.
7. Inappropriate or unethical conduct by agency provider personnel or its governing authority.
8. Substantiated complaints and grievances investigations.
9. Providing DMH with false information.
10. Use of DMH provider certification in a fraudulent manner.
11. Substantiated breaches of ethical and professional conducted as outlined in Chapter 14.
12. Sanctions by applicable external oversight agencies/organizations.
13. Any other just cause as identified by the Mississippi State Board of Mental Health/DMH Executive Director.

D. DMH will notify the Executive Director or designee of the agency provider in writing of an administrative action and the criteria for which that determination was made.

E. Should DMH administratively suspend a certified agency provider, service, or service location, the Executive Director of the agency provider will have the opportunity to request a suspension lift to the CRC within 30 business days of the notice of suspension.

F. To receive a suspension lift, the agency in suspended status is required to follow the remedial actions prescribed by the CRC on a timeline as established by the CRC. A provider with an unresolved suspension status may have the certification of the agency provider (or the DMH-certified service/support or program) in suspension migrated to terminated status.

G. Should DMH terminate the certification of an agency provider (or the DMH-certified service/support or program), then the agency provider cannot reapply for DMH certification of the agency or service(s)/supports and/or programs, respectively, for a period of one (1) year from the date of the termination, per the notification of such by DMH. Agency providers are limited to two (2) terminations relating to certification, service(s), support(s), program(s), or program type(s). Once an agency provider has been terminated twice for any of the aforementioned reasons, the agency provider may not reapply for certification.

H. DMH will notify the DOM of any agency provider's suspension, revocation, and/or termination status.

Source: Miss. Code Ann. § 41-4-7

Rule 2.17 Certification Status Categories

The following status categories are applicable to agency providers holding DMH certification:

A. Active Status: A provider holding certification which is current and without sanctions will be in Active Status.

B. Probationary Status: The provider holds the DMH certification in Active Status; however, the certification is in jeopardy of enforcement action, such as certification suspension or termination, if the noted deficiencies are not rectified according to DMH's determination that the applicable rules/communicated deficiencies have been met, as outlined in the *DMH Operational Standards.*

C. Expired Status: The provider's certification has expired and is no longer valid. Expired Status means the provider no longer holds an active DMH certification. Providers with expired certificates must wait 90 business days from the date of the certificate expiration before reapplication. A Certificate of Operation may expire for the following reasons including, but not limited to:

1. An initially certified provider's failure to migrate to full certification within the established time frame.
2. A fully certified provider's inability to have their Certificate of Operation(s) successfully renewed for a new certification period.

D. Suspended Status: DMH, because of actions as defined in this chapter, may choose to invalidate an agency provider's certification for any period. Suspended Status means that the agency's DMH certification is neither active nor in good standing. During the period of suspension, the certificate is not valid. To return to Active Status, a provider in Suspended Status would be required to meet all requirements as determined to be necessary by the DMH CRC.

E. Terminated Status: DMH, because of action as defined in this chapter, may choose to terminate a DMH agency provider's certification. With this action, the certification is no longer valid, beginning with Day One (1) of the termination. Upon termination of DMH certification, an agency provider cannot reapply for DMH certification for a period of one (1) year from the date of termination, per the notification of such by DMH.

F. Revoked Status: A provider which has had a previous DMH provider certification termination, will, upon a second consecutive need for termination action, instead have their Certificate of Operation revoked (rather than terminated a second consecutive time). Once a provider certification is revoked, then the provider's certification is no longer valid, beginning with Day One (1) of the revocation. Should DMH revoke the certification of an agency provider (or the DMH-certified service/support or program), then the agency provider cannot reapply for DMH certification of the agency or service(s)/supports and/or programs, respectively, for a period of one (1) year from the date of revocation, per the notification of such by DMH.

Providers in Revoked Status who wish to apply for any DMH provider certification must first write the CRC and request the CRC's permission for approval of application acceptance. In this instance, the provider in Revoked Status should include with this request any supporting documentation the provider wishes to supply. The CRC will then review the request and issue written notification as to whether this request is approved or rejected. If the CRC grants permission for the provider in Revoked Status to apply for DMH provider certification, the provider may then apply via the Interested Agency Provider Orientation process; the provider is subject to meeting all current requirements, in addition to any additional requirements determined to be necessary by the CRC and/or the DMH Executive Director.

G. If an agency's certification is placed in Terminated or Revoked Status and a new application with the same identified leadership as the agency in Terminated or Revoked Status (as determined by DMH) is submitted but with a new/different agency name, then consideration for the new application (outside of the parameters set forth for application submission for agencies in Terminated or Revoked Status) must be reviewed by the CRC and/or the DMH Executive Director or designee for approval prior to DMH's processing as a new application.

H. Probationary, Suspended, Terminated and/or Revoked Status may be administered upon an agency's overall DMH certification or on an agency's specific service(s)/support(s) and/or program(s) certified by DMH, as applicable.

I. In addition to the sanctions listed above, DMH may impose any further sanctions on the DMH Certificate(s) of Operation on a CMHC or other DMH-certified provider as may be prescribed for in applicable federal, state, and/or local law.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 3: Services/Supports and Programs

Rule 3.1 Services/Supports and Programs Options

A. The following is a list of the services/supports and programs for which DMH offers certification and for which a qualified agency provider may be certified to provide. Based on provider certification type, some services/supports and/or programs are required. Conversely, some provider types are ineligible to be certified by DMH to provide services/supports and/or programs which are identified as required services for CMHCs/LMHAs and/or DMH/P providers or which are limited to state agencies.

Specific information on each service/support and program listed below, including definitions and requirements, is included in the relevant chapter(s).

B. Mental Health/Substance Use Services/Supports and Programs:

1. Mental Health Targeted Case Management Services.
2. Crisis Response Services – Mental Health.
3. Crisis Residential Services (also referred to as Crisis Residential Units or Crisis Stabilization Units [CSUs]).
4. Community Support Services for Adults with Serious Mental Illness (SMI).
5. Community Support Services for Children/Youth with Serious Emotional Disturbance (SED).
6. Psychiatric/Physician Services.
7. Outpatient Therapy Services.
8. Intensive Outpatient Programs for Adults with Substance Use Disorder (SUD).
9. Intensive Outpatient Programs for Adolescents with SUD.
10. Acute Partial Hospitalization Programs (APHPs) for Children/Youth with SED or Adults with SMI.
11. Partial Hospital Programs (PHPs) for Adults or Children/Youth with SUD.
12. Psychosocial Rehabilitation Services.
13. Senior Psychosocial Rehabilitation Services.
14. Supported Employment Services for SMI.
15. Day and Respite Services for People with Alzheimer's and Other Dementia.
16. Day Treatment Services – SED.
17. Supervised Living Services – SMI.
18. Supported Living Services – SMI.
19. Therapeutic Foster Care and Therapeutic Group Homes – SED.
20. Residential Services for SUD.
21. Programs of Assertive Community Treatment (PACT) – SMI.
22. Intensive Community Outreach and Recovery Team (ICORT) – SMI and SED.
23. Intensive Community Support Services (ICSS).
24. Adult MAP Teams.
25. Pre-Affidavit Screening and Civil Commitment.
26. Designated Mental Health Holding Facilities.
27. Consultation and Education Services.

28. Prevention/Early Intervention – SED.
29. Family Support and Education Services – SED.
30. Children and Youth MAP Teams.
31. Respite Care for Children/Youth with SED.
32. Wraparound Care Coordination – SED.
33. MYPAC – SED.
34. Peer Support Services.
35. Withdrawal Management Services – SUD.
36. Substance Use Prevention Services.
37. DUI Diagnostic Assessment Services for Second and Subsequent Offenders.
38. Opioid Treatment Services.
39. Other MH and/or SUD services/supports and/or programs, as may be authorized for DMH to certify, as per the authority granted the Mississippi State Board of Mental Health and/or applicable state and/or federal laws. Additional services/supports and/or programs eligible for DMH certification will be communicated to providers and notice provided on the DMH website. Such additions will subsequently be added herein, according to customary rules making practices.

C. Intellectual and Developmental Disabilities Services/Supports and Programs:

1. ID/DD Waiver Crisis Intervention.
2. ID/DD Waiver Crisis Support.
3. ID/DD Waiver and IDD Community Support Program (CSP) Day Services – Adult.
4. ID/DD Waiver Community Respite.
5. ID/DD Waiver and IDD CSP Prevocational Services.
6. ID/DD Waiver Job Discovery.
7. ID/DD Waiver and IDD CSP Supported Employment.
8. ID/DD Waiver Supervised Living Services.
9. ID/DD Waiver Behavioral Supervised Living Services.
10. ID/DD Waiver Medical Supervised Living Services.
11. ID/DD Waiver Host Homes.
12. ID/DD Waiver and IDD CSP Supported Living Services.
13. ID/DD Waiver Shared Supported Living Services.
14. ID/DD Waiver Support Coordination.
15. ID/DD CSP Targeted Case Management Services.
16. ID/DD Waiver and IDD CSP In-Home Respite Services.
17. ID/DD Waiver In-Home Nursing Respite Services.
18. ID/DD Waiver Behavior Support Services.
19. ID/DD Waiver Home and Community Supports (HCS).
20. ID/DD Waiver Transition Assistance Services.
21. Other IDD services/supports and/or programs, as may be authorized for DMH to certify, as per the authority granted the Mississippi State Board of Mental Health and/or applicable state and/or federal laws. Additional services/supports and/or programs eligible for DMH certification will be communicated to providers and notice provided on the DMH website. Such additions will subsequently be added herein, according to customary rules making practices.

D. Certified Community Behavioral Health Clinics (CCBHCs):

CCBHCs are responsible for providing all of the following nine (9) services, which can be provided directly or through formal relationships with Designated Collaborating Organizations (DCOs):

1. Crisis Services;
2. Treatment Planning,
3. Screening, Assessment, Diagnosis and Risk Assessment;
4. Outpatient Mental Health and Substance Use Services;
5. Targeted Case Management;
6. Outpatient Primary Care Screening and Monitoring;
7. Community-Based Mental Health Care for Veterans;
8. Peer, Family Support and Counselor Services; and
9. Psychiatric Rehabilitation Services.

CCBHC-specific criteria are included in Chapter 54.

Source: Miss. Code Ann. § 41-4-7

Rule 3.2 Required Services/Supports and Programs – DMH/C and DMH/P providers.

A. The following are required Adult Mental Health services/supports and/or programs for CMHCs/LMHAs:

1. Pre-affidavit Screening;
2. Crisis Response Services;
3. Mobile Crisis;
4. Crisis Residential Services (also referred to as Crisis Residential Units and Crisis Stabilization Units [CSUs]);
5. Intensive Community Support Services – Programs of Assertive Community Treatment (PACT) or Intensive Community Outreach and Recovery Teams (ICORT), or Intensive Community Support Services (ICSS);
6. Community Support Services;
7. Physician/Psychiatric Services;
8. Outpatient Therapy;
9. Psychosocial Rehabilitation Services (Senior Psychosocial Rehabilitation Service is not a required service.);
10. Peer Support Services;
11. Supported Housing Referral;
12. Mental Health Targeted Case Management;
13. Care Coordination (Intake Assessment); and
14. Supported Employment.

B. The following are required Children/Youth Mental Health services/supports and/or programs for CMHCs/LMHAs:

1. Mobile Crisis;
2. Crisis Response Services;
3. Community Support Services;
4. Psychiatric/Physician Services;
5. Outpatient Therapy;
6. Care Coordination;
7. Making A Plan (MAP) Team;
8. Pre-affidavit Screening – age appropriate
9. Day Treatment Services; and
10. Peer Support Services.

C. The following are required substance use disorder (SUD) services/supports and/or programs for CMHCs/LMHAs:

1. Mobile Crisis;
2. Crisis Response Services;
3. DUI Assessment Services;
4. Peer Support Services;
5. Outpatient Services;
6. Intensive Outpatient Services;
7. Prevention; and
8. Residential Treatment Programs (Clinically Managed High and Low Intensity, as defined by the American Society of Addiction Medicine [ASAM]).
9. Applicable services/supports and programs should be provided in accordance with the current (ASAM) criteria, with ASAM criteria updates to be transitioned/implemented on a schedule as determined by DMH.
10. The following required services are only required for the Adult SUD population: DUI Assessment Services and Residential Treatment Programs.

D. CMHCs/LMHAs are also required to provide Mobile Crisis and Crisis Response Services to people with intellectual/developmental disabilities.

E. CMHCs/LMHAs which are also certified as CCBHCs must be certified for and provide all required services/supports and/or programs, as outlined above, *in addition to* the required services of a certified CCBHC provider. When rules and requirements are listed in association with CMHCs certified as CCBHCs which are over and above the requirements listed for CMHCs, the CMHC/LMHA must adhere to the CCBHC rules, *in addition to* the DMH/C provider rules. Moreover, CMHCs which are certified as CCBHCs must adhere to all CCBHC-specific provider rules. When discrepancies or conflicts between a given rule or requirement may occur, the CMHC certified as a CCBHC must adhere to the CCBHC rule; in such an instance, the CCBHC rule will override the associated conflicting rule.

F. The following are required services/supports and/or programs for DMH/P providers who are certified to provide Adult Mental Health services:

1. Crisis Response;
2. Community Support Services;
3. Psychiatric/Physician Services;
4. Outpatient Therapy; and
5. Peer Support Services.

G. The following are required services/supports and/or programs for DMH/P providers who are certified to provide Children/Youth Mental Health services:

1. Crisis Response;
2. Community Support Services;
3. Psychiatric/Physician Services;
4. Outpatient Therapy;
5. Making A Plan (MAP) Team – For DMH/P providers, participation in a local MAP team fulfills this requirement; and
6. Peer Support Services.

H. DMH/P providers are also required to provide Crisis Response Services to people with intellectual/developmental disabilities.

I. DMH/O provider types cannot be certified to provide only one (1) or some of the above-listed required services for DMH/C or DMH/P providers. However, certain services are excluded from this rule, as follows:

1. Intensive Outpatient Services – SUD;
2. Outpatient Services – SUD;
3. Prevention – SUD;
4. Peer Support Servies – SUD;
5. Adult Residential Treatment Programs – SUD;
6. DUI Assessment – SUD;
7. Crisis Response Services;
8. IDD Services; and
9. Other exclusions, as may be designated by DMH.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 4: Certificates of Operation

Rule 4.1 Certificates of Operation

A. All certified agency providers, services, and service locations must have a current copy of the 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) certified; site capacity of the service location, if appropriate; and the certificate number will be specified on the Certificate of Operation issued by DMH.
2. A Certificate of Operation is not transferable.
3. A Certificate of Operation is valid only for the service(s), service location, and capacity identified on the certificate (in those cases where a definitive number can be assigned to a service or service location).
4. Service location capacities must not exceed the number identified on the Certificate of Operation.
5. Certification for any established period, service, or service location is contingent upon the service's continual compliance with the current applicable *DMH Operational Standards.*
6. The Certificate of Operation must be posted in each of the certified locations for public view (Exception: Supervised Living, Shared Supported Living, and Supported Living Certificates of Operation must be maintained on-site but not posted for public view).
7. Certificates for closed services and/or service locations must be removed from the site and are invalid.

C. Certificates of Operation issued by DMH remain the property of DMH and must be surrendered upon request.

D. DMH intends that each provider has only one (1) agency Certificate of Operation. Agencies will receive one (1) location-specific Certificate of Operation per program. DMH does not provide multiple original wall certificates.

Source: Miss. Code Ann. § 41-4-7

Rule 4.2 Certificate of Operation Renewal

A. Initial certification is not renewable. Rather, initially certified providers must meet the timelines outlined in Chapter 2 to migrate to full certification. Otherwise, the initial certification expires.

B. Certificates issued by DMH reflecting full certification are valid for a maximum four (4)-year certification period established by DMH for all provider types, except Certified Community Behavioral Health Clinics (CCBHCs), which are on a three (3)-year certification period. The expiration date is listed on the certificate.

C. The renewal deadline is December 31st (or closest prior working day) of each four (4)-year certification period (or three (3)-year period for CCBHCs).

D. Prior to the renewal deadline, the DMH Division of Certification will notify providers of the upcoming renewal deadline. The renewal notice will include specific, current instructions on how to renew certification. Prior to notice of renewal, the Division of Certification will review the compliance status of all renewal-eligible providers.

E. Providers not in compliance with current applicable *DMH Operational Standards* rules and requirements or other DMH grants, data requirements, policies, and procedures, may be ineligible for renewal, depending on the severity of the non-compliance, as determined by DMH. In this case, the DMH Division of Certification will notify the agency provider at the time of the renewal notice of any information which is needed for compliance, and the provider must submit this information in an acceptable format no later than 30 business days following the renewal deadline. The CRC will then review the submission and determine if the renewal application may be approved (and any stipulations for renewal) or if the renewal application is denied.

F. Providers which are successfully renewed will have their new Certificate of Operation renewed, beginning with the first date of the new certification period.

   Providers which fail to submit renewal applications, or submit renewal applications which are incomplete, will have 30 business days following the renewal deadline to submit the required renewal application in a complete manner; otherwise, the provider will have their certification automatically changed to Expired Status, effective the last day of the ending certification period. Expired Status means the certification is expired, and the certification is no longer valid.

G. Providers whose certification has expired due to non-renewal or whose renewal application was denied must wait 90 business days before reapplication. Application denial is an appealable action, as outlined in Chapter 6.

Source: Miss. Code Ann. § 41-4-7

Rule 4.3 Certification Verification and Reporting

A. Upon request, the Division of Certification may report specific information about DMH-certified providers. The fields of information which may be shared with the public are:

   1. Provider Name;
   2. Type of certification (Initial, Full, or Provider Designation Type);
   3. Services/supports/programs certified, provider location(s), and population(s) served;
   4. Agency Contact Information;
   5. Certification date of issuance;
   6. Certification date of expiration; and
   7. Certification status.

B. During the period of renewing certifications, the Division reserves the right to hold such verification requests until all certification records are up to date.

C. The Division does not give provider application submission/status verifications.

D. DMH may maintain a certified provider directory on the agency website.

E. DMH may provide additional information regarding an agency's provider certification to agency representatives listed on file with DMH as an agency contact as well as other state agencies and third-party payer sources, as applicable, per federal, state, and local reporting laws.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 5: Waivers

Rule 5.1 Waiver Requests

A. A waiver of a specific standard may only be requested by a DMH fully certified provider.

B. Approved waivers are typically granted for a maximum one (1) year period. The expectation is that the provider will be able to comply with the rule on or before the expiration of the granted waiver. The DMH CRC may approve a waiver for a period beyond one (1) year, based on the nature of the request.

C. Waiver request determination is made in accordance with the rules outlined below.

D. To request a waiver of a specific rule, an agency contact, as on file with DMH, must make a written request to the Division of Certification. The request must:

1. List the rule(s) for which a waiver is being requested.
2. Be submitted on the DMH-approved waiver request form. Incomplete forms will not be processed. Notice of incorrect submission is not given to the provider.
3. Official transcript(s) from an approved educational institution, as determined by DMH, must accompany any waiver request pertaining to an education requirement for which a degree from an institution of higher learning is required.

E. The DMH CRC will review the waiver request and will approve or deny the request. The CRC may request additional information to render a decision.

F. If additional information is needed to render a decision on the request, then the CRC will hold the request, pending receipt of the requested information.

G. Should the requested information not be provided to DMH Division of Certification within 30 days of the date DMH requests additional information, not be provided in the manner requested, and/or not be provided in the time frame prescribed, then the waiver request will be considered void. Voided waiver requests will not be kept on file.

H. Once a complete waiver is submitted in the proper format, with any required additional information, the agency provider making the request will be notified of the decision within 14 business days of the CRC meeting at which the decision was made.

I. Waivers granted by DMH serve only to waive a *DMH Operational Standards* rule or requirement. The issued waiver only applies to DMH's purview pertaining to waiver issuance, for the time-limited period specified and for the *DMH Operational Standards* rules or requirement for which the waiver was issued.

J. Approved waivers are temporary, as outlined above. If a provider is approved for a waiver, then the approval is limited to a one (1)-time issuance, unless notified otherwise. Repeat,

consecutive waivers for the same circumstance, as defined by DMH, are generally not allowed. Any such requests must be submitted to and approved by the DMH CRC.

K. Waiver request decisions are not appealable.

Source: Miss. Code Ann. § 41-4-7

Rule 5.2 Waiver Issuance – Additional Information

A. The issuance of a time-limited waiver by DMH should, in no way, create an expectation of (or be construed as) a guarantee of acceptance of any third-party payer reimbursement in relation to the issued waiver and in no way relate to any professional credentialing requirements.

B. Questions pertaining to the parameters of an issued waiver in relation to any third-party payer source reimbursement should be directed to the appropriate third-party payer source. Providers who want verification of reimbursement based on waiver issuance should contact the appropriate third-party payer source for requests of this nature. DMH is unable to answer questions regarding third-party payer source reimbursement which may arise in relation to a waiver issuance. Moreover, DMH does not assume responsibility for any third-party payer source reimbursement issues (or related third-party payer audit exceptions) which providers may experience from the use of an issued waiver.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 6: Appeals

Rule 6.1 Appeals Related to Certification

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

1. CRC decisions;
2. Any financial penalties invoked by DMH associated with noncompliance with the *DMH Operational Standards* and/or audit findings;
3. Termination or Revocation of Certification and revocation decisions; and/or
4. Denial of a complete application to maintain DMH provider certification (i.e., renewal application).

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

1. Denial of a complete application to become a DMH-certified agency provider.

C. Appeals not received in the timelines as outlined below will not be processed.

Source: Miss. Code Ann. § 41-4-7

Rule 6.2 Procedures for Appeal

A. All appeals must be initiated by filing a written notice of appeal from the Executive Director by certified mail in an envelope clearly marked Notice of Appeal or by email with Notice of Appeal in the subject line to the appropriate DMH Deputy Director and a copy to the DMH Office of General Counsel within 10 business days from the date of the final notification by 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 DMH Executive Director.

B. The written notice of appeal must have as its first line of text "Notice of Appeal" in bold face type.

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 disagrees with the decision(s) and/or penalty(ies) imposed by 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 Chief Legal Counsel, the appellant will be notified that the relief requested is granted within 10 business days of receipt of the written appeal.

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 10 business days of receipt of the appeal. The Deputy Director will specify a timeline by which the additional information must be received.

G. Within 10 business days of the time set by the Deputy Director for receipt of the additional information requested (described in Rule 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 DMH, who will conduct the second level of review of the appeal.

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

I. Timelines for review of appeals by the Deputy Director and Executive Director may be extended for good cause as determined by 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 DMH within 10 business days after the date of the notice of the Executive Director's decision to deny the appeal. For agency providers applying for initial certification by DMH, the Executive Director's decision is final.

K. The written notice of appeal (described in Rule J. above) must have as its first line of text "Notice of Appeal" in bold face type.

L. Only agency providers holding certification by DMH may appeal to the Mississippi State Board of Mental Health. 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 agency provider disagrees with the decision(s) by the Executive Director of 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.

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: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 7: General Information Related to Certification

Rule 7.1 Access

A. Representatives of DMH, displaying proper identification, have the right to enter upon or into the premises of any agency provider, 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 probation, suspension, termination and/or discontinuation of efforts to obtain initial certification.

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

C. DMH-certified providers which receive funds from/through DMH (unless a DMH-operated provider) must submit to the Division of Audit/Grants, on a schedule as determined by the Division, a current Business Associate Agreement (BAA), if not already on file with DMH through grant submission processes.

Source: Miss. Code Ann. § 41-4-7

Rule 7.2 Provider Technical Assistance and Customer Service

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

B. Technical Assistance Requests initiated by the agency provider should be made on the DMH Technical Assistance request form located on the DMH website.

C. Requests for interpretation/clarification of a DMH Provider Certification rule or requirement should be submitted via email to the Division of Certification's email address (listed in the "introduction/cover" section). To facilitate customer service, providers should not submit these requests to specific DMH staff members.

Source: Miss. Code Ann. § 41-4-7

Rule 7.3 Changes to be Reported to DMH

Following certification, changes affecting the governing and/or operation of services must be reported in writing to the Division of Certification. Anticipated changes must be reported within 48 hours of the agency's determination to implement the change. Changes not anticipated must be reported within 48 hours of the agency being notified of the unanticipated change. Failure to report any changes described in this section may result in probation, suspension, or termination.

A. Examples of significant changes that must be reported to 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 the name(s) and/or service location(s) (new locations must be approved by DMH prior to service provision).
5. Requests for changes in the certified capacity which is specified on the DMH certificate (for certification purposes, requests for a capacity change are subject to DMH approval).
6. Changes in service scope (such as major components of a service, age ranges, and/or the population served, etc.).
7. Major alterations to buildings which house the service location(s).
8. Changes in operating hours.
9. Discontinuation of a service/support or program which is certified by DMH.

B. 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.
4. A sanction/disciplinary action by a professional organization.
5. Termination of lease or eviction.

C. Depending on the nature of the reported change, submission of an application for the change may be required by DMH; any such application required for this purpose will be held to the timelines pertaining to applications for adding a service/support, program, or modifying an existing program.

Source: Miss. Code Ann. § 41-4-7

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, charitable, or governmental board/commission, or other such authority.

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

1. Establish in writing the manner in 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, if applicable.
3. Require periodic meetings, but no less than annually.
4. Require meeting minutes, if applicable.
5. Provide assurances that meetings of the governing authority are open to the public and include procedures for notifying the public of meetings, if applicable.
6. Establish an organizational structure as evidenced by an organizational chart.

Source: Miss. Code Ann. § 41-4-7

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.
2. Written affiliation agreements.
3. All changes in policies and procedures.
4. Annual Operational Plan submitted to DMH, as applicable (Refer to Rule 8.5).
5. Emergency and Continuity of Operations Plan.
6. Process for meaningful person and family involvement in service system planning, decision-making, implementation, and evaluation. People should be provided the opportunity for meaningful participation in planning.
7. Completion of an annual evaluation of the Executive Director that is available for review.

B. In addition to the list above, the agency provider must have documentation of all applicable performance/quality assurance measures documentation, as outlined in Chapter 9.

Source: Miss. Code Ann. § 41-4-7

Rule 8.3 Regional MH/IDD Commissions

A. Regional Commissions must describe in their bylaws and/or policies their duties as designated under Miss. Code Ann. § 41-19-33.

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

1. Public education activities 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 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 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 Regional 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 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 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 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 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 Miss. Code Ann. § 83-41-403(c)), when such action affects more than one (1) region, written prior approval by DMH of such action before initiation and annually thereafter.

10. At a minimum, an annual meeting by representatives of the Regional Commission and/or CMHC 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.

Source: Miss. Code Ann. § 41-4-7

Rule 8.4 Policies and Procedures Manual

A. The agency provider must have and comply with a written Policies and Procedures Manual which addresses all applicable administrative rules and requirements in the *DMH Operational Standards* for all services provided. These written policies and procedures must give details of agency provider implementation and documentation of the *DMH Operational Standards,* so that a new employee or someone unfamiliar with the operation of the service 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.

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, with a copy at each service delivery location.

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. Employees being affected by changes to the policies and procedures must review applicable changes. This review must be documented.

Source: Miss. Code Ann. § 41-4-7

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 fiscal year by all DMH/C providers and DMH/P providers.

Annual Operational Plans must include required information from the ending fiscal year (i.e., the fiscal year ending June 30th of the reporting year). Information regarding the ending fiscal year should be included as a snapshot of the required elements listed below at the time of report preparation. The Annual Operational Plan must also address any updates, plans, projections, and/or implementation changes on the required elements listed

below for the commencing fiscal year (i.e., the fiscal year beginning on the July 1st submission date).

B. Annual Operational Plans must address the following:

1. The required services provided by the agency provider.
2. The geographical area in which required services are provided, identified by each service and county.
3. A summary of current and projected funding by major funding source (federal, state, and local) for each required service.
4. Any other services outside of the required services being provided by the agency provider.
5. The geographical area in which services outside of the required services are provided, identified by each service and county.
6. Projected funding my major funding source (federal, state, and local) for each required service.
7. Projected funding by major funding source (federal, state, and local) for each service being provided outside of the required services.
8. Any other service or data elements as may be required by DMH.

C. DMH will approve or disapprove the Annual Operational Plan based on required rules and required 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 required rules and required services for certification, DMH shall give the agency provider a six (6) month probationary period to bring practices and services up to the established rules and required services. Within 90 business days of being placed in probationary status for Annual Operational Plan deficiencies, the provider must submit to DMH a sustainability plan, signed by the agency's governing board/commission, which must include policies to address any deficiencies noted by DMH.

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

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 9: Quality Assurance

Rule 9.1 Quality Management

A. Agency providers must put in place quality management strategies to:

1. Collect performance indicators/measures as required by DMH as applicable, based on provider type.
2. Develop and implement policies and procedures for the oversight of collection and reporting of DMH required performance indicators/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 Limited English Proficiency services. DMH may utilize a cultural competency and linguistic check list to monitor provider compliance.
4. Ensure that IDD Services are designed to provide Person-Centered Practices which support individual rights and provide opportunity for inclusion in the greater community. Agency providers must comply with the HCBS Settings Final Rule and develop quality measures to ensure ongoing compliance. Any restriction or limitation to any requirement of the HCBS Settings Final Rule must be applied to a person, must be based on the person's specific assessed needs, and documented in the person's Plan of Services and Supports.

B. Quality management strategies include DMH-certified providers, by provider type, as applicable, whether the provider receives funding from/through DMH.

C. DMH-certified providers receiving funding from/through DMH must adhere to all grant funding requirements.

D. Applicable DMH-certified providers, as indicated by DMH, must utilize a DMH-approved Consumer Satisfaction Survey.

E. DMH/C providers must meet established performance indicators and report the data identified by DMH, as required for performance indicators assessment to DMH. CMHCs will be audited on these indicators on a schedule, as determined by DMH. The established indicators include, but are not limited to the following:

1. Compliance with *DMH Operational Standards* (site visit results).
2. Fidelity review results for required services.
3. Fiscal audit (including cash balances, DOM billing, etc.).
4. Access to Care – Key Performance Measures:
   (a) Unduplicated number of people served;
   (b) Usage of appropriate services (e.g., volume of outpatient/clinic services);
   (c) Hospital utilization for the region; and

(d) Numbers of commitments/admissions, access to Crisis Residential Services, number of pre-affidavits/diversions, location of wait, etc.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 10: Fiscal Management

Rule 10.1 Compliance

All DMH-certified agency providers, regardless of type, must follow the rules outlined in this chapter. Compliance with the rules in this section will be reviewed by DMH Fiscal Auditors. All source documents related to budgets and financial systems shall be provided to DMH upon request. Any reasonable requests for ad hoc reports shall also be provided to DMH upon request.

Source: Miss. Code Ann. § 41-4-7

Rule 10.2 Annual Budget and Fiscal Management System

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

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

B. 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 governing authority 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.
4. Provide evidence that all generated income accounts (if applicable) are included in required fiscal audits.

Source: Miss. Code Ann. § 41-4-7

Rule 10.3 Financial Statements

A. Audited financial statements must be prepared annually by an independent CPA for DMH-certified agencies with more than $1,000,000 in annual revenue or, for state agency-operated service locations, the State Auditor's Office.

B. DMH-certified agency providers with $1,000,000 or less in annual revenue must have a compilation report prepared annually by an independent CPA.

C. 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 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 DMH to prevent interruptions in grant funding (if applicable).
3. Be in accordance with the Single Audit Act of 1984 (Office of Management and Budget) for facilities which have expended $750,000 (or current threshold amount set by the Office of Management and Budget) or more in Federal Financial Assistance (Detailed in the DMH Service Provider's Manual which is located on the DMH website).
4. Include a management letter describing the financial operation of the certified agency provider.

Source: Miss. Code Ann. § 41-4-7

Rule 10.4 Accounting Systems

A. Agency 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 people receiving services that:

1. 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.

2. 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.

3. 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.

4. Ensures that written contracts signed by both authorized 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 agency provider is purchasing.

5. Ensures that federal funds are expended in accordance with the applicable federal cost principles and that all funds are expended in accordance with guidelines outlined in the DMH Service Providers Manual, which is located on the DMH website.

6. Ensures that all accounting and financial personnel adhere to the ethical standards of their profession and provides for appropriate training of accounting and financial personnel to prevent misuse of services and funds of people receiving services.

Source: Miss. Code Ann. § 41-4-7

Rule 10.5 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. CMHCs and state agency provider-operated services adhere to the laws and regulations published by the Mississippi Department of Finance and Administration (DFA) Procurement Manual.

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 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 the DMH-prescribed form. The form and instructions are included in the DMH Service Providers Manual, which is located on the DMH website.

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.

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

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

Source: Miss. Code Ann. § 41-4-7

Rule 10.6 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 people served.
3. For community living services, includes the development, and results in documentation, of a written financial agreement with each person or parent(s)/legal representative(s) (of people under 18 years of age) entering the agency provider 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 person/parent(s)/legal representative(s) and provided in two (2) or more copies, with one (1) copy given to the person/parent(s)/legal representative(s), and one (1) copy placed in the person's record.
   (c) Does not relieve the agency provider of the community living service of the responsibility for the protection of the person and property of the person admitted to the agency provider 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 receiving services indicating that the person's personal information provided is accurate;
4. All personnel who handle agency provider funds must be bonded to cover risks associated with employee dishonesty or theft; and
5. Insurance that includes liability, fire, theft, disaster, and worker's compensation must be obtained and kept current by the agency provider (unless otherwise provided by law).

C. All agency providers must have rental/lease/sublease agreements with people residing in agency provider owned or controlled living arrangements. These agreements must afford people the same rights as the Landlord/Tenant Laws of the State of Mississippi.

D. All agency providers must have written personnel policies and procedures which 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 position, as defined by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 10.7 DMH/C Providers

CMHCs 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 45 calendar 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 persons with mental illness, intellectual/developmental disabilities, addiction disorders, children, or other mental health or intellectual/developmental disabilities services approved by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 10.8 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 DMH 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 and not being used as part of a required match.

Source: Miss. Code Ann. § 41-4-7

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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, provide assurances that personnel management practices are in accordance with all applicable state and federal laws regarding pre-employment inquiries, and the hiring, assignment, and promotion of employees.

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, and other types of available leave, which may be mandated by law and/or may be company policy based;
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 employees;
8. The utilization (if applicable and certified to do so) of people who have received services and family members to provide Peer Support Services; and
9. Ongoing monitoring of incidents that may affect an employee's reported background check status or child registry check status and require the agency provider to run additional checks.

C. Designate employees, 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 personnel; and
3. Supervise the processing of employment forms.

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

1. The scope and objectives of the volunteer/intern service;
2. Supervision of volunteers/interns by employee members in areas to which they are assigned; and
3. Assurance that volunteers/interns will never be utilized to replace an employee.

Source: Miss. Code Ann. § 41-4-7

Rule 11.2 Personnel Records

A personnel record for each employee, volunteer, and intern 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 official transcript/proof of high school diploma or General Education Development (GED) equivalent, 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. A national criminal history background check must be obtained by the current agency on all employees, volunteers, and interns. Documentation must be maintained in the personnel file that no information was received that would exclude the employee/volunteer/intern, as outlined in any applicable laws. (Reference Source, as applicable: Miss. Code Ann. § 43-11-13 outlines information about disqualifying events and conditions for applicable entities. Specifically, according to Miss. Code Ann. § 43-11-13, an individual may not be eligible for employment if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Miss. Code Ann. § 45-33-23 (h), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted. This law also allows for mitigating circumstances to be illustrated with a disqualifying conviction.)

   The criminal records background check should, at a minimum, include the following registry checks/components:

   1. Prior convictions under the Vulnerable Adults Act;
   2. Child Abuse Registry Check;
   3. Mississippi Nurse Aide Abuse Registry;
   4. The Office of the Inspector General's (OIG) Exclusion Database; and
   5. Fingerprints must be run as part of the background check.

F. National Criminal Records background checks, including the registry checks/components listed above, must be completed at hire and before contact with people served as required by the agency provider's policies and procedures while the employee is employed with the agency provider.

1. Volunteers and interns who have not completed background checks and fingerprinting requirements and have not attended orientation must never be alone with people receiving services unsupervised by agency provider personnel.
2. Proof of background checks may be documented via the employee, volunteer, or intern authorization of the fingerprinting and background check in writing, and a letter notifying the employee/volunteer/intern that the check was completed and that there were no disqualifying events, or other documentation as approved by DMH.

G. Additional Background Check Requirements for Staff Providing Home and Community-Based Services (HCBS): Agencies must continue to meet the requirements in Rule 11.2.E and F. In addition, specific to this service, a national criminal background check with fingerprinting must be conducted on all employees, volunteers, and interns providing IDD Services prior to employment *and every two (2) years thereafter*, with the record of such maintained in the personnel file. Providers must not employ staff/volunteers/interns with disqualifying events as outlined in Miss. Code Ann. § 43-11-13. Additionally, *registry checks must be conducted before employment and monthly thereafter,* to ensure employees, volunteers, and interns are not listed on the Mississippi Nurse Aide Abuse Registry, the Office of Inspector General's Exclusion Database, or the Child Abuse Central Registry Check. Record of these checks must be maintained in the personnel file. The provider must not employ people whose names appear on a registry check list.

H. DMH does not provide or execute the facilitation of required background checks. This is the certified provider agency's responsibility.

I. During a DMH compliance review, if it is discovered that a criminal history/background check was not conducted for a staff member, then the staff member is prohibited from providing any service delivery until the agency provider supplies acceptable evidence to DMH that a criminal history/background investigation has been completed and that no disqualifying events were returned.

J. Prior to or at the time of hire, agencies should verify with the respective professional credentialing entity/licensure board the status of any credential(s) which employees/volunteers/interns hold or have previously held. Refer to Rule 11.3.C for additional information.

K. Annual job performance evaluations.

L. Job description.

M. Date of hire.

N. 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 a minimum, the following:

1. Roles and responsibilities of both parties identified in the agreement.

2. Procedures for obtaining necessary informed consent.
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 within the current fiscal year.

Source: Miss. Code Ann. § 41-4-7

Rule 11.3 Staffing Positions - General Requirements

A. DMH's method to verify proof of a degree to meet an education requirement is an official transcript showing that the applicable degree has been awarded/conferred, including the date of degree award/conferral. Applicable degree completion will only be verified by an official transcript. Letters from institutions of higher learning indicating that the person has met the requirements for degree completion will not be accepted, nor will a copy of a degree diploma. If a provider is required to show proof of degree completion for a staff member and DMH already has an official copy of this person's transcript on file, then the provider should notify DMH. In this instance, DMH will attempt verification via an already on file official transcript. Additionally, any required degree/coursework from an institution of higher learning must be earned from an approved educational institution as defined by DMH in the glossary.

B. When a staffing requirement and/or an experience requirement indicates a full-time or full-time equivalent requirement, this requirement is based on a full-time 40-hour work week. When "full-time" or "part-time" is not specified, the staffing and/or experience requirement refers to full-time, unless otherwise indicated by DMH.

C. When credential requirements are referenced and/or a credential is required for a job position or job responsibility, the practitioner's credential should be active/current and in good standing (as defined by the credentialing entity); initial and ongoing verification of such is the certified agency provider's responsibility. Moreover, it is not DMH's intent to regulate the scope of practice of other non-DMH-credentialed practitioners with independent licensing/certification boards. Credentialed individuals should utilize their license and/or certification in accordance with their scopes of practice and in accordance with their licensing/regulating and/or certification board/entity, and/or any applicable laws which govern their practice (Example: Nurse Practice Act/Mississippi Board of Nursing).

D. Executive Director refers to the top-level administrator of the organization, as indicated on the provider's application and form submissions to DMH and as determined by DMH. Agencies may refer to their top-level administrative official by a differing title; however, the requirements for the top-level administrative official set forth herein remain.

E. Title deviations from the functionality of the positions outlined herein do not exempt the applicable personnel from meeting the requirements set forth for the position.

F. All DMH-certified providers who furnish services directly and contractual providers which furnish services under arrangement with the provider are legally authorized in accordance with federal, state, and local laws to act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations. This requirement includes any applicable DOM billing regulations or policies. Providers must have and maintain all necessary state-required licenses, certifications, or other credentialing.

G. For DMH credentials only, DMH does not have a supervision signatory requirement for provider employees who hold a provisional DMH professional license. In other words, if a DMH Provisionally Certified Mental Health Therapist (PCMHT) is allowed to provide a certain service or meets a certain rule within the *DMH Operational Standards*, then a fully Certified Mental Health Therapist (CMHT) is not required to provide a signatory for (or in conjunction with) the PCMHT acting within the scope of the PCMHT's practice. This rule only applies to DMH credentials. Moreover, this rule should not be construed as a guarantee of funding from a third-party payer source. Providers should verify signatory requirements pertaining to DMH credentials for payment purposes with any applicable third-party payer source.

H. The term, "professional license," is defined in the glossary.

I. In addition to this chapter, additional human resources, staffing requirements, and information are covered in other chapters of this manual, particularly in programmatic chapters.

Source: Miss. Code Ann. § 41-4-7

Rule 11.4 General Qualifications

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

A. One (1) full-time Executive Director who has either (1) a graduate-level degree (master's level or above), with at least three (3) full-time years of administrative experience in services related to mental health, intellectual/developmental disabilities, or substance use; (2) a bachelor's degree, with at least seven (7) years of full-time administrative experience in services related to mental health, intellectual/developmental disabilities, or substance use; (3) designate a person on site who has a bachelor's degree, with at least seven (7) full-time years of administrative experience in services related to mental health, intellectual/developmental disabilities, or substance use; or (4) a minimum of a bachelor's degree in nursing and current licensure as a registered nurse (RN) (for DMH/H and DMH/I Providers that only serve as agency providers of In-Home Nursing Respite Services, In-Home Respite Services, Home and Community Support Services and Supported Living).

B. Director(s) with overall responsibility for a service, service area(s) (such as Community Services Director, Director of Community Support Services, Service Director for Adult and Children's Partial Hospitalization, Day Treatment, Therapeutic Foster Care) or multiple services provided at/from a single location. This person must have 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). A RN may be employed as the Director for DMH/H and DMH/I Providers that only serve as agency providers of In-Home Nursing Respite Services, In-Home Respite Services, and Home and Community Support Services.

   Directors of ID/DD Waiver Support Coordination or IDD Targeted Case Management must have a minimum of a master's degree in a mental health or intellectual/developmental disabilities-related field and three (3) years of full-time experience in a supervisory capacity overseeing HCBS case management services OR a minimum of a master's degree in a non-related field and five (5) years of full-time experience in a supervisory capacity overseeing HCBS case management services.

C. 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 who has either: (1) a professional license; or (2) a DMH credential as a Mental Health Therapist, Addictions Therapist or Intellectual/Developmental Disabilities Therapist (as appropriate to the service and population being served). IDD Supervised Living Services Supervisors (Rule 30.1.K) should have a bachelor's degree or, at a minimum, a high school diploma or GED equivalent and two (2) years of full-time experience with the IDD population. HCBS Support Coordination and Targeted Case Management Supervisors should have a master's degree with at least two (2) years of relevant experience. Relevant experience means working directly with persons with intellectual/developmental disabilities, other types of disabilities, or serious mental illness.

D. 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;
   2. A psychiatric/mental health nurse practitioner licensed by the Mississippi Board of Nursing; or
   3. Other licensed medical professional practicing within the scope of authority as defined by their professional licensing entity.

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

F. Nursing services are provided by a RN licensed to practice in Mississippi or an LPN as allowed for in their scopes of practice as outlined by their state licensing entity. Supervisory oversight rules, as outlined by their licensing entity, apply, as well.

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

H. Therapy services are provided by an employee who has either: (1) a professional license; or (2) a DMH credential as a Mental Health Therapist, Intellectual and Developmental Disabilities Therapist, or Addictions Therapist (as appropriate to the service and population being served).

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

J. Day Treatment Specialists providing Day Treatment Services for children/youth must have either: (1) a professional license, or (2) a DMH credential as a Mental Health Therapist.

K. Community Support Services are provided by an employee with 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 people with an appropriate professional license.

L. Therapeutic Foster Care Specialist(s) must have at least a bachelor's degree in a mental health or related field.

M. Teachers and Education Specialists must have training in mental health, intellectual/developmental disabilities, or a related field, and possess certification by the Mississippi Department of Education appropriate to the service area to which they are assigned.

N. Peer Support Specialist Professionals education requirement: All employees providing Peer Support Services (i.e., Certified Peer Support Specialist Professionals) must possess at least a high school diploma or a General Education Development (GED) equivalent However, young adults (ages 18-26) may, instead, be enrolled in and attending high school or in the process of obtaining a GED equivalent. Peer Support Specialist Professionals credentialing requirement: All employees must hold the DMH Certified Peer Support Specialist Professional credential.

O. Peer Support Specialist Supervisors must have either: (1) a professional license; or (2) a DMH credential as a Mental Health Therapist, Intellectual/Developmental Disabilities Therapist, or Addictions Therapist prior to, or immediately upon acceptance, in a Peer Support Specialist Supervisory position. This person will be required to receive basic Peer Support Specialist training specifically developed for supervision as provided by DMH.

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

1. Wraparound Care Coordinators must hold a DMH Community Support Specialist credential. Wraparound Care Coordinators must also complete trainings provided by the Mississippi Wraparound Institute as required for Wraparound Care Coordinators in the *DMH Wraparound Agency Provider Registration Procedure and Requirements.* Wraparound Care Coordinators must be under the supervision of a Wraparound Supervisor as defined below.

2. Wraparound supervisors must hold either: (1) a professional license; or (2) a DMH credential as a Mental Health Therapist, Addictions Therapist, or an Intellectual and Developmental Disabilities Therapist (as appropriate to the service and population being served). Exemptions to this 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. All direct support personnel must have at least a high school diploma or GED equivalent. Direct support personnel are employees who typically provide direct care, support, and assistance to people receiving services and/or who provide fundamental day-to-day direct support duties (such as assistance with daily activities and personal care) and/or job responsibilities of a support role in nature which aid the agency's ability to provide services. Direct support personnel's work generally involves carrying out tasks which are implemented and directed by agency leadership and professional staff to ensure the safety and well-being of people receiving services. Direct Support personnel activities should be individualized depending upon the needs, preferences, and choices of the people they support, as well as what is included in the Plan of Services and Supports. Examples of Direct Services Personnel include, but are not limited to: Aides, House Parents, House Managers, On-Site Community Living Managers, Direct Support Workers, Direct Support Professionals, Work Trainers, Production Assistants, Day Treatment Assistants, support personnel in Psychosocial Rehabilitation and Senior Psychosocial Rehabilitation, Day Services-Adult personnel, Home and Community Support Services personnel, and Job Coaches.

R. Specialists such as Audiologists, Speech/Language Pathologists, Occupational Therapists, Dieticians, Physical Therapists, etc., must be licensed by their respective licensing authority in Mississippi.

S. Employees writing Job Discovery Profiles for IDD Waiver Services must have at least a bachelor's degree in a mental health, intellectual/developmental disabilities, or related field, and be under the supervision of an employee meeting the requirements of Rule 11.4.B. Employees writing Job Discovery Profiles must have completed training in Customized Employment approved by DMH prior to service provision. Observation and/or

participation in Job Discovery activities can be conducted by direct support personnel meeting the requirements of Rule 11.4.Q.

T. Family members, as defined in the glossary, are prohibited from providing services to another family member with the exception of Home and Community Supports and In-Home Respite.

U. Targeted Case Management for people with serious mental illness or serious emotional disturbance must be provided by, at a minimum, a licensed social worker (LSW) with two (2) years of experience in mental health, a RN with two (2) years of experience in mental health, or an employee who meets the qualifications to provide therapy services as outlined above.

V. Targeted Case Management for people who have an intellectual/developmental disability must be provided by an employee with at least a bachelor's degree in a human services-related field with no experience required or at least a bachelor's degree in a non-related field and at least one (1) year of relevant work experience. Targeted Case Management for people with IDD may also be provided by a RN with at least one (1) year of relevant experience. Relevant experience is defined as full-time experience working directly with people with intellectual and/or developmental disabilities, other types of disabilities, or mental illness.

W. ID/DD Waiver Support Coordination is provided by an employee with at least a bachelor's degree in a human services-related field with no experience required or at least a bachelor's degree in a non-related field and at least one (1) year of relevant work experience. Relevant experience is defined as full-time experience working directly with people with intellectual and/or developmental disabilities, other types of disabilities, or mental illness. Transition Coordinators must meet the same requirements as Support Coordinators.

X. Supported Employment Specialists/Supported Employment Expansion Specialists, Certified Peer Support Specialists, and all employees providing Supported Employment Services to people with a serious mental illness must have, at a minimum, a bachelor's degree in a mental health-related field, vocational rehabilitation, social services, business, or a behavioral health/IDD related field, as approved by DMH.

Y. Applied Behavior Analysis (ABA) services must be provided by people licensed in the state of Mississippi as a Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LABA) under the supervision of an LBA. Behavior Technicians must be certified as a Registered Behavior Technician and listed with the respective State Licensure Board under a supervising Licensed Behavior Analyst. Licensed Psychologists whose scope of practice, training, and competence includes Applied Behavior Analysis may provide Applied Behavior Analysis services.

Z. Court Liaisons must hold either: (1) a professional license; or (2) a DMH credential as a Mental Health Therapist. Court Liaisons must also be trained in assessment and crisis intervention; be knowledgeable about their local systems of care; be knowledgeable about

mental health and co-occurring disorders; and, be certified to conduct Pre-affidavit Screenings.

AA. Diversion Coordinators must hold either: (1) a DMH Community Support Specialist credential; (2) a DMH Mental Health Therapist credential; or (3) a professional license.

Source: Miss. Code Ann. § 41-4-7

Rule 11.5 Qualifications for Behavior Support, Crisis Intervention and Behavioral Supervised Living Provided through the ID/DD Waiver

A. Behavior Support Services

1. ID/DD Waiver Behavior Consultants must be/have one (1) of the following:
   (a) Licensed Psychologist.
   (b) Board Certified Behavior Analyst Doctoral (BCBA-D).
   (c) Board Certified Behavior Analyst (BCBA).
   (d) Licensed Professional Counselor (LPC) with a minimum of 12 credit hours of graduate-level course work in behavior analysis as confirmed by an official transcript AND at least two (2) years of documented full-time professional experience conducting Functional Behavior Assessments and developing and implementing Behavior Support Plans.
   (e) Licensed Clinical Social Worker (LCSW) with a minimum of 12 credit hours of graduate-level course work in behavior analysis confirmed by an official transcript AND at least two (2) years of documented full-time professional experience conducting Functional Behavior Assessments and developing and implementing Behavior Support Plans.
   (f) Master's degree in a field related to working with people with intellectual/developmental disabilities who require behavior support AND have at least two (2) years of documented fulltime experience supporting people who have intellectual/developmental disabilities and behavioral challenges, conducting Functional Behavior Assessments, developing, implementing, and providing necessary training to employees/family on Behavior Support Plans and hold either a Certified Mental Health Therapist (CMHT) or Certified Intellectual and Developmental Disabilities Therapist (CIDDT) DMH credential.

2. ID/DD Waiver Behavior Specialists must have at least a bachelor's degree in psychology, behavior analysis, social work, special education, sociology, or a related field, as determined by DMH, AND at least one (1) year of documented full-time experience working with people who have intellectual/developmental disabilities who require behavior services and have at least two (2) years of documented full-time experience working with people who have intellectual/developmental disabilities. Behavior Interventionist Specialist must be 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. (i.e., MANDT© or CPI).

The Behavior Specialist must be supervised/monitored by a Behavior Consultant, as defined above.

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

1. A professional who is one (1) of the following:
   (a) Licensed Psychologist.
   (b) Board Certified Behavior Analyst Doctoral (BCBA-D).
   (c) Board Certified Behavior Analyst (BCBA).
   (d) Licensed Professional Counselor (LPC) with a minimum of 12 credit hours of graduate-level course work in behavior analysis as confirmed by an official transcript AND at least two (2) years of documented full-time professional experience conducting Functional Behavior Assessments and developing and implementing Behavior Support Plans.
   (e) Licensed Clinical Social Worker (LCSW) with a minimum of 12 credit hours of graduate-level course work in behavior analysis confirmed by an official transcript AND at least two (2) years of documented full-time professional experience conducting Functional Behavior Assessments and developing and implementing Behavior Support Plans.
2. An ID/DD Waiver Behavior Specialist, who meets the qualifications outlined in 11.5.A.2 above.
3. Direct support personnel: In addition to the requirements for direct support personnel outlined in Rule 11.4 above, direct support personnel serving in this capacity must also have at least six (6) months of documented full-time experience working with people who have intellectual/developmental disabilities.

C. Behavioral Supervised Living Team Personnel Requirements:

1. ID/DD Waiver Behavioral Consultant (Refer to Rule 11.5. A.1);
2. ID/DD Waiver Behavior Specialists (Refer to Rule 11.5.A.2); and
3. Direct support personnel.

Source: Miss. Code Ann. § 41-4-7

Rule 11.6 Qualifications for Agency Providers of Substance Use Services

A. Directors/Coordinators of all substance use treatment or prevention services must have at least: (1) a professional license or (2) hold a DMH credential as a Mental Health Therapist or Addictions Therapist and have two (2) years of experience in the field of substance use treatment/prevention.

B. Prevention Specialists must have at least a bachelor's degree.

C. Substance Use Disorder Outpatient Therapists/Intensive Outpatient Therapists must hold either: (1) a professional license; or (2) DMH credential as a Mental Health Therapist or Addictions Therapist.

D. All Peer Support Specialist Professionals working in substance use services must meet the requirements for a Peer Support Specialist Professional, as previously outlined in this chapter, with an emphasis/designation in substance use recovery (i.e., CPSSP-SU).

E. Residential Services Therapists must have either: (1) a professional license; or (2) hold a DMH credential as a Mental Health Therapist or Addictions Therapist.

F. Agency providers that provide Medicaid-reimbursed services, such as individual therapy, family therapy, group therapy, multi-family therapy, and Individual Service Plan review to people with a substance use diagnosis must utilize staff members who have either: (1) a professional license; (2) a DMH credential as a Mental Health Therapist; or (3) a DMH credential as an Addictions Therapist and/or as may be required by DOM.

Source: Miss. Code Ann. § 41-4-7

Rule 11.7 Qualifications for Programs of Assertive Community Treatment (PACT)

A. Each PACT team must have:

1. Team Leader: Team leader must have either: (1) a professional license; or (2) a DMH credential 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, and meets applicable licensure requirements of state boards.

3. Registered Nurse (RN): The RN must be licensed by the applicable state licensure board.

4. Master's Level Mental Health Professionals: Mental health professionals have: (1) professional degrees in one (1) of the mental health disciplines, outlined below; (2) clinical training, including internships and other supervised practical experiences, in a clinical or rehabilitation setting; and (3) clinical work experience with people with severe and persistent mental illness. Mental health professionals include people with graduate-level degrees in nursing, social work, rehabilitation counseling, or psychology, RNs, and registered occupational therapists. They are licensed or certified and operate under the scope of practice and code of ethics of their professions.

5. Substance Use Disorders Specialist: A mental health professional, as outlined above, with training and experience in substance use disorders assessment and treatment.

6. Employment Specialist: A mental health professional, as outlined above, with training and experience in rehabilitation counseling.

7. Certified Peer Support Specialist Professional (CPSSP): At least one (1) full-time equivalent Certified Peer Support Specialist Professional.

8. Remaining Clinical Personnel: The remaining clinical personnel may be bachelor's level and paraprofessional mental health workers. A bachelor's level mental health worker may have a bachelor's degree in social work or a behavioral sciences degree and work experience with adults with severe and persistent mental illness. A para-professional mental health worker may have a bachelor's degree in a field other than social work or behavioral sciences or have a high school diploma or GED equivalent and work experience with adults with severe and persistent mental illness or with 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).

9. Service Assistant: Assistants must have at least a high school diploma or a GED equivalent.

Source: Miss. Code Ann. § 41-4-7

Rule 11.8 Qualifications for Intensive Community Outreach and Recovery Team (ICORT)

A. Each ICORT team must have:

1. Team Leader: The team leader must have either: (1) a professional license; or (2) or a DMH credential as a Certified Mental Health Therapist.

2. Registered Nurse: The RN must be licensed by the applicable state licensure board.

3. Certified Peer Support Specialist Professional (CPSSP): At least one (1) full-time equivalent Certified Peer Support Specialist Professional.

4. Part-time Clerical Employees: Must have a high school diploma or a GED equivalent.

5. Part-time Community Support Specialist: The Community Support Specialist must be a DMH Certified Community Support Specialist.

Source: Miss. Code Ann. § 41-4-7

Rule 11.9 Qualifications for Intensive Community Outreach and Recovery Team (ICORT) for Children/Youth with Serious Emotional Disturbance

A. Each ICORT team must have:

1. Team Leader: The team leader must have either: (1) a professional license; or (2) a DMH credential as a Certified Mental Health Therapist.

2. Registered Nurse: The RN must be licensed by the applicable state licensure board.

3. Certified Peer Support Specialist Professional (CPSSP): At least a part-time Certified Peer Support Specialist Professional.

4. Part-time Clerical Employee: Must have a high school diploma or a GED equivalent.

5. Full-time Community Support Specialist: The Community Support Specialist must be a DMH Certified Community Support Specialist.

Source: Miss. Code Ann. § 41-4-7

Rule 11.10 Multidisciplinary Personnel at Community Mental Health Center (CMHC) and DMH/P Providers

A. CMHCs certified under the DMH/C option and other community service providers certified as DMH/P providers must have multidisciplinary personnel, with at least the following disciplines represented:

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

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

3. A full-time or full-time equivalent RN.

4. 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).

5. A full-time or full-time equivalent business manager who is responsible for the fiscal operations of the agency provider.

6. A full-time or full-time equivalent records practitioner or designated records clerk who is responsible for the supervision and control of all center records.

7. An employee with one (1) of the following credentials: Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Provisional-Licensed Professional Counselor (P-LPC), Licensed Marriage and Family Therapist (LMFT), or DMH credential as a Mental Health Therapist 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 may carry a caseload of 15 children, youth, or young adults.

8. A designated full-time Crisis Coordinator who has either: (1) professional license; or (2) a DMH credential as a Mental Health Therapist and a minimum of two (2) years of experience and training in crisis response.

9. CMHCs: A designated full-time Crisis Residential Services director who has either: (1) a professional license; or (2) a DMH credential as a Mental Health Therapist and a minimum of two (2) years of experience and training in crisis response.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 12: Staff Orientation, Development, and Continuing Education

Rule 12.1 General Information

A. Agency providers must develop and implement the following staff development components for their staff members. (Within the context of this chapter, the terms, "staff" or "staff members," refer to an agency's employees, along with volunteers and interns, as applicable:

1. General Orientation;
2. Annual Staff Development Plan;
3. Applicable Continuing Education (CE) opportunities; and
4. Required population-specific training.

B. The requirements of the above-listed staff development components are outlined or referred to in this chapter.

C. The staff development components listed above must include initial and continuing training and educational activities which enable staff to perform their duties effectively, efficiently, and competently.

D. DMH-required educational activities, including, but not necessarily limited to, the required cultural competency training listed in this chapter, must be aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities.

E. People providing DMH-required orientation, staff development, and continuing education activities/training topics must be qualified as evidenced by their education, training, credential(s), and/or experience.

F. Documentation of required staff orientation, development, education, and training activities must be included in staff training and/or personnel records. This documentation can include certificates of completion, official learner transcripts, and/or the following information:

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

G. In addition to the required training and educational activities listed in this chapter, other required training topics and/or educational activities may be included in other chapters. For example, Designated Mental Health Holding Facility required training is located in Chapter 35 and additional training for Alzheimer's Day Service is located in Chapter 25.

Source: Miss. Code Ann. § 41-4-7

Rule 12.2 General Orientation

A. All new employees, volunteers, and interns must attend a General Orientation program developed by the agency provider or receive the orientation information via a DMH-approved online training program.

1. General Orientation must be provided and completed within 30 business days of hire/placement, except for direct service personnel and interns/volunteers. All direct service personnel, interns, and volunteers must complete all required orientation topics prior to contact with people receiving services and/or service delivery.

2. General Orientation topics which are population specific are noted, accordingly. When a population is not specified, the orientation topic applies to all service populations: MH, SUD, and IDD.

B. At a minimum, General Orientation must address, but is not limited to, unless indicated otherwise, the following areas:

1. Overview of the agency;
2. *DMH Operational Standards* (as applicable to services provided);
3. DMH required Record Keeping (as applicable to services provided);
4. Basic First Aid and medical safety and emergency procedures (including abdominal thrust and choking procedures);
5. Cardiopulmonary Resuscitation Certification (CPR):
   (a) CPR must be a live, in-person, face-to-face training which is conducted by a certified CPR instructor and must be certified by the American Red Cross, American Heart Association, or by other agency providers approved by DMH;
   (b) All employees, including direct services personnel and interns/volunteers, who have contact with people receiving services must be initially certified and maintain certification as required by the certifying entity;
   (c) The stipulations in this requirement also pertain to therapeutic foster care/resource parents, who must receive this training prior to contact with people receiving services and/or service delivery.
6. Assistance with medication usage by non-licensed personnel (if applicable, for IDD providers only);
7. Infection Control, such as:
   (a) Universal Precautions;
   (b) Handwashing; and
   (c) DMH-approved training in Food Safety and Handling Procedures (for agency staff who are engaged with food services).
8. Workplace Safety, such as:
   (a) Fire and disaster training;
   (b) Emergency/disaster response, including continuity of operations;
   (c) Incident reporting; and

(d) Vulnerable Persons Act/reporting of suspected abuse, neglect, or exploitation (including signed acknowledgement of reporting responsibilities).

9. Rights of People Receiving Services, as outlined in Chapter 14;
10. Confidentiality;
11. Family/Cultural Issues and Respecting Cultural Differences;
12. Basic standards of ethical and professional conduct, such as:
    (a) Drug Free Workplace;
    (b) Sexual Harassment; and
    (c) Acceptable professional organization/credentialing standards and guidelines as appropriate to staff discipline/credential (e.g., *DMH Principles of Ethical and Professional Conduct).*
13. Principles and procedures for behavior support (IDD providers only);
14. Vehicle and Safety Transportation Procedures (for agency staff who are involved with transportation of people served);
15. Training on risk assessment, suicide, and overdose prevention and response, and the roles of family and peer staff (MH and SUD providers only); and
16. Training on the HCBS Settings Final Rules (IDD providers only).

C. In addition to the applicable General Orientation requirements listed above, Opioid Treatment Programs must also 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.

D. In addition to the applicable General Orientation requirements listed above, Crisis Services staff, as specified below, must also complete the following in General Orientation, but no later than 60 business days after hire/placement:

1. Crisis Response Services staff must obtain and maintain certification in a professionally recognized and DMH-approved method of crisis intervention and de-escalation.
2. Community Support Specialists and Peer Support Specialists providing Crisis Response Services must obtain nationally recognized and DMH-approved training for specialized mental health crisis response/intervention training.
3. Crisis Response Services staff must obtain nationally recognized and DMH-approved training for suicide prevention. Refer to the addendum for recommended best practices.
4. Crisis Response Services must provide training to all clinical co-workers regarding the development and implementation of Crisis Support Plans.
5. Crisis Response Services staff are trained in the policies and procedures required for Pre-affidavit Screening and Civil Commitment Examinations.
6. Master's/graduate-level staff on Mobile Crisis Response Teams must be certified to complete the Pre-affidavit Screening for Civil Commitment.

7. Crisis Residential Services staff who have direct contact with people being served must have initial education and training in the proper, safe use of seclusion and time-out.

Source: Miss. Code Ann. § 41-4-7

Rule 12.3 Staff Development Plans – General Information

A. Agency providers must develop a Staff Development Plan specific for their agency.

B. The agency provider's Staff Development Plan must be based on job responsibilities, credentialing requirements (as applicable), service/position requirements, and identified employee needs.

C. The Staff Development Plan must be developed and reviewed annually for changes and/or updates. Documentation of annual reviews by the agency provider should be available for review by DMH personnel upon request.

D. Staff Development Plans should also be based on any DMH-required needs assessment activities, as applicable, based on provider type. (Not applicable to IDD service providers).

E. Staff should be able to demonstrate the skills and techniques necessary to implement the services/supports and programs for which they are responsible. DMH may utilize checklists and/or observational techniques during compliance activities to evaluate staff proficiency.

F. The Staff Development Plan must satisfy and include requirements of any accreditation standards on training required by federal and other state authorities.

G. The Staff Development Plan should address staff continuing education (CE) requirements for credentialing purposes.

Source: Miss. Code Ann. § 41-4-7

Rule 12.4 Required Components of Staff Development Plans – General Topics

A. At a minimum, Staff Development Plans must address the following general topics:

1. Crisis intervention and prevention concepts.
2. Continued CPR certification for all employees, including direct services personnel, interns, and volunteers, who have contact with people receiving services (must be a live, in-person, face-to-face training and must meet the criteria outlined under "General Orientation" training in Rule 12.2.
3. Continued Basic First Aid and continued medical safety and emergency procedures (including abdominal thrust and choking procedures).
4. Person-Centered, Recovery Oriented Systems of Care (Mental Health Agency Providers and Substance Use Disorder Agency Providers).
5. Person-Centered Planning (Intellectual/Developmental Disabilities Agency Providers).

6. Concepts of Wraparound Service Delivery (Children/Youth Mental Health Agency Providers).
7. Accurate gathering, documentation, and reporting of data elements outlined in the current version of DMH's data standards manual (for employees responsible for any type of DMH-required data collection, entry, and submission).
8. Positive behavior support concepts (as applicable to the population being served and the staff providing the services).
9. At least two (2) hours pertaining to cultural competency and at least two (2) hours in the area of ethics.
10. Continued Infection Control, including universal precautions and handwashing.
11. Continued Workplace Safety, including fire and emergency/disaster training and response.
12. Continued Vulnerable Persons Act and reporting of suspected abuse, neglect, or exploitation.
13. Continued principles and procedures for behavior support (IDD providers only).
14. Lift/Transfer Procedures (required for staff working directly with people with IDD whose job positions would require lift/transfer of persons receiving services).
15. Assistance with medication usage by non-licensed personnel (if applicable, for IDD providers only).
16. Trauma-informed care (for Mental Health and/or Substance Use Disorder Agency Providers).
17. Integration and coordination with primary care (CMHCs only).
18. Care for co-occurring mental health and substance use disorders (for Mental Health and Substance Use Disorder agency providers).
19. Continued training on risk assessment, suicide and overdose prevention, and response and the roles of family and peer staff (MH and SUD providers only).
20. Continued training on the HCBS Settings Final Rule (IDD providers only).
21. All Crisis Residential Services employees who have direct contact with people being served must have ongoing education and training in the proper, safe use of seclusion and time-out.
22. Crisis Services: All employees providing crisis services must also complete any additional required training through a learning management system, as required by DMH.

B. The general education activities listed above as required components of the Staff Development Plan must be provided annually to all employees, including direct services personnel (and volunteers and interns while placement with the provider is current), unless the content area has a population-specific stipulation included within the rule, in which case the required training only applies to the stipulated population. Further, at least one (1) annual educational activity must be provided by the agency or as part of continuing education hours provided outside the agency in each of the content areas listed above to meet this requirement. The minimum length of the educational activity is the amount of time needed for coverage of the material.

C. The annual Staff Development Plan must also include a plan for continuing education (CE) hours, as applicable, and as specific to each credential/job classification, as listed below:

1. Employees who hold a DMH credential must adhere to the continuing education requirements of current DMH PLACE rules.
2. Direct service providers (e.g., direct support personnel, Support Coordinators, Targeted Case Managers, and Transition Coordinators) who do not hold a professional license or DMH Credential, a minimum of 15 hours per year of population/position-specific continuing education is required.
3. Professionally licensed personnel (e.g., psychologists, social workers, etc.) must adhere to the continuing education requirements of their respective licensing boards.
4. Medical personnel (e.g., psychiatrists, nurses) must adhere to the continuing education requirements of their respective licensing boards.
5. All employees must comply with their agency provider-specific training requirements.

D. In addition to the General Orientation and Staff Development Plan required activities listed above, all employees who have contact with people receiving the following services 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 prior to contact with people receiving services and/or service delivery:

1. All IDD Services;
2. Crisis Response Services and Mobile Crisis Response Services:
3. Crisis Residential Units (both Adult and Children/Youth);
4. Acute Partial Hospitalization/Partial Hospitalization Programs:
5. Day Treatment Services,
6. Therapeutic Group Home (TGH) for Children/Youth with SED Services;
7. Intensive Community Outreach and Recovery Team Services;
8. Psychosocial Rehabilitation Services;
9. Programs of Assertive Community Treatment Services;
10. Supervised Living for Serious Mental Illness Services;
11. Senior Psychosocial Rehabilitation Services;
12. Drop-In Center Services;
13. Primary Residential Treatment (High Intensity Residential) Services;
14. Transitional Residential Treatment (Low Intensity Residential) Services;
15. MYPAC Services; and
16. Others, as required by DMH, upon sufficient prior notice by DMH.

E. Additional Required Staff Development Activities: Due to the need to have qualified staff up to date on enduring, as well as emerging, subject matters affecting the public mental health system, DMH reserves the right to require DMH-certified providers to have applicable staff complete successfully any additional training topics, as may be determined by DMH. Any such requirements will be communicated to applicable providers via provider bulletins and added to the *DMH Operational Standards* (if needed) in a timely manner, according to customary rules making practices.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 13: Health and Safety

Rule 13.1 Compliance – General Information

A. All DMH-certified agency providers, regardless of type, must follow the rules outlined in this chapter. Shared Supported Living, Supervised Living and Supported Living service locations not owned or controlled by a certified agency provider and Host Homes are exempt from some or all the rules outlined in this part as noted. Additionally, Therapeutic Foster Care Services and Therapeutic Group Homes licensed by the Mississippi Department of Child Protection Services, schools licensed by the Mississippi Department of Education, and nursing homes licensed by the Mississippi State Department of Health are exempt from the rules outlined in this chapter.

B. DMH-certified agency providers must comply with all local, state, and/or federal health, environment, and safety codes and laws, in addition to the requirements outlined in the *DMH Operational Standards*. When other local, state, and/or federal health and safety codes and laws differ with or exceed these health, environment and safety rules, the provider should comply with the current codes/laws.

C. As part of the process of awarding an agency provider DMH initial certification and of certifying new programs, DMH conducts on-site health, environment, and safety compliance visits to ensure compliance with these rules. Additionally, the agency Executive Director (or other top-level administrator on file with DMH) of the DMH-certified provider will submit to DMH, on a schedule determined by DMH, but no less often than annually, a signed statement of assurances that the provider is in compliance with the applicable Health, Environment, and Safety rules as outlined in the *DMH Operational Standards* as well as with any other current health/environment/safety requirements as may be promulgated in current local, state and/or federal codes/laws and which may apply to the provider type. In addition to the annual statement of compliance assurances, DMH reserves the right to conduct on-site health, environment, and safety inspections, in a manner and on a schedule as determined by DMH.

D. Health, environment, and safety rules, codes and laws violations may result in enforcement action on a DMH provider's certification. DMH-certified providers who are not in compliance with applicable health, environment, and safety rules, as promulgated herein, and as outlined in any/all applicable local, state and/or federal codes and laws will have their certification in jeopardy of enforcement action.

E. Minimum required living spaces (i.e., square footage) per person or per occupancy: living space in this context refers to heated/cooled and ventilated living space, as determined by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 13.2 Local Fire, Health, and Safety Codes – General

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

1. Each service location 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 location of fire and health inspections. (Exclusion: Supported Living and Shared Supported Living service locations that are not owned or controlled by a certified agency provider and Host Homes).

2. Safety inspections conducted by reputable fire safety agencies are permissible only for community living service locations 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 that are not owned or controlled by a certified agency provider and Host Homes).

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

4. Service locations with an existing sprinkler system must have an annual inspection by a licensed company. This documentation must be maintained at the service location. (Exclusion: Supported Living and Shared Supported Living service locations that are not owned or controlled by a certified agency provider and Host Homes).

5. Each service location must have an established method of scheduled fire equipment inspection that includes 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. (Exclusion: Supported Living and Shared Supported Living service locations that are not owned or controlled by a certified agency provider and Host Homes).

6. Each service location/housing unit 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 must be replaced immediately.

7. Each service location/housing unit must have, at a minimum, operable fire extinguishers and auditory alarms/detectors located throughout all areas where conditions warrant (e.g., flammable storage areas, kitchens, laundry areas, garages, gas water heater locations) and must be mounted in a secure manner.

8. Each service location 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 (1) carbon monoxide detector must be located in every 1,000 square foot area or less.

9. Each service location must provide evidence and documentation of a systematic pest control program. This documentation must be maintained at each location. For apartment settings, the agency provider must show documentation that the apartment complex provides pest control.

B. Programs certified by DMH which prepare food on-site for the people it serves should contact the appropriate licensing authority regarding on-site meal preparation and obtain any required food services permit/authorization, if required. If meals are prepared at another site and delivered to the program, then the provider may only use a meal preparation entity which has obtained any required food services permit/authorization by the appropriate licensing authority.

C. Any health and safety violations received by a regulatory agency issued to a certified program shall be reported to DMH within 72 hours of notification. The certified provider shall also include a plan of compliance and corrective actions taken to address the violation.

Source: Miss. Code Ann. § 41-4-7

Rule 13.3 Exits

A. Part One (1): 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 prepares a 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. Additionally, for applicable providers, verification of this training must be documented in the Executive Director's Health, Environment, and Safety assurances submission to DMH, on a schedule as determined by DMH.

Part Two (2): Every exit must be clearly marked with lighted signs, and the signs must always be lighted and clearly visible. Emergency lighting systems (appropriate to the setting) must be in corridors and/or hallways and must provide the required illumination automatically in the event of any interruption of normal lighting. For Supervised Living, Shared Supported Living, Supported Living, and Host Homes, the provider must have alternative lighting, such as battery-operated flashlights, lanterns, or generators.

B. Programs must have designated, safe means of egress. A service area is defined as the total certified, usable square footage in a building in which a specific service is provided. The designated means of egress must be:

1. Always readily accessible;
2. Based on applicable building codes;
3. ADA compliant;
4. Arranged to minimize any blockage by fire or other emergency condition; and
5. Must ensure safe exit for everyone in the service area.
6. If a window is designated as a means of egress, then it must be operational as such, as outlined in this rule.
7. Assurance of such must be provided on the Executive Director's statement of assurances pertaining to Health, Environment and Safety rules and requirements or other DMH-required documented attestation of such.

C. Exterior doors identified/utilized as a means of egress shall not be permitted to have key-operated locks from the egress side.

D. All service locations must have a written plan of action in the event of utilities failure.

Source: Miss. Code Ann. § 41-4-7

Rule 13.4 Safe and Sanitary Conditions

A. The interior and exterior of each service location must be maintained in a safe, functional, clean, and sanitary manner; this rule includes program furnishings, which must be appropriate and adequate.

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

C. All DMH-certified service locations must conduct a Safety Review of the premises on a monthly basis. (Exception: Supervised Living, Supported Living, Shared Supported Living service locations that are not owned or controlled by a certified agency provider, and Host Homes.) The monthly review must include:

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

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

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

4. Lighted exit signs. 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, Shared Supported Living service locations, and Host Homes).

5. Hot water fixtures. Employees are to verify the hot water at each fixture in the facility measures between 100 degrees Fahrenheit and 120 degrees Fahrenheit.

6. Emergency lights. Employees must verify that the emergency lights are working properly. For Supervised Living, Shared Supported Living, Supported Living, and Host Homes, the provider must have alternative lighting, such as battery-operated flashlights, lanterns, or generators.

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

D. Any service location that has a kitchen used by 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 and Supported Living service locations that are not owned or controlled by a certified agency provider, and Host Homes).

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).
5. Approved fire extinguishing equipment and alarms/smoke detectors placed strategically to allow detection of smoke/fire in the kitchen.

E. Restroom door locks must be designed to permit the opening of the locked door from the outside.

F. All supplies, including flammable liquids and other harmful materials, must be stored in a safe manner.

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

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

J. Through the provider application process (initial or application to add a new program/service or modify an existing program), DMH may require additional square footage in any service location in order to accommodate the needs of the people in the service.

K. All service locations must ensure an adequate, operable heating and cooling system is provided to maintain temperature between 68 degrees and 78 degrees Fahrenheit.

Source: Miss. Code Ann. § 41-4-7

Rule 13.5 Environmental Accessibility

A. All service locations and services must comply with Section 504 of the Rehabilitation Act of 1973, as amended, the ADA as well as applicable building codes. This requirement includes existing locations, new construction of service locations, and/or renovation of existing locations.

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

C. The clear width of doorways when the door is in the fully open position must not be fewer than 32 inches.

D. At least one (1) restroom at the location must be accessible to people with physical disabilities. Additionally, day service locations serving people with intellectual/developmental disabilities must have adequate private changing facilities.

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

F. All faucets, soap and other dispensers, and hand dryers (if present) must be within reach of someone using a wheelchair and usable with one (1) closed fist.

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

H. Any service location that has drinking fountains must have at least one (1) fountain that is ADA accessible.

I. Stairs, guards, handrails, ramps, platforms, landings, and doors opening onto stairs, must comply with Section 504 of the Rehabilitation Act of 1973, as amended, the ADA, as well as current applicable building code(s).

J. Any service location which permits pets on the property must have policies and procedures regarding the allowance of pets and requirements in place to maximize the safety of all who may potentially encounter such pets; any such applicable current animal control/enforcement laws should be part of these policies and procedures. This rule applies to all service locations (including living/home settings, such as supervised living settings, Therapeutic Group Homes, etc.).

Source: Miss. Code Ann. § 41-4-7

Rule 13.6 Transportation of People Receiving Services

The interior and exterior of each vehicle must be maintained in a safe and sanitary manner. Vehicles must be clean, well-kept, and in good repair. Transportation in agency provider vehicles to 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 vehicles used for the transport of people receiving services must be kept in good repair.

B. When transporting people receiving services, the certified provider must furnish sufficient employees, in addition to the driver for the transport; determination of sufficient employees for this purpose should, in part, be based on the service population and the age group of the people being transported.

C. The vehicle must have a fire extinguisher with proof of annual inspection. The fire extinguisher should be secured in a manner so as not to pose a danger to people in the vehicle. The vehicle must also have a first aid kit which, is properly outfitted according to the service population and the number of people being transported. Contents must not be expired, and depleted items must be replaced in a timely manner.

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. Children must be seated in approved safety seats with proper restraint in accordance with state law.

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

1. Accessibility based on the person's needs and reasonable requests.
2. Accounting of people entering and exiting the vehicle.
3. Availability of communication devices to be able to call for assistance.
4. Availability of a vehicle maintenance log for all vehicles used to provide transportation.
5. Course of action when employees are unable to leave people at home or an alternate service location as specified by family/legal representative that ensures the safety of people at all times.

G. Transport of people receiving services should ideally be provided via agency provider vehicles. However, for transportation which is provided in private vehicles (e.g., certain IDD services and/or community support services), the following minimum requirements should be in place regarding the use of private vehicles:

1. All vehicles and drivers must comply with the applicable laws of Mississippi regarding motor vehicle operation, licensure, maintenance, and vehicles used for the transport of people receiving services must be kept in good repair.
2. Current insurance coverage, as required by state law.
3. Development and implementation of clear policies and procedures for the transportation of people in private vehicles.
4. Documentation of any legally required permissions or releases for this type of transportation.
5. Availability of communication devices to be able to call for assistance.
6. Operational seat belts for each passenger and approved child safety seats in accordance with state law (as applicable.)

Source: Miss. Code Ann. § 41-4-7

Rule 13.7 Medication and First Aid Kits

A. Agency providers must have written policies and procedures and documentation of their implementation pertaining to medication control which assures that:

1. The administration of all prescription drugs and/or other medical procedures must be directed and supervised by an appropriate licensed/credentialed medical/health professional, as per their current scope of practice outlined in applicable law(s) and/or by the appropriate licensure board/credentialing entity (e.g., a licensed physician or a licensed nurse in accordance with the Mississippi Nursing Practice Law and Rules and Regulations). The practice of self-administration of medication by people served in a service location must be developed and supervised in accordance with this same rule (or by the person's documented treating medical provider).

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

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

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

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 not owned or controlled by an agency provider).

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 not owned or controlled by an agency provider).

7. Prescription and nonprescription drugs must be stored separately. (Exception: Supported Living service locations not owned or controlled by an agency provider).

8. Transportation and delivery of medications must follow any rules, regulations, guidelines, and statutes set forth by governing bodies authorized to do such.

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

B. Each service location must have a first aid kit. The first aid kit must be properly outfitted according to the service population and the number of people being served at the service location. Contents must not be expired, and depleted items must be replaced in a timely manner. For buildings housing more than one (1) service, a single first aid kit may be used by all services, if readily/easily accessible for all people in the building.

C. IDD agency providers have the option to allow non-licensed personnel to assist with medication usage if they have completed the DMH-approved training for this purpose and have demonstrated the requisite skills prior to such assistance. Agencies must have written policies and procedures pertaining to assistance with medication.

1. If the provider determines that non-licensed personnel may assist with medication usage, and the above-referenced training and skills-demonstration requirements are met, then the following procedures are allowed:
   (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 person to take;
   (c) Assisting the person in putting medications in their mouth;
   (d) Documenting that the person took the medication(s);
   (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 (e.g., 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, (e.g., clonidine, estrogen);
(l) Giving a routinely ordered unit dose nebulizer treatment, (e.g., 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; and
(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/credentialed medical/health professional, as per their current scope of practice outlined in applicable law(s) and/or by the appropriate licensure board/credentialing entity (e.g., licensed nurse).

2. The administration of all prescription drugs and/or other medical procedures (other than those listed in the rule above as being acceptable to be carried out by a non-licensed person) must be directed and supervised by an appropriate licensed/credentialed medical/health professional, as per their current scope of practice in applicable law(s) and/or by the appropriate licensure board/credentialing entity (e.g., 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:
   (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) (e.g., Tylenol for complaint of a headache); and
   (d) Administering an "as needed" prescribed medication.

Source: Miss. Code Ann. § 41-4-7

Rule 13.8 Additional Environment and Safety Requirements for Crisis Residential Services and Substance Use Disorder (SUD) Residential Services

This rule applies specifically to environment and safety requirements for community-based Crisis Residential Services and/or substance use disorder (SUD) Residential Services programs, as outlined in each specific part of this rule. Crisis Residential Services and SUD Residential Services programs must follow the applicable parts of this rule, *in addition to* all other applicable Health, Environment, and Safety rules included in this chapter. When a rule in this section may overlap with another rule in Chapter 13, the provider must adhere to the more stringent rule.

A. Crisis Residential Services and SUD Residential Services:

1. The provider must proactively and routinely assess for potential risks and access to potential lethal means and eliminate such risks.

2. The provider must assign, maintain, and document on-site employee coverage 24 hours a day, seven (7) days a week (with an employee always designated as responsible for the agency provider and service locations) and male/female employee coverage when necessary.

3. All service locations must ensure adequate visiting areas are provided for people and visitors.

4. All service locations must have separate storage areas for:
   (a) Sanitary linen;
   (b) Food (Food supplies cannot be stored on the floor); and
   (c) Cleaning supplies.

5. Auditory smoke/fire alarms, which have a noise level loud enough to awaken people, must be in each bedroom, hallways and/or corridors, and common areas.

6. Providers using fuel burning equipment and/or appliances (e.g., gas heater, gas water heater, gas/diesel engines, etc.) must have carbon monoxide alarms/detectors placed in a central location outside of sleeping areas.

7. People must not have to travel through any room not under their control (i.e., subject to locking) to reach a designated exit, visiting area, dining room, kitchen, or bathroom.

8. Providers must monitor unauthorized entrance, egress, or movement through the facility.

9. Bedrooms must meet the following dimension requirements:
   (a) Single room occupancy – at least 100 square feet.
   (b) Multiple occupancy – at least 80 square feet for each person.

10. Bedrooms must be located to minimize the entrance of unpleasant odors, excessive noise, or other nuisances.

11. Bedrooms must be appropriately furnished with a minimum of a single bed per person.

12. Bedrooms must have adequate storage/closet space in the bedroom for the belongings of each person occupying the bedroom. The closet/storage area space must be a separate and distinct space above and beyond the required occupancy dimensions per person, as required above, and as determined by DMH. Any closet/storage space which is portable in nature will not have the space it occupies in the bedroom included in the minimum square footage requirement per person, as outlined above.

13. 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.

14. 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.

15. All service locations 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) people.

16. All service location bathrooms must be equipped with, as applicable:
    (a) Soap dishes.
    (b) Towel racks.
    (c) Shower curtains or doors.
    (d) Grab bars (as needed by people).

B. Crisis Residential Services:

1. Crisis Residential Services programs 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 employees can access.

2. Crisis Residential Unit bedrooms must not house more than two (2) people each.

C. SUD Residential Services bedrooms must not house more than three (3) people each.

Source: Miss. Code Ann. § 41-4-7

Rule 13.9 Additional Environment and Safety for Supervised Living Services for Serious Mental Illness and Intellectual/Developmental Disabilities

This rule applies specifically to additional environment and safety requirements for Supervised Living Services for SMI and IDD. Supervised Living Services for SMI and IDD must follow the applicable parts of this rule *in addition to* all other applicable Health, Environment, and Safety rules included in this chapter. When a rule in this section may overlap with another rule in Chapter 13, the provider must adhere to the more stringent rule.

A. Supervised Living Services for Serious Mental Illness and Intellectual/Developmental Disabilities:

1. Supervised Living Services locations must, to the maximum extent possible, duplicate a “home-like” environment.

2. All locations must have furnishings that are safe, up-to-date, comfortable, appropriate, and adequate. Furnishings, to the greatest extent possible, are chosen by the people currently living in the home.

3. 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.

4. Bedrooms must meet the following dimension requirements:
   (a) Single room occupancy – at least 100 square feet; and
   (b) Multiple occupancy – at least 80 square feet for each person.

5. Bedrooms must be appropriately furnished with a minimum of a single bed, chest of drawers, appropriate lighting, and adequate storage/closet space for each person.

6. Bedrooms must be located to minimize the entrance of unpleasant odors, excessive noise, or other nuisances.

7. 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.

8. 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 the linens become soiled.

9. 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.

10. All service locations 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) people.

11. All service locations must ensure bathtubs and showers are equipped with:
    (a) Soap dishes.
    (b) Towel racks.
    (c) Shower curtains or doors.
    (d) Grab bars (as needed by people).

12. Each person must be provided at least two (2) sets of bath linens, including bath towels, hand towels, and wash cloths.

13. Auditory smoke/fire alarms with a noise level loud enough to awaken people must be located in each bedroom, hallways and/or corridors, and common areas.

14. 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.

15. Each bedroom must have designated, safe means of egress (Refer to Rule 13.3.B for additional information).

16. The exit door(s) nearest people's bedrooms must not be locked in a manner that prohibits ease of egress.

17. People 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.

18. All agency providers must ensure visiting areas are provided for people and visitors, and each visiting area must have designated, safe means of egress. (Refer to Rule 13.3.B for additional information).

19. All service locations must have separate storage areas for:
    (a) Sanitary linen;
    (b) Food (Food supplies cannot be stored on the floor.); and
    (c) Cleaning supplies.

20. The setting is integrated in and supports full access to the community to the same extent as people not receiving Supervised Living Service.

B. Supervised Living Services for Intellectual/Developmental Disabilities:

1. Agency providers must provide furnishings used in common areas (den, dining, and bathrooms) if:
    (a) The person does not have these items; or
    (b) These items are not provided through Transition Assistance through the ID/DD Waiver.

2. People must have keys to their living unit (e.g. house or apartment) if they so choose. Documentation must be maintained in each person's record upon admission and at least annually thereafter.

3. Bedrooms must have lockable entrances with each person having a key to their bedroom, if they choose, with only appropriate personnel having keys. Documentation must be maintained in each person's record upon admission and at least annually thereafter.

4. People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two (2) people may share a bedroom. Each person sharing a bedroom must be provided means to secure their belongings, for example lockable closet or lockable footlocker, depending on the needs/desires of the person.

5. DMH does not certify Supervised Living settings for people with IDD in manufactured housing.

Source: Miss. Code Ann. § 41-4-7

Rule 13.10 Additional Environment and Safety for Supported Living for Serious Mental Illness and Intellectual/Developmental Disabilities

This rule applies specifically to additional environment and safety requirements for Supported Living Services for SMI and IDD. Supported Living Services for SMI and IDD must follow this rule *in addition to* all other applicable Health, Environment, and Safety rules included in this chapter. When a rule in this section may overlap with another rule in Chapter 13, the provider must adhere to the more stringent rule.

A. Supported Living for Serious Mental Illness and Intellectual/Developmental Disabilities:

1. Agency 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 must be replaced immediately.

2. 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 1,000 square foot area or less.

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

4. Upon admission and at least annually thereafter, training must be provided to adults receiving Supported Living Services (whether or not the housing unit/house is owned or controlled by the agency provider) which includes, but is not limited to, the following:
   (a) The PASS (Pull, Aim, Squeeze, Sweep) method of using a fire extinguisher. If necessary, employees must assist in obtaining and mounting fire extinguisher(s);
   (b) Fire, smoke, and carbon monoxide safety and the use of detectors. If necessary, employees must assist in obtaining and mounting fire, smoke, and carbon monoxide detectors;
   (c) Hot water safety. If necessary, employees must assist in testing and regulating the hot water temperature, documenting such in a log to be maintained by the agency provider employees;
   (d) Any other health/safety issues based on the needs or identified risk for each person;
   (e) How to contact 911 in an emergency; and
   (f) How to contact agency provider employees in an emergency.

B. Supported Living for Intellectual/Developmental Disabilities:

1. 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.

2. DMH does not certify Supported Living settings for people with IDD in manufactured housing. (Exception: Supported Living service location not owned or controlled by a certified agency provider).

Source: Miss. Code Ann. § 41-4-7

Rule 13.11 Additional Environment and Safety for Shared Supported Living Services for Intellectual/Developmental Disabilities

This rule applies specifically to additional environment and safety requirements for Shared Supported Living Services for IDD. Shared Supported Living Services for IDD must follow this rule in addition to all other applicable Health, Environment, and Safety rules included in this chapter. When a rule in this section may overlap with another rule in Chapter 13, the provider must adhere to the more stringent rule.

A. Upon admission and at least annually thereafter, training must be provided to people receiving Shared Supported Living Services (whether or not the housing unit/house is owned 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, employees must assist in obtaining and mounting fire extinguisher(s);
2. Fire, smoke and carbon monoxide safety and the use of detectors. If necessary, employees must assist in obtaining and mounting fire, smoke and carbon monoxide detectors;
3. Hot water safety. If necessary, employees must assist in testing and regulating the hot water temperature, documenting such in a log to be maintained by the agency provider employees;
4. Any other health/safety issues based on the needs or identified risk for each person;
5. How to contact 911 in an emergency; and
6. How to contact agency provider employees in an emergency.

B. Newly certified service locations may not have more than four (4) people in a single dwelling.

C. Shared Supported Living Services locations must be a “home-like” environment.

D. All service locations must have furnishings that are safe, up-to-date, comfortable, appropriate, and adequate. Furnishings, to the greatest extent possible, are chosen by the people currently living in the home.

E. 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.

F. Bedrooms must be appropriately furnished with a minimum of a single bed, chest of drawers, appropriate lighting, and adequate storage/closet space for each person.

G. 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.

H. 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 the linens become soiled. People must be able to choose their bedding.

I. 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.

J. Each person must be provided at least two (2) sets of bath linens, including bath towels, hand towels, and wash cloths.

K. Auditory smoke/fire alarms with a noise level loud enough to awaken the people which must be in each bedroom, hallways and/or corridors, and common areas.

L. Shared Supported Living Services units 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.

M. People must not have to travel through any room not under their control (i.e., subject to locking) to reach the designated exit, visiting area, dining room, kitchen, or bathroom.

N. All service locations must have separate storage areas for:

1. Sanitary linen;
2. Food (Food supplies cannot be stored on the floor.); and
3. Cleaning supplies.

O. The setting is integrated in and supports full access to the community to the same extent as people not receiving Shared Supported Living Services.

P. Agency providers must provide furnishings used in common areas (den, dining, and bathrooms) if:

1. The person does not have these items; or
2. These items are not provided through Transition Assistance through the ID/DD waiver.

Q. People must have keys to their living unit if they so choose. Documentation must be maintained in each person's record upon admission and annually thereafter.

R. Bedrooms must have lockable entrances with each person having a key to their bedroom and only appropriate personnel having keys. Documentation must be maintained in each person's record upon admission and annually thereafter.

S. People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two (2) people may share a bedroom. Each person sharing a bedroom must be provided means to secure their belongings, for example lockable closet or lockable footlocker, depending on the needs/desires of each person.

T. Each bedroom must have designated, safe means of egress (Refer to Rule 13.3.B for additional information).

U. The exit door(s) nearest the person's bedroom must not be locked in a manner that prohibits ease of exit.

V. All agency providers must ensure visiting areas are provided for people and visitors, and each visiting area must have designated, safe means of egress. (Refer to Rule 13.3.B for additional information).

W. The person's bedroom must meet the following dimension requirements:

1. Single occupancy – at least 100 square feet.
2. Multiple occupancy – at least 80 square feet for each person.

X. DMH does not certify Shared Supported Living settings for people with IDD in manufactured housing. (Exception: Shared Supported Living service location not owned or controlled by a certified agency provider).

Source: Miss. Code Ann. § 41-4-7

Rule 13.12 Designated Mental Health Holding Facility Environment and Safety

Designated Mental Health Holding Facility Environment and Safety rules are outlined in Chapter 35.

Source: Miss. Code Ann. § 41-4-7

Rule 13.13 Disaster Preparedness and Response and Continuity of Operations

A. An Emergency and Continuity of Operations Plan must be developed, approved by the governing body, and maintained for each location. Agency providers must develop and maintain an Emergency and Continuity of Operations Plan for each facility/service location which is specific to each certified service location, approved by the governing body, for

responding to natural disasters and manmade disasters (fires, bomb threats, utility failures, and other threatening situations, such as cyber-attacks and workplace violence). The plan will ensure that the provider is able to notify staff, people receiving services and their families, and healthcare and community partners when a disaster/emergency occurs, or services are disrupted. The agency provider, to the extent feasible, has identified alternative locations and methods to sustain service delivery and access to medications during emergencies and disasters or other interruptions in operations.

B. The Emergency and Continuity of Operations Plan should identify which events are most likely to affect the facility/service location. This plan must also address at a minimum:

1. Lines/delegations 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. Identification of necessary staffing to carry out essential functions. Assurances that employees will be available to respond during an emergency/disaster, minimal staffing requirements, and staff/departmental responsibilities;
6. Communication with people receiving services and family members, employees, DMH, governing authorities, and accrediting and/or licensing entities;
7. Accounting for all people involved (employees and 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, and alarms/smoke detectors;
14. The identified or established method of annual fire equipment inspection;
15. Escape routes and procedures that are specific to location/site and the type of disaster(s) for which they apply;
16. Procedures for post event conditions (e.g., loss of power, telephone service, ability to communicate);
17. Identification of agency provider's essential functions in the event of emergency/ disaster;
18. Alternative site in the event of location/site closure;
19. Emergency operations plans;
20. Annual reviews and updates;
21. Identification of vital records and their locations;
22. Identification of systems to maintain security of and access to vital records; and
23. Identification of Health Information Technology systems, security/ransomware protection and backup, and access to these Information Technology systems.

C. In addition to the items above, the Emergency and Continuity of Operations Plans of CMHCs and residential programs certified by DMH must also include the following, as applicable to the program**:**

1. Local health jurisdictions;
2. Media/public communications;
3. Hospital information/agreements;
4. Providing response to another program;
5. Partial evacuation within the program;
6. Complete evacuation to another program;
7. Shelter information;
8. Housing evacuees from community programs;
9. Food and water for emergency situations;
10. General supply resources;
11. Emergency medical supplies; and
12. Pharmaceutical management.

D. Copies of the Emergency and Continuity of Operations Plan must be maintained on-site for each facility/service location and at the agency provider's administrative offices. Following initial Health and Safety visits, DMH may verify compliance with this rule via agency provider Executive Director assurance submission to DMH, on a schedule as determined by DMH.

E. All agency providers must document implementation of the written plans for emergency/disaster response that are specific to that location/site and continuity of operations. DMH may verify compliance with this rule via agency provider Executive Director assurance submission to DMH, on a schedule as determined by DMH. This documentation of implementation must include, but is not limited to, the following: (Exception: Supported Living and Shared Supported Living that are not owned or controlled by a certified agency provider, and Host Homes).

1. Quarterly fire drills for each facility and service location;
2. Monthly fire drills for Supervised Living and/or Residential Treatment service locations, conducted on a rotating schedule per shift;
3. Quarterly disaster drills, rotating the nature of the event for the drill for each facility and service location; and
4. Annual review of the Emergency and Continuity of Operations Plan for the agency provider with documentation maintained at the main office.

F. All Supervised Living, residential treatment service locations, Opioid Treatment Programs, and/or Crisis Residential Units must have policies and procedures that can be implemented in the event of an emergency which ensure medication (prescription and nonprescription) based on the needs of the people in the service and guidance from appropriate medical personnel are available for up to 72 hours post event. These same provider categories must also maintain current emergency/disaster preparedness kits to support people receiving

services and employees for a minimum of 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. Sufficient water per person, per day, as determined by the agency. Generally, this recommendation equates to approximately 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.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 14: Rights of People Receiving Services

Rule 14.1 Rights of People Receiving Services

A. Rights in the service delivery environment refer to a set of fundamental assurances and protections which people have when accessing and utilizing services at DMH-certified providers. These rights are based on such principles as dignity, respect, autonomy, and non-discrimination and are also often based in applicable law(s). These rights cover various aspects such as informed consent, privacy, access to care, quality care, participation in choices and decision-making, confidentiality, freedom from harm, dignity and respect, and the opportunity to voice needs and concerns. The aim of these rights is to ensure that people receiving services at DMH-certified providers have their rights defined, communicated, supported, and protected and that their well-being is at the forefront of their care.

DMH-certified agencies are required to outline, communicate, and implement the rights of people being served at their agencies. DMH-certified providers must include in the agency's written policies and procedures the rights of persons served.

There must be written documentation in the person's record that each person receiving services and/or parent(s)/legal representative(s) is informed of the person's rights while receiving services, at intake and at least annually thereafter if the person continues to receive services. The person receiving services and/or parent(s)/legal representative(s) must also be given a copy of these rights.

At a minimum, the rights of people served by the agency provider should address all applicable current laws and should, as appropriate, include the following rights-driven tenets. These rights are applicable to all people receiving services except for people who have been civilly committed or people who are confined to a correctional facility. Within the context of the rights listed below, people who have been involuntarily civilly committed to treatment or who are confined to a correctional facility should be afforded all rights and protections awarded to them, as per applicable current law(s) pertaining to the civil commitment process and correctional facility policy.

Rights – Accessibility and Availability

1. The right to service provision regardless of cultural barriers and/or Limited English Proficiency. Additionally, information about rights should be provided in a manner that is understandable to people receiving services who have challenges with vision, hearing, language, and/or cognition.
2. The right to access services that support the person to live, work, and participate in the community to the maximum extent of the person's capability.
3. The right to availability of the service(s) for which the provider is certified by DMH, based on available capacity and appropriate eligibility and/or diagnosis.
4. Documents or information vital to the ability of a person receiving services to access services (e.g., registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper format, in languages commonly

spoken within the community served, taking account of literacy levels and the need for alternative formats. The right to be referred to other agency provider services and supports in the event the agency provider is unequipped or unable to serve the person.

Rights – Dignity, Respect, and Autonomy

5. The right to services and choices, along with service rules and regulations, that support person-centered, recovery-oriented, and resiliency-based services and supports.
6. The right to request or refuse treatment/services. This right must not be construed as a mechanism to demand the provision of treatment or services which are not deemed medically necessary, or which are otherwise inappropriate.
7. The right to considerate, respectful treatment from all employees, interns, and volunteers of the agency provider.
8. The right to involve or not involve family and/or others is recognized and respected, except as outlined in applicable law(s).
9. The right to receive services and supports in a culturally and linguistically competent and culturally sensitive manner.

Rights – Safe, Harm-Free Service Provision

Persons receiving services and supports from DMH-certified providers have the right to safe, harm-free services/supports provision, including, but not limited to the following:

10. The right not to be subjected to corporal punishment.
11. The right to be free from all forms of abuse or harassment.
12. 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. The "Use of Restraints and Time Out and Seclusion" rule in this chapter should be reviewed for additional information.
13. The right to be informed of any hazardous side effects of medication prescribed by medical personnel.
14. The right to be free from time out, unless utilized in Crisis Residential Services, according to the parameters for use of time out outlined in "Use of Restraints and Time Out and Seclusion" in this chapter and Chapter 19.
15. The right to be free from seclusion unless utilized in Crisis Residential Services, according to the parameters for use of seclusion outlined in "Use of Restraints and Time Out and Seclusion" in this chapter and Chapter 19.
16. The right to have a family member/representative of the person's choice notified promptly (within no more than four [4] hours) of admission to a hospital.
17. The right to receive care in a safe setting and in an environment that is person-centered and promotes recovery and resiliency.
18. The right not to be required to do work for the provider. A person receiving services cannot be required to do work which would otherwise require payment to agency provider employees. 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 must have a policy that the people do not work for the agency provider.

Rights – Non-discrimination and Advocacy

19. The right to voice opinions, recommendations, and to file a written grievance which will result in agency provider review and response without retribution.
20. The right to non-discrimination, as outlined in federal laws pertaining to non-discrimination protections.
21. The right to have reasonable access to the clergy, spiritual advisors/advocates, and/or other advocates, based on the person's choice.
22. The right to access legal counsel and the ability to retain all Constitutional rights, except as restricted by due process and resulting court order.
23. The right to enjoy the privileges of all applicable federal and state laws pertaining to services/supports participation and the receipt of services and supports.

Rights – Informed Consent, Participation, and Decision Making

24. The right of the person being served to review their records, except as restricted by law, and the right to access information contained in the record within a reasonable time frame, except as restricted by law. (A reasonable time frame is within five [5] business days; if it takes longer, the reason for the delay must be communicated and documented in the service record). Additionally, any such restriction, as is allowed for by law, should be documented in the service record by the appropriately licensed professional, according to the applicable scope of practice.
25. The right to participate in and receive a copy of the individual plan, except as may be restricted by law, which must be documented in the service record by the appropriately licensed professional, according to the applicable scope of practice.
26. The person's right to make informed decisions regarding their care and services, including being informed of their health status (when applicable), and being involved in care/service planning and treatment.
27. The right to engage in planning, development, delivery, and the evaluation of the services a person is receiving, and the right to be involved in the service planning and to make choices about their everyday life, including daily routines and schedules, to the maximum extent possible.

Rights – Privacy and Confidentiality

28. The right to all privacy and confidentiality protections afforded by applicable laws. These include, but are not limited to, the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

29. The provider should address in the agency's rights policies and procedures concepts pertaining to the following: the right to have visitors of the person's choosing, to the greatest extent possible, including that visitation rights cannot be withheld as punishment or in any other manner that unreasonably infringes on the person's stated

rights; and, the right to private communication (phone, mail, email, etc.) without hindrance, unless clinically contraindicated.

B. These rights must be explained to the person receiving services (and/or the family member(s)/legal representative(s), as applicable,) in a manner which is clearly understandable to the person(s) receiving this information. Any limitation imposed on the exercise of a person's rights and the reason for it must be made a part of the service record.

Source: Miss. Code Ann. § 41-4-7

Rule 14.2 Employees Roles in Protecting Rights of People Receiving Services

A. The agency provider must define each employee's responsibility in maintaining a person's rights, as well as the ability to explain these rights to the person receiving services or their family member(s)/legal representative(s) in a manner that is clearly understood.

B. The agency provider's policies and procedures must be written in such a way that employee 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 employees to develop and retain the skills needed to uphold this role and should address the required training on people's rights, as outlined in Chapter 12.

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

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

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

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

1. People retain the right to assume informed risk. The assumption of risk is required to consider and balance the person's ability to assume responsibility for that risk and a reasonable assurance of health and safety;
2. People make choices during the course of the day about their everyday life, including daily routines and schedules;
3. People have the opportunity to develop self-advocacy skills including, but not limited to registering to, vote; and

4. People are afforded the opportunity, to the maximum extent possible, the same access to the community as people who do not have a mental illness, intellectual/ developmental disability, or substance use disorder.

Source: Miss. Code Ann. § 41-4-7

Rule 14.3 Use of Restraints, Time-Out, and Seclusion

A. All agency providers are prohibited from the use of mechanical restraints, chemical restraints, and physical restraints. Chapter 12 covers employees who are required to 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. DMH does not consider the proper implementation of this training by employees currently certified accordingly as being classified as use of physical restraint for the prevention or mitigation of harm to self or others for the purpose of this rule.

B. Agency providers are prohibited from the use of time-out and seclusion except for certified Crisis Residential Services, as outlined in Chapter 19. Seclusion means a behavior control technique involving locked isolation. Time-out, in this context, is a behavioral management technique which involves temporarily removing a person under the age of 18 from a reinforcing environment or activity after displaying unwanted behaviors. Placement during time-out should be in a non-locked room. Seclusion and time-out should be implemented only when approved and ordered by a licensed practitioner, acting in accordance with the practitioner's scope of practice.

Source: Miss. Code Ann. § 41-4-7

Rule 14.4 Search and Seizure

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

1. Circumstances in which a search may occur;
2. Employees designated to authorize searches;
3. Documentation of searches;
4. Consequences of discovery of prohibited items; and
5. Process for determining the need for law enforcement involvement.

B. Mental Health and Substance Use Disorder agency providers must develop policies and procedures regarding screening for prohibited/illegal substances to include but not limited to:

1. Circumstances in which screens may occur;

2. 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;
6. Process for people to report confidentially the use of prohibited substances prior to being screened; and
7. Process for determining the need for law enforcement involvement.

Source: Miss. Code Ann. § 41-4-7

Rule 14.5 Ethical Conduct

A. Ethical and professional conduct refers to a framework for the ethical and professional behavior of agencies certified by DMH and their agency representatives. Ethical and professional conduct in the context of the service delivery environment requires that DMH-certified providers strive to prevent harm and to follow a set of principles such as professional responsibilities, professional conduct, competency, fairness, respect, honesty, integrity, and accountability. Ethical and professional conduct also refers to professional standards and professional codes of conduct specific to fields, credentials, and/or occupations.

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

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

   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 agency, employee, intern, or volunteer is criminally prosecuted and whether or not directed at people or the 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 secondary or subservient to the needs of the agency, employee, intern, 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.
14. Failure to report suspected or confirmed abuse, neglect, or exploitation of a 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.
15. Negligence or incompetence in the practice or performance of services.
16. Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or cause harm while rendering services.
17. Obtaining DMH provider certification or DMH professional credential by fraud, deceit, material deception, or other misrepresentation.
18. Assisting another person or agency in falsely obtaining DMH provider certification or a DMH professional credential.
19. Perpetrating or cooperating in fraud or material deception in obtaining DMH certification or a DMH professional credential.
20. Engaging in or permitting the performance of unacceptable services via the agency's deliberate or grossly negligent act or failure to act, regardless of whether actual damage is established.
21. Treating any person differently or detrimentally through discrimination, based on federal definitions.
22. Engaging in false or misleading advertising about service provision.
23. Revealing confidential information except as may be required by law.
24. Engaging in dual or multiple relationships in a manner which could increase the risk of exploitation, impair professional judgement, and/or bring harm to people receiving services.
25. Performing services for compensation or representing the agency as a DMH-certified provider when the provider does not hold a current DMH certification.
26. Purposeful misrepresentation of an agency's DMH certification.
27. Utilizing social media or other media platforms in a manner which is exploitative of or breaches the confidentiality of people served.
28. Engaging in conduct considered by DMH to be detrimental to the people being served, their families, and/or the public at large.

C. The agency provider must also adhere to ethical conduct in their use of agency provider funds and grants in their business practices.

D. DMH-certified agency providers must conduct their activities and services in accordance with applicable federal and state laws, these rules, as applicable, and any other applicable rules/regulations.

E. DMH-certified agencies shall not harass or seek retaliation against a person who has acted in a responsible and ethical manner to expose inappropriate, unethical, or discriminatory practices or who reports, in good faith, a perceived ethical violation, grievance, complaint, serious incident, and/or a concern with professional or policy noncompliance.

F. A DMH-certified agency provider determined to have committed a breach of ethical conduct may have administrative action taken on their DMH certification.

Source: Miss. Code Ann. § 41-4-7

Rule 14.6 Limited English Proficiency Services and Cultural Competency

A. The provider should take reasonable steps to provide meaningful access to services, such as language assistance, for those with Limited English Proficiency (LEP) and/or language-based disabilities. Language assistance services, including bilingual employees and interpreter services, must be offered at no cost to people with LEP. These services must be offered at all points of contact with the person while 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 Appropriate Services (CLAS) federal guidelines in order to improve access to care for people with Limited English Proficiency through the elimination of language and cultural barriers. All policies and procedures must:

1. Include the process for offering language assistance to people who have LEP and/or other communication needs, at no cost to them, to facilitate timely access to all services.
2. Describe how the agency provider informs people of the availability of language assistance services clearly in their preferred language, verbally, and in writing.
3. Ensure the competence of people providing language assistance.
4. Provide easy-to-understand multimedia materials and signage in the languages commonly used by the population in the service area.

C. Cultural competency describes the ability of an agency provider to provide services to people with diverse values, beliefs, and behaviors, including tailoring service delivery to meet the person's social, cultural, and linguistic needs. Cultural competency refers to the acceptance of and respect for difference, the continuing self-assessment regarding culture, attention to the dynamics of difference, ongoing development of cultural knowledge, skills, and resources and flexibility within service models to work towards better meeting the needs of diverse and minority populations. Cultural competency requires that organizations:

1. Have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures which enable them to work effectively and cross-culturally.
2. Have the capacity to value diversity, conduct competency self-assessment, manage the dynamics of difference, acquire and implement cultural knowledge, and adapt to

diversity and the cultural contexts of the communities they serve.

3. Incorporate the above in all aspects of policy making, administration practice, service delivery, and systematically involve people served, key stakeholders, and communities.

Policies and procedures manuals must address how the agency provider intends to provide services/supports and programs in a culturally competent manner and must reflect the agency provider's efforts to integrate values, attitudes, and beliefs of the 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 LEP.

E. DMH may utilize a linguistic and cultural competency checklist for evaluation and monitoring of this rule.

Source: Miss. Code Ann. § 41-4-7

Rule 14.7 Grievances and Complaints – General Information

A. Grievances or complaints submitted to DMH about DMH-certified providers involve a formal way for people receiving services, their families, and/or other external sources to document a concern or grievance about a DMH-certified provider. The grievance or complaint may pertain to the scope of the provider's DMH certification which they wish to report to DMH for evaluation.

B. In the context of DMH provider certification, the terms, "grievance" and "complaint," refer to the following:

1. Grievance: A written, electronically submitted, or verbal statement made by a person *receiving services* (and/or parent(s)/legal representative(s)) alleging a violation of rights, policy, or a provider certification rule. As outlined below, a grievance may be filed at the provider level or with DMH.

2. Complaint: A written or electronically submitted allegation of misconduct or rules violation filed with DMH by any party in the manner for complaints filing, as prescribed for by DMH.

3. Within the context of DMH provider certification, the primary difference between a grievance and a complaint is that a grievance is filed by the person (or parent(s)/legal representative(s)) while the person is *receiving services* and may either be filed with the provider and/or with DMH. However, a complaint may be filed with DMH on a certified provider by any party and must be filed in a manner, as prescribed for by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 14.8 Local Grievances Policies and Procedures

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

1. People receiving services from the agency provider have access to a fair and impartial process for reporting and resolving grievances.
2. 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. People receiving services and/or parent(s)/legal representative(s) are informed of the procedures for reporting/filing a grievance with DMH, including the availability of the DMH toll-free telephone number upon admission and annually thereafter.
4. 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.
5. The agency provider will post in a prominent public area information containing the procedures for filing a grievance with DMH. The information provided must be posted at each service location.
6. IDD Supervised Living, Shared Supported Living, or Supported Living settings owned/controlled by the provider must post the information in an area which does not distract from having a home-like environment, but which must be readily available to people living in the home.

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

1. Definition of grievances, as indicated above;
2. Statement that grievances can be expressed without retribution;
3. The opportunity to appeal to the executive officer/top-level administrator of the agency provider, as well as the governing board of the agency provider;
4. Timelines for resolution of grievances; and
5. Information for filing a grievance with DMH, as outlined by DMH, including the DMH toll-free number.

C. The policies and procedures must also include a statement that the DMH-certified agency provider will comply with timelines issued by DMH in resolving grievances filed with DMH.

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

Source: Miss. Code Ann. § 41-4-7

Rule 14.9 Grievances and Investigation

A. If a grievance is filed with DMH, it may be submitted via a written, electronically submitted, or verbal statement. The grievance must include the following information:

1. The DMH-certified provider's name;
2. The name and contact information of the aggrieved party;
3. The date of the grievance; and
4. A statement of the grievance alleging a violation of rights or policy or provider certification rule.

B. By submitting a grievance, the aggrieved party is waiving confidentiality as is necessary for DMH to review the alleged violation.

C. The grievance should include the charges set forth with such clarity as to inform DMH and the certified provider of the issue involved.

D. Grievances lodged with insufficient information may be unable to be addressed by DMH. Moreover, failure of the aggrieved party to respond to questions or requests for information from DMH agency staff may result in grievance dismissal.

E. Priority for investigation is given to grievances which suggest the possibility of imminent harm. Grievances will be evaluated by the appropriate DMH designee within 30 business days of receipt of the grievances.

F. Depending on the severity of the grievance and the results of the investigation, DMH reserves the right to migrate the grievance to a complaint, to include any/or all additional steps pertaining to complaints investigation and disposition.

Source: Miss. Code Ann. § 41-4-7

Rule 14.10 Complaints and Investigation

A. A person/party who wishes to file a complaint to DMH on a DMH-certified provider must submit the complaint to DMH; the person/party lodging the complaint is referred to as the complainant. The provider agency on whom the complaint is lodged is referred to as the respondent.

B. The complaint must be submitted to DMH on the DMH-approved provider certification complaint form. The complaint must be submitted according to the instructions on the form(s). The complainant is responsible for completing the form(s) (according to the instructions) and returning the form(s) to DMH.

C. The approved DMH provider certification complaint form(s) is made available on the DMH website.

D. By submitting the complaint form, the complainant is waiving confidentiality as is necessary for DMH to review the complaint.

E. The following information must be included on the submitted complaint form(s):

1. The DMH-certified provider's name;
2. The name and contact information of the complaining party;
3. The date of the complaint;
4. A statement of the complaint; and
5. Disposition or attempts at settlement, if applicable.

F. The complaint should include the charges set forth with such clarity as to inform DMH and the certified provider of the issue involved.

G. Upon receipt, DMH will assign each complaint a case number and set up a case complaint file.

H. The criteria DMH, in conjunction with the DMH Office of General Counsel and/or CRC, may use for determining whether an allegation or charge should be accepted as a formal complaint include, but are not limited to, the following:

1. Whether or not the agency is currently certified by DMH (unless the complaint concerns the use of a DMH provider Certificate of Operation by an agency not holding the claimed provider certification).
2. Whether the charge, if true, would constitute a violation of the promulgated *DMH Operational Standards* and/or any other applicable, policy, federal, or state laws or statutes which govern DMH-certified providers.
3. Whether passage of time since the alleged violation requires that the complaint be dismissed.
4. Whether sufficient, reliable proof of the charge is available.
5. Whether or not the complainant is willing to provide proof or other required information/documentation.
6. Whether or not the charge appears to be sustainable considering the proof available.
7. Whether the complaint has arisen from or is related to a court order or a matter before the court system.

I. Complaints lodged with insufficient information DMH may not be able to address. Moreover, failure of the complainant to respond to questions or requests for information from DMH agency staff may result in complaint dismissal.

J. Priority for investigation of submitted complaints is given to complaints which suggest the possibility of imminent harm.

K. DMH shall notify the DMH-certified provider that a complaint has been filed against the provider and that the provider is under investigation. Notice of the filed complaint shall be given within a reasonable amount of time from the date of receipt of the complaint, not to exceed 10 business days. DMH shall notify the DMH-certified provider of the allegation(s) and corresponding *DMH Operational Standards*. The DMH-certified provider will have 15 business days to respond to the allegation(s). The DMH-certified provider may request an extension of up to 30 calendar days to respond to the complaint. Extensions will be granted on a case-by-case basis. Justification for additional time is determined by DMH. All communications should be sent to the appropriate DMH designee, as instructed on the approved complaint form instructions, and copied to the DMH Office of General Counsel.

L. Substantial, jurisdictionally appropriate formal complaints will be evaluated by the appropriate DMH designee and the CRC; the DMH Office of General Counsel may be consulted as needed. DMH may accept, but is not obligated to investigate, a complaint which lacks sufficient information to identify the source or the name of the person who filed the complaint.

M. In situations where a complaint concerns another agency, DMH may refer the complainant to the appropriate agency for investigation, if possible.

N. A copy of all substantive communications pertaining to complaints/investigations will be forwarded to the DMH Office of General Counsel. Depending on the nature of the submitted complaint, information may be shared, as needed, with other pertinent offices within DMH.

O. All documents and materials gathered by or submitted to DMH during an investigation are confidential and will not be returned to the submitting party once the complaint is resolved.

P. When the investigation of a complaint has been completed, the complaint proceeds down one (1) of two (2) pathways to final resolution. The determination of which path the complaint proceeds down is dependent upon whether sufficient cause is found following DMH's investigation. Sufficient cause means the facts and circumstances within DMH's knowledge are enough to warrant that the respondent committed a violation of the *DMH Operational Standards* or other law(s)/policy within the jurisdiction of DMH.

    1. If no sufficient cause is found for the alleged violation(s), then the complaint is referred to DMH agency staff and/or the DMH CRC for consideration for dismissal. The respondent is informed of any resultant dismissal within 15 business days of the dismissal decision.
    2. If sufficient cause is found for the alleged violation(s), then the complaint is referred for either: (1) an informal settlement conference with the respondent and DMH agency staff; or (2) to a subcommittee of the CRC for next steps, including the possible determination of need for an administrative hearing.

Q. Prior to conducting an informal conference and to resolve a complaint by agreement, DMH staff may send the respondent a proposed stipulation/consent/order. If the respondent rejects a proposed stipulation/order or requests an informal conference, then the complaint is set for an informal conference. Complaint matters requiring the use of expert testimony or witnesses are ineligible for informal conferences and must be held as hearings before the CRC.

R. Prior to an informal conference, at least 30 calendar days beforehand, the respondent is provided with written notice of the alleged violation(s) for which probable cause has been found to exist and is invited to participate in an informal conference. The complainant is also invited to participate in the informal conference but separate from the respondent. Both the complainant and respondent may speak with and present evidence to DMH and may be represented by legal counsel if desired.

S. Following an informal conference, a recommendation is made regarding the informal disposition of the complaint. This recommendation may include dismissal or administrative action, or the recommendation may be to remand the complaint to the full CRC for further evaluation, including the possibility for a hearing. The respondent is informed of any resultant dismissal or administrative action, within 15 business days of the informal conference.

T. Upon determination that a hearing is needed, the CRC will notify the respondent that a hearing will be held. The respondent shall be notified at least 30 calendar days before the date of the hearing. The notice will inform the respondent of the facts which are the basis of the complaint, and which are specific enough to enable the respondent to defend against the complaints. The notice of the complaint and the hearing shall also inform the respondent of the following:

    1. The date, time, and location of the hearing.
    2. That the respondent may appear personally at the hearing and may be represented by counsel.
    3. That the respondent shall have the right to produce witnesses and evidence on their behalf and shall have the right to cross-examine adverse witnesses and evidence.
    4. That the Mississippi Rules of Evidence do not apply.
    5. That the hearing could result in sanctions being taken against the provider agency's/ respondent's certification.
    6. That the CRC will, in writing, advise the respondent of any sanction(s) to be imposed and the basis for the CRC's action.
    7. That disposition of any formal complaint may be made by consent/order or stipulation between the CRC and the respondent.

U. The hearing will be an informal hearing and will be presided over by the CRC facilitator or other member of the Committee.

V. Within 15 business days of the hearing, the CRC will provide written notification to the agency provider/respondent as to any sanction(s) being imposed and the basis for the action.

W. All hearing proceedings are matters of public record and shall be preserved pursuant to state law. The final disposition of any hearing will be recorded in the CRC minutes.

X. If administrative action is taken against an agency provider, any applicable third party, as determined by DMH, may be notified by DMH.

Y. Notifications to the respondent by DMH, as outlined above, will be considered to have been given if the notice was personally received by the respondent, or mailed "certified, return receipt requested" to the last known address as listed with the Division of Certification.

Z. Respondents may appeal any action entered against them which results in DMH provider certification termination, revocation, and/or financial penalties invoked by DMH, in accordance with the appealable matters listed in the appeals rules outlined in this manual.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 15: Incident Reporting

Rule 15.1 Incident Definition

A. The Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) have defined a critical incident to include, at a minimum: verbal, physical, sexual, psychological, or emotional abuse; neglect; exploitation including financial exploitation; misuse or unauthorized use of restrictive interventions or seclusion; a medication error resulting in a telephone call to or a consultation with a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death; or an unexplained or unanticipated death, including, but not limited to, a death caused by abuse or neglect.

B. If there is suspected abuse, neglect, or exploitation of a person receiving services, then the agency provider must identify the proper person/entity responsible for investigating the incident. Documentation should include, but is not limited to, the date of notification, who notified the person/entity, and the method of notification. The agency provider should also outline any internal investigations which were completed and any corrective actions that may follow.

Source: Miss. Code Ann. § 41-4-7

Rule 15.2 Incident Reporting Process

A. Agency 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 to regulatory or licensing/accreditation agencies.

C. Incidents must be reported to DMH within required timelines outlined in this chapter. Additional information may be requested based on the circumstances. The report must address initial information known about the incident to include, but not be 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 or corrective actions taken;
9. Whether abuse, neglect, or exploitation was suspected;
10. Witnesses; and
11. Notifications that were sent to regulatory or licensing/accreditation agencies.

D. For IDD Home and Community-Based Services, incidents must also be reported to the Support Coordinator or Targeted Case Manager.

Source: Miss. Code Ann. § 41-4-7

Rule 15.3 Incidents to Report to DMH Within Eight (8) Hours of Discovery or Notification of Incident

A. Incidents that must be reported to DMH within eight (8) hours of discovery or notification of the incident include:

1. Death of a person on agency provider property, participating in an agency provider-sponsored event, or being served through a certified community living service, Crisis Residential Unit or SUD Residential Treatment program.
2. Death of a person during the provision of IDD Services.
3. Any suspicions of or confirmed abuse, neglect, or exploitation of a person receiving services while on agency provider property, at an agency provider-sponsored event, or being transported by a DMH-certified agency provider. This requirement includes suspected/confirmed abuse of a person both by agency provider personnel or by anyone else.

B. Verbal notification of the above listed incidents must be made to DMH within eight (8) hours to be followed by the Incident Report within 24 hours as outlined in the above rule. Reporting to DMH does not replace other legally mandated reporting.

C. For IDD Home and Community-Based Services, incidents must be reported to the Support Coordinator or Targeted Case Manager.

D. On the first day of every month, hospitals and skilled nursing facilities shall make a report of all deaths occurring in or enroute to the facility during the preceding month to the Office of Vital Records on forms prescribed and furnished by the Mississippi State Department of Health. If there were no deaths during the month, a report shall be filed to this effect. A copy of this report shall be sent to DMH.

Source: Miss. Code Ann. § 41-57-1; Miss. Code Ann. § 41-57-7.
Source: Miss. Code Ann. § 41-4-7

Rule 15.4 Incidents to Report to DMH Within 24 Hours of Incident

A. The following non-exhaustive list includes examples of types of incidents that must be reported to DMH and other appropriate authorities within 24 hours, as specified below:

1. Suicide attempts on agency provider property, at an agency provider-sponsored event, or by a person being served through a community living service;
2. Elopement, unexplained, or unanticipated absence of a person receiving services of any length of time from any DMH-certified service location of any type;

3. Incidents involving injury of a person receiving services while on agency provider property, at an agency provider-sponsored event, or being transported by a DMH-certified agency provider.
4. Emergency hospitalization or emergency treatment of a person receiving services on the premises or enrolled in Residential/Intensive Community Services or in IDD services (does not include trips to the emergency room which do not result in treatment or hospitalization).
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 service location/facility.
8. Use of seclusion or time-out in Crisis Residential Services that was not implemented properly or resulted in injury for the person.
9. Any confirmed medication errors.
10. Any vehicle accident event that involves a person receiving services, with or without injury.

B. The use of physical, mechanical, or chemical restraints in any setting is not allowed. The use of seclusion or time-out in a community-based setting other than Crisis Residential Services are also not allowed. If this event occurs, then it should be reported.

Source: Miss. Code Ann. § 41-4-7

Rule 15.5 Policies and Procedures for Incident Reporting

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

1. Description of what constitutes an incident;
2. Plan of future corrective action;
3. Corrective actions taken;
4. Reporting of incidents;
5. Documentation of incidents;
6. Training and documentation that employees have received, and acknowledged, information on required reporting of abuse, neglect and/or exploitation of a vulnerable person, as outlined in Chapter 12;
7. Maintenance of documentation related to incidents;
8. Assurance of cooperation with DMH for follow-up to incidents;
9. Analysis of all incidents; and
10. Employees responsible for analysis of incidents.

B. The agency provider should comply with the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable state or federal regulations addressing individual confidentiality when submitting incident reports.

Source: Miss. Code Ann. § 41-4-7

Rule 15.6 Incidents that Require Follow-Up

A. The agency provider shall provide follow-up, which may include, but is not limited to, additional treatment, staff training, corrective action, completed investigations, or additional supervision on the following incidents through the incident reporting system designated by DMH:

1. Emergency Room hospitalization and treatment: May include date of discharge, additional treatment required, etc.
2. Suicide Attempts: May include additional treatment required, placed under suicide watch, staff training, etc.
3. Serious Injuries: May include any additional treatment needed, staff training, etc.
4. Use of restraints, time-out, or seclusions: May include any additional treatment needed, staff training, etc.
5. Abuse, Neglect, or Exploitation: May include internal investigations, any corrective actions taken, staff training, updates on other entities' investigations, etc.
6. Suspicious deaths: May include internal investigations, any corrective actions taken, staff training, updates on other entities' investigations, etc.
7. Elopement: May include staff training, additional supervision, etc.
8. Medication errors: May include staff training, any corrective actions taken, etc.

B. The agency provider shall provide any follow-up or feedback of the above incidents within seven (7) calendar days of when the report was made through the incident reporting system designated by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 15.7 Posting

Copies of the reporting requirement as detailed in the Mississippi Vulnerable Person Act shall be posted prominently at all agency providers unless it is in violation of the Home and Community Based Services (HCBS) Settings Final Rule.

Source: Miss. Code Ann. § 41-4-7

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 SED:

1. Child/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. Age criterion: Child/youth with SED are birth up to 18 years of age.
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 DMH.

B. All of the following information must be documented to support a determination of SMI and/or SUD:

1. A person who meets the criteria for one (1) of the eligible diagnostic categories defined in the most current version of the DSM.
2. Age criterion: SMI and/or SUD are age 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 DMH.

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

1. All people interested in IDD Services must first be determined eligible through an evaluation by the Diagnostic and Evaluation (D and E) Team at one (1) of the state's intermediate care facility for people intellectual disabilities (ICF/IID) Regional Programs.
2. For ID/DD Waiver Services, the person:
   (a) Meets the criteria for the level of care found in an ICF/IID;
   (b) Has an intellectual disability, developmental disability, and/or autism spectrum disorder as defined in the approved waiver application; and
   (c) Is eligible for Medicaid through one (1) of the categories specified in the federally approved ID/DD Waiver application.
3. For the IDD Community Support Program (CSP), the person:
   (a) Has an intellectual disability, developmental disability, and/or autism spectrum disorder,
   (b) Meets the Needs-Based Criteria established in the 1915(i) Medicaid State Plan Amendment;
   (c) Is eligible for Full Medicaid Benefits; and
   (d) Is 18 years of age or older and no longer attends school.

4. Eligibility for IDD Targeted Case Management is the same as for the IDD Community Support Program but may be provided to people of all ages.
5. Other IDD Services: Meets the requirements for a Certificate of Developmental Disability as defined in the Developmental Disabilities Assistance Act.

Source: Miss. Code Ann. § 41-4-7

Rule 16.2 Admission to Services

A. Written policies and procedures, which must be implemented, 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 seeking services.
   (c) Number of people 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, color, gender, religion, age, creed, national origin, political affiliation, disability, and other federal non-discrimination protections for people who meet eligibility criteria.

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

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

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

7. Describe the process for informing people, children/youth (if age appropriate) and children/youth's parent(s)/legal representative(s) of their rights and responsibilities (including any applicable service 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, and the agency's policy regarding admission denials. Describe the right to be referred (and the corresponding

procedures for such) to other agency provider services and supports if the agency provider is unequipped or unable to serve the person. Such referral(s) and follow-up contacts must be documented. IDD providers are excluded from this requirement.

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

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

11. Describe procedures for disbursing funds on behalf of people receiving services.

B. The agency provider must implement written policies and procedures for providing appointments for people 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 must make one (1) call to arrange an appointment.

C. The requirements for admission of people under ID/DD Waiver or IDD Community Support Programs include the following (refer to the timelines located in the appropriate manual):

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

2. The Support Coordinator/Targeted Case Manager/Transition Coordinator 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 based on their support needs.

3. A Plan of Services and Supports is developed (Refer to Chapter 17).

4. Once the DOM 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 DMH.

5. The IDD agency provider admits the person according to its written policies and procedures.

Source: Miss. Code Ann. § 41-4-7

Rule 16.3 Discharge and Termination

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

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

C. Discharge is the action utilized and documented to signify that a person is no longer receiving services through a particular DMH-certified agency provider.

D. All agency providers must implement policies and procedures for discharge or termination from the service/agency provider 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 who received services or their authorized representative, including referrals made.
4. Transfer of the person's discharge record to the next level of care provider (LOC), per the person's (or legal representative's) documented informed consent for release of such, and according to any applicable federal and/or state laws.
5. Crisis resources information.
6. Any other information deemed appropriate to address the needs of the person being discharged from the service/agency provider.

E. As part of care coordination, prior to a person's discharge from a state hospital, staff from the CMHC/LMHA (or a provider selected by the person) which will be serving the person upon discharge must meet with the person, either face-to-face or virtually, to conduct assertive engagement and enroll the person in appropriate services.

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

1. The Mississippi 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/youth is in the custody of the Mississippi Department of Child Protection Services.
2. Children/youth in the custody of the Mississippi Department of Child Protection Services are provided an opportunity for one (1) pre-placement visit by their Mississippi Department of Child Protection Services' social worker prior to discharge.
3. Documentation that an appointment has been scheduled with the CMHC/LMHA responsible for services in the county where the child/youth will reside upon discharge.

G. People living in community settings cannot be discharged or terminated from the service in a manner which is out of compliance with the terms of the signed lease/rental/residential agreement. Upon separation from the community living setting, providers should ensure that alternative stable living arrangements have been procured.

H. For people enrolled in IDD residential services, service providers must collaborate with the Support Coordinator/Targeted Case Manager to determine a need for Behavior Support/Crisis Support/Crisis Intervention Services or other community resources before a decision is finalized to discharge a person from the service.

I. For IDD residential services, the provider may not terminate a service against the person's wishes in response to their exercise of rights, voicing choices or concerns, or in response to a complaint. The following are the only grounds for termination of a person's services against their wishes:

1. The person is a danger to self or others at the service location, even with the provision of supplemental services.
2. The person's needs have changed, advanced, or declined so that their needs cannot be met by the provider, even with the provision of supplemental services.
3. Closure of the service location.

J. Involuntary termination of IDD residential services requires the following:

1. The agency provider must simultaneously notify electronically or in writing the person or person's legal representative, Support Coordinator or Targeted Case Manager, and DMH at least thirty (30) calendar days prior to the effective date of the termination. Notification should include:
   (a) The reason the provider is no longer able or willing to provide the service.
   (b) A description of the efforts made to address or resolve the issue that has led to the provider becoming unable or unwilling to provide the service.
   (c) Suggested date of termination. Termination date is not effective until an alternative living arrangement has been procured.
2. The agency provider shall continue to provide the authorized service during the transition period to ensure continuity of service until a new provider is approved and the new service is in place, unless otherwise directed by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 16.4 Service Location Postings

A. Service rules (if applicable) for any service/service location must be posted in a location highly visible to the people served and/or made readily available to those people. (Exception: IDD Services).

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

C. For day service locations of all types, emergency contact number(s) must be posted. Service postings in community living settings should not conflict with the efforts to provide a home-like environment for the people living in the setting.

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

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

Source: Miss. Code Ann. § 41-4-7

Rule 16.5 Service and 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 and/or family member(s)/legal representative(s) (as appropriate) served by the service location or through the service as reflected by intake/assessments and/or progress notes.

B. Services and service locations 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/linguistically responsive, trauma informed, holistic, strength-based, and that provide for community participation opportunities. Services should be measurable and individualized for each person receiving services.

C. Services and service locations must be designed to promote and allow independent decision-making by the person and encourage independent living, without compromising the health and safety of the people being served.

D. Agency providers must present information in a manner understandable to the person so that they can make informed choices regarding service delivery and design, available agency providers, and activities which comprise a meaningful day for them.

E. Services and service locations must provide persons 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.

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 rather than on the availability of services and/or employees.

G. All efforts must be implemented to design a service environment that is safe and conducive to positive learning and life experiences. People served in the service or service location 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 receiving services may not be discharged from a service or service location due to disruptive behaviors unless they pose a risk for harm to self or other people receiving the service. The disruptive behaviors and interventions implemented to keep a person enrolled in the service or service location must be included in the plan and documented in the person's record.

H. For people enrolled in the 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.

I. The agency provider must initiate, maintain and utilize the standardized Memoranda of Understanding (MOU) (including a confidentiality statement), signed by the Executive Officer of the mental health agency provider and the superintendent of each school district in the region served by the agency provider. The memorandum is a collaborative effort between the mental health provider/agency and the school district to meet the unique mental and behavioral health needs of each school district. At the school district's discretion, the MOU can include expectations regarding how the school district and mental health provider/agency will work together to support mental health needs in the district's Multi-Tiered Systems of Supports (MTSS).

J. Within 24 hours prior to the release or discharge of any civilly committed person from community service providers, other than a temporary pass or because of absence due to sickness or death in the person's family, the Service Director or Executive Director must give or cause to be given notice of such release or discharge to one (1) member of the person's immediate family, provided the person is 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.

K. For IDD Services, required employees, as determined by DMH, must participate in the development of each person's services, activities, and/or support plans.

L. People enrolled in IDD Services must reside in a private residence or DMH-certified setting which are fully integrated with opportunities for full access to the greater community and meet the requirements of a Home and Community Based Setting. DMH will not approve any new IDD Home and Community-Based Settings that are:

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

3. Isolating or have the effect of isolating people from the broader community of people not receiving Mississippi Division of Medicaid Home and Community-Based Services.
4. Located in the same building/property as other non-IDD Home and Community Based Waiver Services unless the program has separate entrances, service areas, and designated staff.

Source: Miss. Code Ann. § 41-4-7

Rule 16.6 Confidentiality

A. Personnel must maintain the confidentiality rights of people 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 people's records that assures a person's right to privacy and maintains the confidentiality of people's records and information.

C. Compilation, storage, and dissemination of people's 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 people's records to employees.

2. Specific procedures to assure that people's records are secure in all locations.

3. Procedures to limit access to people's records to only those who have been determined to have specific need for the person's record, including documentation listing those people.

4. Procedures for release and disclosure of Protected Health Information and other types of information that are in accordance with all applicable state and federal laws, including, but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

5. Procedures requiring documented consent of the person receiving services or legal representative(s), when appropriate, prior to disclosing or releasing information (including to any third-party payer).

6. Procedures addressing the release of information regarding people receiving Substance Use Services, in accordance with applicable federal regulations.

D. Records containing any information pertaining to people 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 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.

Source: Miss. Code Ann. § 41-4-7

Rule 16.7 Record Management

A. A single record must be maintained for each person receiving services (Exceptions: Substance Use Prevention Services, Consultation and Education Services, and Family Support and Education Services) from the agency provider. In lieu of access to people's records, employees may utilize an on-site working record that contains information from the person's 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 people's records whenever they are removed from the central file area.

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

D. When feasible, information about people receiving services and care delivery should be captured and stored electronically, in a manner which is privacy protected and in accordance with applicable laws (e.g., HIPAA), rules and regulations, and any issued DMH policies, procedures, and guidelines surrounding the use of electronic health records.

All entries in people's paper records must be in a permanent form (i.e., ink), accurate, legible, dated, signed, and include the credentials of employees making the entry. Corrections in the original information entered in the record(s) must be made by marking a single line through the changed information. Changes must be initialed and dated by the person making the change. Cover up, erasure, or marking out of original information is not permissible.

E. Late entries to the person's record should be avoided. However, late entries must also be documented as soon as possible. The date and time when the entry is 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 record shall contain the whole name or other identifiable information of another person receiving services.

G. For the purposes of DMH provider certification only: For substance use service caseloads, the case may be placed in an inactive status on the 180th day of no recorded contact. The case must be closed after one (1) year of no recorded contact. For mental health service caseloads, the case may be placed in an inactive status when no contacts are recorded for

one (1) year. After two (2) years, following an attempt to contact the person, the case must be closed. A separate rule exists in Chapter 2 regarding records maintenance as it relates to DMH compliance activities/reports.

H. Record Retention/Disposal of Records: Certified agency providers should follow the current Healthcare Records Retention Guidelines as prescribed/published by the Mississippi Department of Archives and History (MDAH). Providers should further be in compliance with all federal and state laws for the storage of any records. If a certified provider ceases its operation or is no longer certified by DMH, the provider will be solely responsible for maintaining the records for the appropriate amount of time as prescribed by MDAH. DMH is not responsible for retaining records or the cost to store them.

Source: Miss. Code Ann. § 41-4-7

Rule 16.8 Assessment

A. For all people receiving mental health services and/or substance use services, the initial assessment and subsequent assessments may be provided either in person or via telehealth (as per the practitioner's scope of practice as well as the telehealth rules in this chapter). Assessment is the securing of information from the person receiving services and/or collateral contacts, of the person's family background, educational/vocational achievement, needs, 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 person's or family's needs, barriers, strengths, and the most appropriate course of treatment for the person and/or family.

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

C. The following priority groups of people must receive an initial assessment within 14 calendar days of the date that services are sought and/or the date the referral is made:

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

D. For people in need of Psychiatric/Physician Services, an appointment for these services must be made and documented during the initial assessment.

E. For adults receiving Outpatient Mental Health Services, a DMH-approved functional assessment must be conducted within 60 calendar days of initial assessment and at least every 12 months thereafter.

F. For children/youth receiving mental health services, a DMH-approved functional assessment must be conducted within 60 calendar days of initial assessment and at least every six (6) months thereafter.

   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 person's record.

G. People with intellectual/developmental disabilities must be evaluated by one (1) of the Diagnostic and Evaluation Teams located at the IDD Regional Programs, to determine the need for/eligibility for ICF/IID level of care, ID/DD Waiver, IDD Community Support Program, and/or other IDD Services. People's records must include documentation of a Certificate of Developmental Disability (if applicable), the psychological, and social summary.

H. For people receiving substance use services, a DMH-approved functional assessment must be conducted within timelines according to the service(s) received. See Provider Bulletin PR0071 for the following timelines:

   1. Administered within seven (7) days of admission.
   2. Administered at least every 90 days thereafter.
   3. Administered at the time of discharge from any Community Living Service, Outpatient Service, Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), or Recovery Support Service.

I. For substance use services, all people receiving substance use treatment services must receive the TB and HIV/AIDS Risk Assessment at the time of the intake/initial assessment except under the following circumstances:

   1. For Clinically Managed High and Low Intensity Residential Services (previously referred to as Primary and Transitional Residential Services): The assessment form (or a copy) is in the person's record verifying the assessment(s) was administered, with documentation of follow-up results, if applicable, in primary (high intensity) treatment services completed within the last 30 calendar days.

   2. For Peer Support Specialist Services: The assessment form (or a copy) is in the person's record verifying that both risk assessments were administered with documentation of follow-up and results, if applicable, during substance use treatment services completed within the last 30 calendar days.

J. In addition to the initial assessment, a Driving Under the Influence (DUI) Diagnostic Assessment for people in DUI services as 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 Mississippi Department of Public Safety. This person's record must contain: Previous DUIs and Moving Violations.
2. The results and interpretations of a DMH-approved diagnostic instrument.

Source: Miss. Code Ann. § 41-4-7

Rule 16.9 Telehealth

A. For the purposes of DMH provider certification, telehealth refers to the delivery of services by a provider to a beneficiary who is located at a different site and includes the delivery of such services as diagnosis, consultation, or treatment using HIPAA-compliant interactive telecommunication systems, including information, electronic and communication technologies, and remote persons-served monitoring services with visual capability. The terms, "telehealth" and "telemedicine," may be utilized interchangeably in the *DMH Operational Standards*.

B. Telehealth services must be delivered in accordance with the providing practitioner's scope of practice, per the practitioner's appropriate licensure/credentialing board/entity.

C. Signed and informed consent for using telehealth is required (excluding Mobile Crisis triage).

D. DMH does not engage in consultation/facilitation with third-party payer sources regarding reimbursement for services provided via telehealth. Providers utilizing telehealth are responsible for Medicaid or other third-party payer source stipulations pertaining to telehealth usage for reimbursement purposes, as applicable.

E. DMH reserves the right to delineate which DMH-certified service(s)/support(s) and/or program(s) may utilize telehealth, in accordance with applicable federal and state laws pertaining to the use of telehealth/telemedicine.

F. It is generally recommended, but not required by DMH, that a practitioner relationship be previously established prior to the use of telehealth. Practitioners should use guidance as per their own scopes of practice and any third-party payer sources.

G. DMH does not certify telehealth only agencies. Moreover, for the purposes of DMH provider certification, for any service(s)/support(s) and/or programs for which DMH allows a certified provider to engage in telehealth, the provider must have a Mississippi-based physical (location-based) presence, as defined by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 16.10 Care Coordination

A. Care Coordination aims to improve the quality of care of people with behavioral health conditions by ensuring that services are well-coordinated across different providers and settings.

B. DMH/C and DMH/P providers must have implemented written policies and procedures which include the following care coordination activities/principles, in addition to other applicable care coordination activities as outlined elsewhere in the *DMH Operational Standards*:

1. Collaborative Care: Promoting collaboration among primary care providers, behavioral health care providers, and other service providers to ensure a holistic care approach.
2. Care Planning and Coordination: Addressing in service plans the unique needs and preferences of people being served and coordinating care across different providers and specialties.
3. Information Sharing: Ensuring appropriate and timely sharing of a person's information among care team members while adhering to applicable informed consent, release of information, and privacy and confidentiality policies and laws, such as HIPAA.
4. Care Transition: Facilitating smooth transitions between different levels of care to prevent gaps in treatment and ensure continuity of care.
5. Quality Improvement and Performance Measurement: Monitoring and evaluating care coordination processes, outcomes, and persons' experiences to identify areas for improvement.

Source: Miss. Code Ann. § 41-4-7

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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 comprehensive plan which directs the treatment and support of the person receiving services. The individual plan should be designed to increase or support independence and community participation. The individual plan may be referred to by varying names, depending on the population served and the process utilized to develop the plan (e.g., Treatment Plan, Plan of Services and Supports, Individual Service Plan, Wraparound Plan or Person-Centered Plan).

B. The plan must be based on the strengths, challenges, desired outcomes, and activities to support outcomes of the person receiving services and their parent(s)/legal representative(s). Outcomes should be identified by the person, parent(s)/legal representative(s), and/or natural supports.

C. The individual plans for adults with a serious mental illness and children/youth with serious emotional disturbance must be signed off on by a licensed physician, licensed psychologist, psychiatric/mental health nurse practitioner, physician assistant, licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed certified (clinical) social worker (LCSW) (as is allowable per the practitioner's scope of practice) to certify that the services planned are medically/therapeutically necessary for the treatment of the person.

   (For reimbursement purposes, providers should contact the appropriate third-party payer source for any third-party payer source requirements pertaining to this rule).

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

Source: Miss. Code Ann. § 41-4-7

Rule 17.2 Development of Individual Plans

A. Agency providers must utilize planning approaches that are best practices or evidence-based by their respective areas of focus (i.e., adults with serious mental illness, children/youth with serious emotional disturbance, people with co-occurring disorders, people with substance use disorders and people with intellectual/developmental disabilities, elderly people, 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, service providers, and other supports (as appropriate) that may be identified and utilized by the person or team members.
2. A person-centered, recovery/resiliency-oriented focus, depending on the population.
3. A focus on individual strengths and how to build upon strengths to achieve positive outcomes.
4. Proactive crisis planning, depending on the person receiving services.
5. Discharge planning and continuity of care.

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

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 the ID/DD Waiver Program. Targeted Case Management develops the Plan of Services and Supports for people enrolled in the IDD Community Support Program. If a person receives an IDD Service and is not enrolled in the ID/DD Waiver or the IDD Community Support Program, the IDD agency provider must develop the Plan of Services and Supports.

2. The person will lead the person-centered planning process when possible. The person's legal representative(s) should have a participatory role, as needed, and as defined by the person. The meeting:
   (a) Includes people chosen by the person.
   (b) Provides necessary information and support to ensure the person 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.
   (d) Reflects the cultural/linguistic considerations of the person.
   (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 regarding the services and supports they receive and from whom.
   (g) Includes a method for the person to request updates to the plan as needed.
   (h) Records the alternative home and community-based settings that were considered by the person.

3. The Plan of Services and Supports must:
   (a) Reflect the services and supports that are important to the person to meet needs identified through an assessment of functional need as well as what is important for the person regarding preferences for the delivery of such services and supports.
   (b) Reflect that the setting in which the person resides is chosen by the person. 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 not receiving IDD services.

(c) Reflect the 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 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 back-up plans and strategies when needed.

(h) Be understandable to the person receiving services and supports, and the people important in supporting the person.

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

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

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

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

(m) Document that any modifications made to a person's ability to access the community or make choices about 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-centered aspect of the Plan of Services and Supports.

(3) Have documentation when 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 effectiveness 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.

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

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

Source: Miss. Code Ann. § 41-4-7

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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 a person and/or their family, or other supports. Targeted Case Management Services are directed towards helping the person maintain the 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 Case Management may be provided face-to-face, virtually, or via telephone. Targeted Case Management is not designed to be a mobile service, but there is no prohibition on services being provided in a location other than the certified provider's office-based location.

Source: Miss. Code Ann. § 41-4-7

Rule 18.2 Provision of Mental Health Targeted Case Management Services

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

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

C. The employee caseload for Mental Health Targeted Case Management Services must not exceed 100 people. Caseload sizes must be based on the complexity of the needs of the person and whether the employee has additional responsibilities.

Source: Miss. Code Ann. § 41-4-7

Rule 18.3 Mental Health Targeted Case Management – Required Components

Mental Health Targeted Case Management must include the following components:

A. Completion of a comprehensive assessment and periodic reassessments of the person's needs.

B. Development and periodic revisions of a specific treatment plan which is based on information collected through the assessment and reassessments. The treatment plan should specify the person's goals and any actions needed to address the services needed by the person.

C. Provision of referral and related activities, such as scheduling appointments for the person to address identified needs and achieve treatment plan goals.

D. Monitoring and follow-up activities.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 19: Crisis Services

Crisis services are available 24 hours a day, seven (7) days a week and include prompt crisis assessment, intervention, and follow up services. CMHCs/LMHAs and other DMH providers certified to provide crisis services collectively operate an array of crisis services, supports, and programs consisting of provider-based crisis response, crisis hotlines, mobile crisis outreach, and Crisis Residential Units.

Rule 19.1 Crisis Response Services

A. Crisis Response Services are intensive therapeutic services which provide assessment and intervention in a mental health crisis. Crisis Response Services are provided to children/youth and adults who are experiencing a significant emotional/behavioral crisis in which the person's mental health and/or behavioral health needs exceed the person's resources. Trained Crisis Response personnel provide crisis stabilization to navigate a crisis safely and prevent hospitalization if possible. 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 may also include the engagement of family and other natural supports in crisis resolution strategies. Without Crisis Response intervention, the person 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).

   The following three (3) Crisis Response Services components pertain to on-site/provider-based crisis response and crisis response hotlines.

   1. Agency Provider Crisis Response: An immediate and unscheduled mental/behavioral health service provided to people at the provider's physical location in response to a person's mental/behavioral health crisis; the purpose is to prevent imminent harm and/or to stabilize or resolve an acute mental or behavioral health issue.

   2. Crisis Hotlines: Crisis Hotlines are an integrated component of the overall crisis service delivery system and are accessible toll-free throughout each LMHA service area. The lines are a 24 hour a day, seven (7) days a week telephone service operated by trained crisis staff providing crisis screening and assessment, crisis intervention services, mental health and substance use referrals, dispatch of mobile crisis teams when needed, connection with 988 when appropriate, and general mental health and substance use information to the community. Both currently-served people and people possibly needing services may access Crisis Hotlines operated through the LMHA and other DMH-certified mental/behavioral health providers of crisis response services.

   3. 988: 988 provides confidential support at no cost for people experiencing a mental health/behavioral health or suicide crisis. This service is available 24 hours a day, seven (7) days a week to all people in Mississippi and throughout the nation. When a caller connects to one (1) of the 988 crisis centers or a national backup center, trained crisis

personnel are available to listen to the caller, provide support, and share resources or referrals, as needed. The 988 network crisis centers offer support via telephone, online chat, and text. DMH designates the 988 centers in Mississippi.

B. Crisis Response Services must be made available to the public in every county/area served by agency providers certified by DMH to provide Crisis Response Services. Crisis Response Services must be able to serve mental health, IDD, and substance use disorder service populations.

C. Crisis Response Services must have the capability to respond to multiple crisis calls at a time. Services include:

1. A Crisis Hotline, which is a designated toll-free crisis telephone number which covers the agency provider's entire catchment or service area.
2. Provider-based (i.e., "Walk-in") Crisis Response capability at all DMH-certified service locations in the agency provider's catchment or service area.

D. The "on-call" Crisis Response personnel answering the designated Crisis Hotline must:

1. Ensure that a mental health representative is available to speak with a person in crisis and/or family member(s)/legal representative(s) of the person at all times.
2. Ensure people or family member(s)/legal representative(s) of the person in crisis should only have to call a single time to the designated crisis number to request and receive assistance.

E. Crisis Response Services must coordinate with DMH and respond to crisis call referrals from DMH generated from the toll-free DMH Help Line 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 in a prominent location on the agency provider's website.
2. Ensure the person speaks with a trained professional if an answering service is used after typical work hours (which is permissible). Automated answering devices are not permissible. If the provider uses an answering service, the service should not roll to 911, 988, or the CMHC/LMHA.
3. Ensure the agency provider's toll-free number is provided to DMH.

G. Complete an assessment of the person's risk and acuity using an assessment tool as required by DMH. The assessment will include, but is not limited to, current risk level related to suicide/homicide, substance use, mental status, current and past mental health diagnoses and treatment, coping skills, and medical condition.

H. Policies and procedures must be in place which detail how provider-based, unscheduled 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 or service area.

I. Crisis Response Services must have access to medical and psychiatric support as needed 24 hours a day, seven (7) days a week. Medical and psychiatric support can be provided through the use of telemedicine and must be provided by a licensed health/medical professional, as per the practitioner's scope of practice via the practitioner's licensing/credentialing entity.

J. When the crisis situation subsides, Crisis Response Services must facilitate and verify formal initial assessment and therapy appointments with the mental health provider of the person's choice (if the person 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 with typical service providers, using face-to-face, virtual, or phone transfer.

K. Crisis Response Services must follow-up daily and provide any necessary services to the person 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 before the person participates in the initial assessment that is part of the intake/admission process.

M. Crisis Services employees must meet and complete the staff development training requirements, as outlined in Chapter 12.

N. All providers certified in Crisis Response and/or Mobile Crisis must have a full-time Crisis Coordinator who meets the qualifications for this position as outlined in Chapter 11.

O. Providers certified by DMH in Crisis Response Services must maintain a working relationship with local hospital emergency departments (EDs). The provider must develop protocols for their agency staff to address the needs of people receiving services in psychiatric crisis who come to those emergency departments.

Source: Miss. Code Ann. § 41-4-7

Rule 19.2 Crisis Response Services Documentation Requirements:

A. Crisis Response Services must maintain documentation of all crisis response contacts (face-to-face, virtual, and telephone contacts), including, at a minimum:

1. Identification of the person in crisis.
2. Time and date contact was made.
3. Type of contact (face-to-face contact, virtual, and/or telephone contact).

4. The location of contact if it was face-to-face.
5. Name of the employee(s) addressing the emergency/crisis.
6. Continuum of Care follow-up information.

B. Crisis Response Services will collect and submit data as determined and required by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 19.3 Mobile Crisis Response Teams (MCERTs)

A. Mobile Crisis Response Teams (MCERTs) are operated by LMHAs and/or other service providers designated by DMH. Mobile Crisis Response Teams provide community-based crisis services that deliver solution-focused and recovery-oriented mental/behavioral health assessments and stabilization of self-defined crisis in the location where the person is experiencing the crisis whenever feasible. Teams consist of mental health personnel who can provide support to people experiencing a mental/behavioral health crisis. The teams ensure the person served has a follow-up appointment with their preferred provider and monitor the person until the appointment takes place.

Mobile Crisis Response is available to all people in Mississippi regardless of insurance status, age, residency, or prior service utilization. Mobile Crisis Response Services must be able to serve mental health, IDD, and substance use disorder service populations.

MCERTs provide a combination of crisis services, including emergency care (response immediately or within up to two (2) hours in a rural setting), urgent care (response within eight (8) hours), and crisis follow-up to children, adolescents, or adults in the community. This service is available 24 hours a day, seven (7) days a week within the provider's catchment or service area.

MCERTs must deliver community-based crisis intervention, screening, assessment, de-escalation and stabilization, safety planning, and coordination with and referrals to appropriate resources, including health, social, and other services and supports.

B. Agency providers of MCERTs must also meet Rules 19.1 – 19.2.

C. Mobile Crisis Response Services must have the capability to respond to multiple crisis calls at a time.

D. Mobile Crisis Response Services must include a single toll-free telephone number which covers the agency provider's entire catchment area or service area for crisis calls.

E. Mental Health Professional(s) on the MCERTs consist of professionals who can provide support to people experiencing a mental/behavioral health crisis. MCERTs must:

1. Be able to respond within the timelines outlined above: immediately or within up to two (2) hours (rural setting) for emergency care and within eight (8) hours for urgent care.
2. Complete an assessment of the person's risk and acuity using the Columbia-Suicide Severity Rating Scale or the Ask Suicide-Screening Questions (ASQ) Toolkit or another DMH-approved assessment tool. The assessment will include, but not be limited to, current risk level related to suicide/homicide, substance use, mental status, current and past mental health diagnoses and treatment, coping skills, and medical condition.
3. Utilize a team approach to Mobile Crisis Response to address the crisis. Teams should use provider-established risk and safety guidance measures and protocols to determine if and when to engage law enforcement; these measures should be adequately developed and agreed to by law enforcement.
4. Work to immediately stabilize the person's crisis using solution-focused and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, or placement in a more segregated setting.
5. Assess current natural supports and make a determination if the person can safely remain in the community.
6. Transport or arrange transportation to the most appropriate treatment setting if the person is determined to be a danger to self or others.
7. Provide for the level of service the person requires, mitigate the crisis, and if known, support the person's long-term recovery goals (Example: Crisis Support Plan, Advanced Directive.)

F. MCERTs must have immediate access to medical and psychiatric support (licensed psychiatrist, licensed psychologist, licensed physician's assistant, or licensed psychiatric nurse practitioner, as per the independent practitioner's scope of practice) during emergency and urgent responses 24 hours a day, seven (7) days a week. Medical and psychiatric support can be provided via telemedicine. If medical and/or psychiatric support is not available by a staff member of the LMHA, then a written Memorandum of Understanding (MOU) must be in place between the LMHA and the support provider with an agreement to respond via telemedicine to MCERT needs around the clock, as outlined above. MCERTs must have written procedures on how Teams can access medical and psychiatric support.

G. Mobile Crisis Response involves two (2) levels of response intensity, as outlined below:

1. Emergency Response: Mental/behavioral health community services or other necessary interventions directed to address the immediate needs of a person in crisis to ensure the safety of the person in crisis and others who may be placed at risk by the person's behaviors, including, but not limited to, psychiatric evaluations, administration of medications, hospitalization, stabilization, or resolution of the crisis. The response must occur immediately following the initial service contact (immediately or within up to two (2) hours in a rural setting, as defined in the glossary).

2. Urgent Response: Mental/behavioral health community services or other necessary interventions provided to people in crisis who do not need emergency care services but who are potentially at risk of serious deterioration; services provided may include, but are not limited to, the services outlined in one (1) above. The response (both urban and rural) must occur within eight (8) hours of the initial service contact.

Source: Miss. Code Ann. § 41-4-7

Rule 19.4 Mobile Crisis Response Team Staffing Requirements

A. MCERTs must consist, at a minimum, of the following employees:

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

B. Mobile Crisis Response staffing plans, including the number of full-time staff vs. the number of on-call staff, must be approved by DMH. Staffing numbers must be sufficient to respond in a team of two (2) members to multiple crises occurring simultaneously throughout the provider's service area as well as provide emergency and urgent care services within the required time frames, as outlined above, without delay. It is suggested that one (1) of the two (2) team members be a Certified Peer Support Specialist Professional (CPSSP) when feasible. However, in certain situations a one (1)-person team response may be sufficient. If a one (1)-person team responds, then the responding staff person must be a Licensed and/or Credentialed Master's Level Therapist (or a Community Support Specialist, under the clinical supervision of a Licensed and/or Credentialed Master's Level Therapist).

Source: Miss. Code Ann. § 41-4-7

Rule 19.5 Mobile Crisis Response Services Coordination

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

1. People held in a Designated Mental Health Holding Facility who are waiting for bed availability after an inpatient commitment.
2. People held in a local jail with a mental health emergency.
3. People presenting in local emergency rooms with a mental health emergency.
4. Families in need of a pre-affidavit screening.

B. Mobile Crisis Response Services must be offered to all licensed hospitals with emergency departments in the catchment or service area, including:

1. Training of emergency room personnel on resources offered by the MCERT and CMHCs in handling mental health emergencies.
2. Consultation in the care of people who are admitted to the hospital for medical treatment of suicide attempts or other mental health emergencies.

C. Mobile Crisis Response Services must provide assessment and arrange transportation 24 hours a day, seven (7) days a week to DMH Certified Crisis Residential Services designated for the agency provider's catchment or service area for people in need of Crisis Residential Services.

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

1. The LMHA will offer and provide mental health crisis response/intervention resources and offer technical assistance to every law enforcement agency in their catchment area. The Crisis Coordinator must maintain documentation of the request, response, and training provided. The training may be provided by any qualified CMHC/LMHA employee.

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

F. MCERTs will receive requests from various sources including the crisis lines, 988, law enforcement, DMH, or other defined referral sources (e.g., schools, chancery clerks). MCERTs are required to maintain a telephone number directly connecting referral sources to the MCERT. This telephone number must be proactively shared with DMH, 988, law enforcement, and other defined referral sources, including, but not limited to, the examples outlined above.

G. Calls to the Mobile Crisis Line must be immediately answered by a live MCERT member and subsequently triaged for dispatch. An automated answering service is not permitted to function as a MCERT dispatch line. When the MCERT receives a call, then the team must immediately assess and dispatch the MCERT, when necessary, in the manner as outlined in the Mobile Crisis Care Coordination Protocols, as developed by DMH. Additional dispatch protocols must be approved by DMH to utilize.

H. Once the MCERT is dispatched, then the team must respond and arrive on-site within the timeliness and location policies and procedures, developed in accordance with DMH crisis response rules and requirements and policies and procedures. The MCERT will meet the person in crisis in the location where the crisis occurs unless the person served requests to

be met in an alternative community-based location when feasible. It is reasonable to respond with law enforcement if there is a safety concern.

I. Care Coordination and Follow-up: Following a crisis response encounter, the MCERT must ensure that the person has a follow-up appointment with their preferred provider and provide for regular contact with the person until the person attends their initial appointment. Additionally, the Team must provide post-crisis follow-up within 72 hours of the initial crisis episode. This follow-up may occur via face-to-face, telehealth, and/or via telephone contact and must include, but is not limited to:

1. Reassessing risk;
2. Reviewing/updating immediate and short-term safety plans;
3. Collaboration with immediate/available supports;
4. Providing ongoing support and outreach; and
5. Collaboration on transportation to the follow-up appointment.

J. In accordance with the Substance Abuse and Mental Health Services Administration's National Model Standards for Peer Support Certification, those taking on supervision tasks should have a deep understanding of the nature of peer practice, knowledge of the peer specialists' role and of the principles and philosophy of recovery (for substance use/mental health peer workers) or resiliency (for family peer workers), and familiarity with the code of ethics for peer specialists. It is encouraged that prospective certified peer supervisors have direct experience as a peer specialist and relevant lived experience.

Source: Miss. Code Ann. § 41-4-7

Rule 19.6 Crisis Residential Services – Crisis Residential Units

A. Crisis Residential Services are short-term residential treatment services provided in a Crisis Residential Unit (sometimes referred to as a Crisis Stabilization Unit) which provide psychiatric supervision, nursing services, structured therapeutic activities, and intensive psychotherapy (person, family and/or group) to people who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Residential Services are provided 24 hours a day, seven (7) days a week in a secure environment. Services are provided by medical personnel and mental health professionals, as per their scopes of practice, as well as support staff. Crisis Residential Services are designed to reduce a person's acute mental health symptoms and to prevent the need for a higher level of care, including long-term inpatient psychiatric hospitalization. Crisis Residential Services content may vary based on each person's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

Crisis Residential Services must comply with all applicable Health, Environment, and Safety rules in Chapter 13.

B. Crisis Residential Services may be provided to people experiencing a mental health crisis.

C. Children/youth receiving Crisis Residential Services must be a minimum of six (6) years of age. Children/youth up to age 18 cannot be served in the same facility as adults. DMH may require a higher minimum age to increase accessibility for other youth and/or to improve the therapeutic environment. Requests to serve a person whose age falls outside of the Crisis Residential Unit's stipulated population must be submitted to DMH for approval prior to admission.

D. Crisis Residential Services must be designed to accept admissions (voluntary and involuntary) 24 hours per day, seven (7) days per week. Admission denial must be in accordance with Crisis Residential Units denial criteria and guidelines, as may be issued by DMH.

E. Crisis Residential Services must provide the following within 24 hours of admission to determine the need for Crisis Residential 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; and
4. Psychiatric consultation.

F. Crisis Residential Services must consist of:

1. Evaluation, to include, but is not limited to, treatment plan development and review, Nursing Assessment, and Medication Management.
2. Observation.
3. Substance use counseling.
4. Individual, Group and Family Therapy.
5. Targeted Case Management and/or Community Support Services.
6. Family Education.
7. Therapeutic Activities (i.e., recreational, psycho-educational, social/interpersonal).
8. Peer Bridger Services.
9. Skills building programming which focuses on a range of topics including, but not limited to:
   (a) Reality orientation.
   (b) Symptom reduction and management.
   (c) Appropriate social behavior.
   (d) Improving peer interactions.
   (e) Improving stress tolerance.
   (f) Development of coping skills.
   (g) Safety planning.
   (h) Mental health education.
   (i) Crisis response.

G. Direct services (i.e., therapy, recreational, psychoeducation, social/interpersonal activities, educational activities [for children/youth]) must at a minimum be:

1. Provided seven (7) days per week.
2. Provided five (5) hours per day.

H. Prior to discharge from Crisis Residential Services, an appointment must be made for the person to begin or continue services from the CMHC/LMHA or other mental health provider.

I. Crisis Residential Services must have a full-time on-site director, as defined by DMH.

J. Crisis Residential Services must have a full-time on-site employee with either: (1) a professional license, or (2) a DMH credential as a Mental Health Therapist.

K. Crisis Residential Services must maintain at least one (1) direct service personnel or Certified Peer Support Specialist Professional (CPSSP) to four (4) people ratio 24 hours per day, seven (7) days per week. A RN must be on-site during all shifts and may be counted in the required staffing ratio.

L. DMH only allows seclusion to be used in Crisis Residential Services with people over the age of 18.

M. If a service location uses a room for seclusion(s), the service location must be inspected by DMH and written approval for the use of such room obtained from the DMH CRC prior to its use for seclusion. A room must meet the following minimum specifications in order to be considered for approval by DMH for use in seclusion:

1. Be constructed and located to allow visual and auditory supervision of the person. Visual and auditory supervision means that the person can be seen and heard the entire time of seclusion, with no break in this level of monitoring;
2. Have room dimensions of at least 48 square feet; and
3. Be ligature/harm-resistant and have break resistant glass (if any is utilized).

N. 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. A clear definition of seclusion and the appropriate conditions and documentation associated with its use. Seclusion is defined as a behavioral control technique involving locked isolation. This does not include a time-out.

2. A requirement that seclusion is used only in emergencies to protect the person from injuring self or others. "Emergency," in this context, is defined as a situation where the person's behavior is violent or aggressive and where the behavior presents an

immediate danger to the safety of the person being served, other people served by the service location, employees, or others.

3. A requirement that seclusion is used only when all other less restrictive alternatives have been determined to be ineffective to protect the person or others from harm and a requirement of documentation in the person's record.

4. A requirement that seclusion is used only in accordance with the 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 provider. This order must be documented in the person's record. The following requirements must be addressed in the policies and procedures regarding the use and implementation of seclusion (as applicable) and be documented in the person's record:
   (a) Orders for the use of seclusion must never be written as a standing order or on an as needed basis (i.e., PRN).
   (b) The treating physician or other licensed independent practitioner, as appropriate to scope of practice, must be consulted as soon as possible if the seclusion is not ordered by the 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 state licensure rules/regulations governing scope of practice of the independent practitioner and the provider) must see and assess the person 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 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.
   (i) People may request calming isolation without a locked door.

5. Requirements that seclusion is not used as a form of punishment, coercion, or for the employee's convenience.

6. Requirements that employees trained in the proper and safe use of seclusion record observation of the person at intervals of 15 minutes or less and that they record the observation in a behavior management log that is maintained in the record of the person being served.
7. Requirements that the original authorization order of the seclusion may only be renewed for up to a total of 24 hours by a licensed physician or licensed independent practitioner, if less restrictive measures have failed.

O. Time-out, as defined in the glossary, may be utilized for people under the age of 18. While the person is in time-out, staff must have visual and auditory supervision of the person; visual and auditory supervision means that the person can be seen and heard the entire time

with no break in this level of monitoring. Any room used for time-out must be ligature/harm resistant and have break resistant glass (if any is utilized). Additionally, the same conditions for seclusion outlined above (stipulations concerning policies/procedures, implementation, and the practitioner's order) apply to time-out administration. Additionally, the consecutive amount of time a person spends in time-out must be ordered by the prescribing licensed practitioner, as their scope of practice allows.

P. Prescribing licensed practitioners may prescribe adults oral medications to treat symptoms of mental illness consistent with standards of clinical practice, including prescribing oral medications to be given on an "as needed" basis. In emergencies, such as when a person's condition presents an imminent, significant risk of physical harm to the person or others and the person refuses to take oral medications, prescribers may prescribe appropriate intramuscular psychotropic medications to be given to the person without their consent, also consistent with standards of clinical practice. Non-emergent forced medications shall not be prescribed to persons admitted to a Crisis Residential Unit. The type of medication administration outlined in this rule is not considered by DMH to be a chemical restraint, as defined in the glossary.

Q. The maximum capacity for which DMH will certify a Crisis Residential Service Unit is 16.

Source: Miss. Code Ann. § 41-4-7

Rule 19.7 Environment and Safety for Crisis Residential Units

Providers of Crisis Residential Services must adhere to Health, Environment, and Safety rules and regulations in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 19.8 Crisis Residential Unit Orientation

A. In addition to information contained in the agency provider's policies and procedures manual, providers of Crisis Residential Services must develop an orientation package which includes policies and procedures for the provision of Crisis Residential Services. The orientation package is to be provided to the person/parent(s)/legal representative(s) during orientation. Orientation may need to be delayed until the person is stable enough to comprehend the information being provided.

B. All agency providers of Crisis Residential Services must document that each person (and/or parent[s]/legal representative[s]) being served is provided with an orientation as soon as it is appropriate based on the functioning of the person.

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 person/parent(s)/legal representative(s).

D. Crisis Residential Service providers must have a written plan for providing the orientation package information in a person's language of choice when necessary.

E. The orientation package must include the expectations of Crisis Residential Services and how the person can be successful in the service.

F. At a minimum, the Crisis Residential 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 Services addresses the following items, to include but not limited to:
   (a) Visitation guidelines (as applied to family, significant others, friends, and other visitors). Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights.
   (b) 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 person's record.
      (3) Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights.
   (c) Off-site activities.
   (d) Housekeeping tasks.
   (e) Use of alcohol, tobacco, and other drugs.
   (f) Respecting the rights of other people's privacy, safety, health, and choices.

4. Policy regarding the search of the person's room, person and/or possessions in alignment with Rule 14.4.A.

5. Policy regarding screening for prohibited/illegal substances in alignment with Rule 14.4.B.

G. Methods for assisting people in arranging and accessing *emergency* medical and dental care, include:

1. Agreements with local physicians, hospitals, and dentists to provide emergency care; and
2. Process for gaining permission from parent(s)/legal representative(s), if necessary.

H. Description of the employee's responsibility for implementing the protection of the person and their personal property and rights.

I. Determination of the need for and development, implementation, and supervision of behavior change/management services.

J. Description of how risks to health and safety of people in the services are assessed and the mitigation strategies put in place as a result of assessment.

K. Criteria for admission, denial (based on guidelines and protocol issued by DMH), and termination/discharge from Crisis Residential Services.

L. Providers of Crisis Residential 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).
4. Prevention of and protection from infection, including communicable diseases.

Source: Miss. Code Ann. § 41-4-7

Rule 19.9 ID/DD Waiver Crisis Intervention Services

A. Crisis Intervention Services provide immediate therapeutic intervention, available to a person on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the person or others and/or may result in the person's removal from their 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 to person ratio.

D. There are three (3) models and primary service locations: (1) Crisis Intervention in the person’s home; (2) Crisis Intervention provided in an alternate community living setting; or (3) Crisis Intervention provided in the person’s usual day setting.

1. Person’s home: The agency provider will provide or coordinate support services with the person’s community living and day services provider(s). These services will, to the greatest extent possible, allow the person to continue to follow their daily routine in the service setting, with accommodations consistent with the Crisis Intervention Plan and the person’s current behaviors. The Crisis Intervention Plan indicates any adaptations/changes needed in the environments in which the person typically spends their days.

2. Alternate residential setting: In the event a person needs to receive Crisis Intervention Services in a setting away from the primary residence, the agency provider must have pre-arranged for such a setting to be available. This may be an apartment, hotel/motel, or a bedroom at a different DMH-certified residence. The Crisis Intervention personnel, to the greatest extent possible, maintain the person’s daily routine and follow the Crisis

Intervention Plan to transition the person back to their primary residence. The Crisis Intervention Plan indicates any adaptations/changes needed in the environments in which the person typically spends their days.

3. Person's usual day setting: Crisis Intervention personnel will deliver services in such a way as to maintain the 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 relocating someone to an alternate residential setting(s). This includes the type of location, whether people will be alone or with others, and plans for transporting people. 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.

F. The agency provider must have an on-call system that operates 24 hours a day, seven (7) days per week to ensure there are sufficient employees available to respond to crises.

G. The following positions are required for Crisis Intervention Teams; the specific requirements for the positions listed below are outlined in Chapter 11:

1. A professional who meets the criteria under Rule 11.5.B.1 for an IDD Crisis Intervention Team director.
2. An ID/DD Waiver Behavior Specialist.
3. Direct service personnel for IDD Services.

H. Crisis Intervention Services may be indicated on a 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 is at risk of causing physical harm to self, causing physical harm to others, damaging property, eloping, or being unable to maintain self-control 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 personnel to the person to assess the situation and provide direct intensive support when a person is physically aggressive or there is concern that the person may take actions that threaten the health and safety of self and others.

J. As soon as is feasible, the person must be evaluated by medical personnel to determine if there are any physical/medication factors affecting their behavior.

K. When the immediate crisis is stabilized, appropriately qualified personnel:

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 with self-care when the primary caregiver is unable to do so because of the nature of the person's crisis situation.
7. Directly counsel or develop alternative positive experiences for people while planning for the phase out of Crisis Intervention Services and return of the person to their living arrangement, if applicable.
8. Train employees and other caregivers who normally support the person in order to remediate the current crisis as well as to support the person long-term once the crisis has stabilized in order to prevent a reoccurrence.

L. Crisis Intervention personnel may remain with the person 24 hours a day, seven (7) days a week until the crisis is resolved. Crisis Intervention is authorized for up to 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 and those around them. Additional seven (7) day segments can be authorized by DMH, depending on a person's 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 168 hours. Additional hours can be authorized by DMH, depending on the person's need and situational circumstances.

N. If a person requires a higher level of supervision/support than can be safely provided through Crisis Intervention Services, then the person will be appropriately referred to other more intensive services.

Source: Miss. Code Ann. § 41-4-7

Rule 19.10 ID/DD Waiver Crisis Support Services

A. Crisis Support is provided in an ICF/IID or DMH-certified crisis facility 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 or passes away, and the person's support needs cannot adequately be met by other ID/DD Waiver Services.
   (b) 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.
   (c) 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 DMH is required for admission to an ICF/IID or DMH-certified crisis facility for Crisis Support Services.

D. Crisis Support is short-term in nature. Crisis Support is initially provided for 30 calendar days. Additional days must be authorized by DMH prior to the end of the authorized date.

E. The designated ICF/IID or DMH-certified crisis facility personnel will contact the person's parent(s)/legal representative(s)/supported decision maker or community living provider within 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. The ICF/IID or DMH-certified crisis facility 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 regimen. 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 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(s)/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 or virtual participation from remote locations. The meeting must occur within five (5) business days of discharge. The purpose of the transition/discharge planning meeting 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 CMHCs, 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.

Source: Miss. Code Ann. § 41-4-7

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 Services are only provided by certified DMH/C and DMH/P providers. Community Support Services 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. The purpose/intent of a Community Support Specialist is to provide specific, measurable, and individualized services to each person served. Community Support Services should be focused on the 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 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 in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community.
2. Individual therapeutic interventions 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 in accessing needed services such as medical, social, educational, transportation, housing, substance 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 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, caregivers, and/or others who have a role in addressing the needs of the person.
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 Community Support Services must, at a minimum:

1. Have a designated Director of Community Support Services to supervise the provision of Community Support Services; position requirements outlined in Chapter 11.
2. Assign a full-time, DMH Credentialed Community Support Specialist for each person enrolled in the service; position requirements outlined in Chapter 11.
3. Maintain a list of each Community Support Specialist's caseload that must be available for review by DMH personnel.
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 encouraged. 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.
   (e) Phone number.

D. The following priority groups must be offered Community Support Services within 14 days of the date of their initial assessment. Community Support Services must be provided within 14 days of the initial assessment unless the person states, in writing, that they do not want to receive the service.

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

E. People with serious mental illness or serious emotional disturbance not included in these priority groups should be assessed to determine the need for Community Support Services within 30 calendar days of their initial assessment. Community Support Services must be provided within 30 calendar days of the initial assessment if the assessment indicates a need for such, unless the person declines the service, and such is documented.

F. Caseloads of Community Support Specialists must not exceed 80 people receiving services.

G. Frequency of the provision of Community Support Services should be based on the needs of the person receiving the service.

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

Source: Miss. Code Ann. § 41-4-7

Rule 20.2 Community Support Services for Children/Youth with Serious Emotional Disturbance

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

B. The caseload 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 25.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 21: Psychiatric/Physician Services

Rule 21.1 Psychiatric/Physician Services

A. Psychiatric/Physician Services are services of a medical nature provided by medically trained personnel to address medical conditions related to the person's mental illness or emotional disturbance. Medical services include medication evaluation and monitoring, nurse assessment, and medication injection.

B. If indicated by the initial assessment, the following priority groups must be provided Psychiatric/Physician's Services within 14 calendar days of the date of the person's initial assessment unless the person declines the service, and such is documented. Appointment cancellations or "no shows" must be documented in the person's record.

1. People discharged from an inpatient psychiatric facility.
2. People discharged from an institution.
3. People discharged or transferred from Crisis Residential Services.
4. 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 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 RN and a person 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 and the family about the illness and the course of available treatment.

E. Medication injection is the process of a LPN, RN, physician, or nurse practitioner injecting a person with prescribed psychotropic medication for the purpose of restoring, maintaining, or improving the person's role performance and/or mental health status.

Source: Miss. Code Ann. § 41-4-7

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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 an employee who holds either: (1) a Mental Health Therapist, IDD Therapist or Addictions Therapist Credential (as appropriate to the population being served); or (2) professional license, and a person, family, or group where a therapeutic relationship is established to help resolve symptoms of a mental illness and/or emotional disturbance.

B. Individual Therapy is defined as one-on-one (1:1) psychotherapy that takes place between an employee who holds either: (1) a Mental Health Therapist, IDD Therapist or Addictions Therapist Credential, or (2) professional license and the person receiving services.

C. Family Therapy shall consist of psychotherapy that takes place between a therapist who holds either: (1) a DMH Mental Health Therapist, IDD Therapist, or Addictions Therapist Credential, or (2) professional license and a person's family member(s) with or without the presence of the person. Family Therapy may also include others (Mississippi Department of Child Protection Services personnel, foster family members, etc.) with whom the person lives or has a family-like relationship. This service includes family psychotherapy and psychoeducation provided by a Mental Health Therapist or practitioner with a professional license.

D. Group Therapy shall consist of psychotherapy that takes place between an employee who holds either: (1) a Mental Health Therapist, IDD Therapist or Addictions Therapist Credential; or (2) professional license, and at least two (2) but no more than 10 children or at least two (2) but not more than 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 an employee who holds either: (1) a Mental Health Therapist, IDD Therapist or Addictions Therapist Credential; or (2) professional license, and family members of at least two (2) different people receiving services, with or without the presence of the person, directed toward the reduction/resolution of identified mental health problems so that the 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 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 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 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.

H. For DMH/C and DMH/P agency providers of Outpatient Psychotherapeutic Services for Children/Youth: Outpatient therapy services must be offered to each school district in the region served by the agency provider. If the school district does not accept the agency provider's offer to provide Outpatient Psychotherapeutic Services, written documentation of the offer (for the current school year) to 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 is enrolled.
3. Follow-up designed to minimize dropouts and maximize treatment compliance.
4. Therapist assignments.
5. Referral to other appropriate services as needed.
6. Discharge planning.

Source: Miss. Code Ann. § 41-4-7

Rule 22.2 Early Intervention, Outpatient, and Intensive Outpatient Programs for Adults with a Substance Use Disorder

A. Level 0.5 Early Intervention

Rules in this section are based on the American Society of Addiction Medicine's (ASAM's) established criteria for Level 0.5 Early Intervention Services for At-Risk Individuals.

Level 0.5 Early Intervention Services is the provision of secondary prevention services (assessment and education) for at-risk people who do not meet diagnostic criteria for substance use disorder, or a SUD diagnosis cannot be determined (i.e., persons determined to be co-dependent based on the ASAM's Level of Care [LOC] Placement assessment). Such interventions include Screening, Brief Intervention, Referral, and Treatment (SBIRT), risk advice, and education.

B. Level 1 Outpatient Services for People with a Substance Use Disorder

Rules in this section are based on the ASAM's established criteria for Level 1 Outpatient Services.

1. Level 1 Outpatient Services is a low intensity outpatient program designed for adolescents and adults 18 years or older with a SUD or co-occurring disorder not

requiring treatment intensity or structure of a Level 2: Intensive Outpatient Program (IOP) or Level 2.5 Partial Hospitalization Program (PHP).

2. This level can be used as the initial or sole level of care or as a step down from IOP or PHP, residential or inpatient treatment. It can also be used as continuing care after completion of a Level 3 Residential Treatment Program to solidify the progress made. This level of care can also be beneficial to people not interested in recovery who are mandated to treatment, and others who previously only had access to care if they agreed to intensive periods of residential treatment.

3. Level 1 Outpatient Services must be less than nine (9) hours a week (i.e., one [1] or more times a week or one [1] time every two [2], three [3], or four [4] weeks). The service may be conducted during the day or at night to meet the person's need.

4. When utilized as a continuance of care, a group format is preferred (but not required) with groups limited to 12 people a session. Individual therapy sessions may be utilized to monitor progress, address specific issues, and/or provide case management services, as appropriate.

5. Level 1 Outpatient Services must be staffed by appropriately credentialed practitioners (i.e., graduate/master's level clinician); and/or licensed treatment professionals (including addiction-credentialed physicians, therapists, psychologists, social workers, and others with appropriate credentials) who assess and treat substance-related, mental, and addictive disorders.

6. The duration of treatment in this level of care varies with the severity of the person's illness and their response to treatment.

7. Persons placed in this level of care must be assessed every 90 days, at minimum, to ensure level of care appropriateness.

8. Level 1 Outpatient Services must be in a physical space which is separate from other substance use services and impermeable to use by other services during hours-of-service operation.

C. Level 2.1 Intensive Outpatient Programs for Adults with a Substance Use Disorder

Rules in this section are based on the ASAM's established criteria for Level 2.1 Intensive Outpatient Programs.

1. Intensive Outpatient Services is a program for adults with a Substance Use Disorder (IOP-SUD). It is a community-based outpatient service which provides an alternative to a Level 3 Residential Treatment Service or hospital setting. The service is directed to adults 18 years or older who need services more intensive than traditional outpatient services, but who have less severe substance use disorders, co-occurring emotional, behavioral, or cognitive disorders less severe than those typically addressed in a Level

3 Residential Treatment Service. The Level 2.1 Intensive Outpatient Program for Adults with a Substance Use Disorder allows people to continue to fulfill their obligations to family, job, and community while obtaining intensive treatment. Level 2.1 Intensive Outpatient Program for Adults with a Substance Use Disorder may be conducted during the day or at night in order to meet the needs of the people being served.

2. Level 2.1 Intensive Outpatient Program for Adults with a Substance Use Disorder must be limited to 12 people per session.

3. Level 2.1 Intensive Outpatient Program for Adults with a Substance Use Disorder must provide the following services:
   (a) Group therapy for a minimum of nine (9) hours a week, usually in three (3) sessions a week. (Session times may vary but cannot be less than one (1) hour and cannot exceed three (3) hours daily). People must receive at least nine (9) total hours of group therapy per week. Groups may be of the following types: psychoeducational groups, skills-development groups, drug or alcohol refusal training, relapse prevention techniques, assertiveness training, stress management, support groups (e.g., process-oriented recovery groups), single-interest groups (can include gender issues, sexual orientation, criminal offense, and histories of physical and sexual abuse), family, or couples groups;
   (b) Individual therapy at a minimum of one (1) therapy session, for a minimum of one (1) hour, per week; and
   (c) Involvement of family to include no less than two (2) therapeutic family group sessions, offered to meet the needs of the person and the family.

4. Level 2.1 Intensive Outpatient Programs 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 operation.

5. The duration of treatment in this level of care varies with the severity of the person's illness and their response to treatment.

6. People placed in this level of care must be assessed every 30 calendar days to ensure level of care appropriateness.

D. Level 2.1 Intensive Outpatient Programs for Adolescents with a Substance Use Disorder

Rules in this section are based on the ASAM's established criteria for Level 2.1 Intensive Outpatient Programs.

1. An Adolescent-Intensive Outpatient Program (A-IOP) is a community-based outpatient service which provides an alternative to traditional Residential Treatment Services or hospital settings. The service is directed to adolescents ages 12-18 who need services more intensive than traditional outpatient services, but who have less severe substance use disorders or co-occurring emotional, behavioral, or cognitive disorders than those

typically addressed in Residential Treatment Services. The Adolescent-Intensive Outpatient Program allows people to continue to fulfill their obligations to family, job, school, and community while obtaining treatment. Adolescent-Intensive Outpatient Programs are primarily conducted in the evening but may be offered at varying locations and times to suit the needs of the adolescents being served.

2. An Adolescent-Intensive Outpatient Program must be limited to 12 people per session.

3. An Adolescent-Intensive Outpatient Program must provide the following services:
   (a) Group therapy must be offered for six (6) 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: psychoeducational groups, skills-development groups, drug or alcohol refusal training, relapse prevention techniques, assertiveness training, stress management, support groups (e.g., process-oriented recovery groups), single-interest groups (can include gender issues, sexual orientation, criminal offense, and histories of physical and sexual abuse), family, or couple groups.
   (b) Individual therapy must be a minimum of one (1) therapy session, for a minimum of one (1) hour, per week.
   (c) Involvement of family to include no less than two (2) therapeutic family group sessions, offered to meet the needs of the person.
   (d) Providers utilizing Evidence-Based Practices or best practices in the provision of Adolescent-Intensive Outpatient Program must show verification that 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.

4. Level 2.1 Intensive Outpatient Programs and services must be in a separate physical space from other substance use services and impermeable to use by other services during hours-of-service operation.

5. The duration of treatment in this level of care varies with the severity of the person's illness and their response to treatment.

6. People placed in this level of care must be assessed every 30 calendar days to ensure level of care appropriateness.

Source: Miss. Code Ann. § 41-4-7

Rule 22.3 Court Liaisons and Diversion Coordinators

A. The primary objective of the CMHC Court Liaisons is the coordination of services for people with behavioral health needs who have come to the attention of the justice system through law enforcement, courts, and or/jail personnel. People within this system of care likely have complex mental health and/or substance use needs which may be unmet or poorly coordinated. Court Liaisons intervene early in the commitment process. The Court

Liaison is part of an integrated person-centered team that works within local community systems to coordinate care for people experiencing behavioral health crises.

B. Court Liaisons perform the following duties:

1. Pre-affidavit screenings and coordination with Chancery Courts and families before commitments to connect in a proactive manner people with community-based services.
2. Development of diversion, alternative sentencing, and post-release plans which consider best-fit treatment alternatives and court stipulations.
3. On-site outreach efforts to court defendants and individualized service needs assessments to inform the court, and people in need, of available treatment options.
4. Support and assist defendants navigating the courts system.
5. Coordinate documents and communications among law enforcement, attorneys, court officials, and other relevant parties.
6. Make referrals to Intensive Community Support Specialists and Certified Peer Support Specialists.
7. Provide mental health referrals and linkages to support services.
8. Coordinate with the MCERTs.
9. Participate in and/or consider developing with local law enforcement Crisis Intervention Teams (CIT) or other initiatives that assist law enforcement in engaging with people with behavioral health needs.
10. Collaborate with local partners in Mental Health Courts, Treatment Courts, Veterans Courts, or other specialty/diversion courts handling behavioral health issues.
11. Provide, coordinate, or announce trainings on the following topics to people in the CMHC's catchment area to increase awareness about behavioral health issues:
    (a) Basic knowledge about mental health conditions and/or co-occurring disorders;
    (b) Civil commitment procedures;
    (c) CIT training for law enforcement;
    (d) Mental Health First Aid training; and
    (e) Suicide Prevention.
12. Attend monthly conference calls, webinars, and face-to-face meetings/training as requested by the Clinical Diversion Coordinator.
13. Maintain a current list of all key law enforcement and court contact information in the Court Liaison's catchment area and provide the Clinical Diversion Coordinator with a current list upon request.

C. Diversion Coordinators provide a thorough approach to the care of people with behavioral and mental health disorders. Their focus is on ensuring that every person is assisted in every step of their journey from intake to discharge. Diversion Coordinators work closely with the CMHC's intake, assessment, and outpatient personnel, as well as a Community Support Specialist. Diversion Coordinators synchronize the efforts and synthesize the information of the above parties while also working with people, their families, and their providers. The Diversion Coordinator examines each person's strengths, barriers to treatment, compliance with treatment options, and closely monitors the community-based service utilization of each person served.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 23: Acute Partial Hospitalization Programs (APHPs) and Partial Hospitalization Programs (PHPs)

Rule 23.1 Acute Partial Hospitalization Programs (APHPs) for Children/Youth with Serious Emotional Disturbance or Adults with Serious Mental Illness or Partial Hospitalization Programs (PHPs) for Adults or Children/Youth with Substance Use Disorders

A. Acute Partial Hospitalization Programs (APHPs) – SED/SMI and Partial Hospital Hospitalization Programs (PHPs) – SUD provide medical supervision, nursing services, structured therapeutic activities, and intensive psychotherapy (individual, family, and/or group) to people who are experiencing a period of such acute distress that their ability to cope with typical life circumstances is severely impaired. These programs are designed to provide an alternative to inpatient hospitalization. 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.

   APHPs may be provided to children/youth with serious emotional disturbance or adults with serious and persistent mental illness. PHPs may be provided to children and youth or adults with substance use disorders. For people with substance use disorders, Level 2.5 PHPs can be utilized as a step-down from an inpatient or residential level of care or as an initial level of care as determined by an ASAM Level of Care Placement assessment.

B. APHPs/PHPs must be a part of a written comprehensive plan of Crisis Stabilization and Community-Based Support Services offered to people participating in the program. At a minimum, services include family intervention, Targeted Case Management, medication monitoring, Crisis Response Services, and Community Support Services. The program must be designed to assist people 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 an APHP/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 the need for inpatient services.
   2. Procedures requiring documented medical supervision and follow along with on-going evaluation of the medical status of the person.
   3. Procedures requiring documented support services for families and significant others.
   4. Procedures implementing and documenting discharge criteria to include follow-up planning.

D. Programs must include at each service location a full-time director who plans, coordinates, and evaluates the service.

E. Program personnel must meet the following minimum requirements:

1. At least one (1) 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 for which the service is certified to serve. The employee can be the on-site Service Director if they are actively engaged in programmatic activities with people during all service hours.

2. At least one (1) employee with a minimum of a master's degree in a mental health or related field and at least one (1) employee with a minimum of a bachelor's degree in a mental health or related field when seven (7) through 12 participants are served.

3. At least one (1) employee with a minimum of a master's degree in a mental health or related field, at least one (1) employee with a minimum of a bachelor's degree in a mental health or related field, and at least one (1) support employee when 13 through 18 participants are served.

F. Programs must provide adequate nursing and psychiatric services to all people 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 during all hours of operation.

H. Persons served must receive a minimum of 20 hours of service per week. Programs can be operated seven (7) days per week, but must at minimum:

1. Operate at least three (3) days per week;
2. Operate at least four (4) hours per day, excluding transportation time; and
3. Be available 12 months per year.

I. Programs must be designed for a maximum number of 18 people. People placed in a Level 2.5 Partial Hospitalization level of care must be assessed every seven (7) calendar days to ensure level of care appropriateness. For people with substance use disorders, the length of stay will be determined based on the results of an ASAM LOC Assessment.

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 in the service and reduce acute symptomology.

K. The service location must have sufficient space to accommodate the full range of service activities and services and must provide a minimum of 50 square feet of multipurpose space for each person served.

L. Programs must be located in their own physical space, separated from other substance use services, and impermeable to use by other services/service locations during hours-of-service operation.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 24: Day Programs and Employment Related Services for Adults with Serious Mental Illness

Rule 24.1 Psychosocial Rehabilitation Services

A. Psychosocial Rehabilitation Services (PSR) consist of a network of services designed to support, restore, and maintain community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the service is to promote recovery, resiliency, and community integration by maintaining the person's optimal level of functioning and preventing psychiatric decompensation, thereby decreasing the risk of unnecessary hospitalization and the need for higher level intensity services such as Program of Assertive Community Treatment (PACT) and Acute Partial Hospitalization. Service activities aim to alleviate current symptomatology and address the person's underlying condition by reducing the negative effects of social isolation, promoting illness education, creating and monitoring wellness action plans, and the development of other coping and independent living skills.

B. PSR 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 the Substance Abuse and Mental Health Services Administration (SAMHSA).

   Curriculum-based interventions must address the following outcomes for the people participating in 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 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 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;
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 are required to have a Recovery Support Plan. People 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 person's living, learning, social, and working environments.

F. Each person 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. Providers must have the capacity to offer PSR in each location a minimum of three (3) days per week for a minimum of four (4) hours per day, excluding travel time. Having *the capacity to offer* in this context means that the provider must provide the required services for the population(s) the agency is serving *for* each location where the provider is certified by DMH to provide services.

I. PSR locations must have sufficient space to accommodate the full range of therapeutic activities and must provide at least 50 square feet of space for each person.

J. PSR must be community-based, located in their own physical space, separate from other mental health center activities or institutional settings, and impermeable to use by other services during hours-of-service operation. PSR (except for Senior PSR) cannot be provided in an institutional setting, as determined by DMH.

K. PSR must include, at each service location, a full-time supervisor (refer to supervisor qualifications in Chapter 11). A director (refer to director qualifications in Chapter 11) with the responsibility of therapeutic oversight must be on-site a minimum of five (5) hours per week. The service director must plan, develop, and oversee the use of an Evidenced-Based Curriculum approved by SAMHSA implemented to address the needs of people receiving PSR. The chosen Evidence-Based Curriculum must be implemented to fidelity. In addition to the minimum of five (5) hours of on-site supervision, the director must also participate in clinical staffing and/or Treatment Plan review for the people in the service(s) they direct.

L. PSR must maintain a minimum of one (1) qualified employee to each 12 or fewer people present in a PSR. The supervisor may be included in this ratio.

Source: Miss. Code Ann. § 41-4-7

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 elderly people with SMI 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 elderly people with SMI, 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 are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal, and feelings of low self-worth.

B. Senior PSR must be designed to serve elderly people 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 under 50 years of age can be considered for Senior PSR without prior approval from DMH; requests for consideration should be directed to the Division of Certification to be reviewed by the CRC.

D. Each Senior PSR must have a written schedule of daily activities on file, which must include group therapy, socialization activities, activities of daily living, and recreational activities.

E. Senior PSR must have activities and physical surroundings that are age appropriate.

F. The service location must have sufficient space to accommodate the full range of service activities and services and must provide at least 50 square feet of usable space for each person.

G. Employees must be assigned full-time to Senior PSR.

H. There must be a full-time supervisor at each location (refer to supervisor qualifications in Chapter 11). A director (refer to director qualifications in Chapter 11) with the responsibility of therapeutic oversight must be on-site a minimum of five (5) hours per week. The Service Director must plan, develop, and oversee the use of interventions implemented to address the needs of people receiving Senior PSR. In addition to the minimum of five (5) hours of on-site supervision, the director must also participate in clinical staffing and/or Treatment Plan review for the people in the service(s) they direct.

I. In addition to Rule 24.2.H, Senior PSR located in a CMHC-operated facility must meet the following:

    1. There must be at least one (1) employee with a minimum of a bachelor's degree in a mental health or intellectual/developmental disabilities related field who must be on-

site and be actively engaged in service activities during all programmatic hours; this employee can be the on-site supervisor.
2. The employee with a bachelor's degree (who must be on-site and actively engaged in service 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 is certified for nine (9) or more people, there must be another employee for every eight (8) people for which the service location is certified to serve.
4. Develop and implement plans to involve people participating in Senior PSR in community activities to the maximum extent possible.
5. Senior PSR 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.

J. In addition to Rule 24.2.H, as well as Rule 24.2.I.1, 2 and 3 above, Senior PSR located in a Licensed Nursing Facility must also meet the following:

1. DMH will accept verification of licensure from the Mississippi State Department of Health as evidence that service locations are addressing and meeting requirements for health, environment, and safety.
2. Senior PSR 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.
3. People receiving Senior PSR who are also DOM beneficiaries must also be authorized through the Pre-admission Screening and Resident Review (PASRR) Rules.

Source: Miss. Code Ann. § 41-4-7

Rule 24.3 Supported Employment Services for Serious Mental Illness

A. Supported Employment Services are provided to people with severe and persistent mental illness who have indicated employment is one (1) of their goals. The activities of Supported Employment help people achieve and sustain recovery. The goal of Supported Employment Services is to assist people with serious mental illness in discovering paths of self-sufficiency and recovery, rather than disability and dependence.

B. Supported Employment Services must 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 of Mental Disorders. All adults with severe mental illness are eligible, including dual disorders of substance 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 use, no violent behavior, minimal intellectual functioning, or mild symptoms. Zero exclusion criteria promote the person's readiness to work.

Source: Miss. Code Ann. § 41-4-7

Rule 24.4 Staffing Requirements for Supported Employment for Serious Mental Illness

A. Supported Employment Services must be delivered by a full-time Supported Employment Specialist (refer to Chapter 11 for position requirements). The Supported Employment Specialist will function as a part of a multidisciplinary mental health team.

B. Supported Employment service locations must have the organizational capacity to provide at least one (1) full-time equivalent Supported Employment Specialist dedicated to employment services. The location may choose to have more than one (1) Supported Employment Specialist, but each position must be full-time employment. A 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 Supported Employment Specialist must be fully integrated into the treatment team. Progress notes must show collaboration among the therapist, community support specialist, physician, etc.

D. The Supported Employment Specialist will have an individual employment caseload not to exceed 20 people for any full-time Supported Employment Specialist.

1. Supported Employment Expansion Specialist will have an individual employment caseload of not less than 25 and no more than 40 people. The referrals for the supported expansion project will be sent to the Mississippi Department of Rehabilitation Services/Office of Vocational Rehabilitation (VR) for employment and must make at least 25 referrals to VR in the span of a year. 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, the provider must have Supported Employment specific 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 10 Supported Employment Specialists, the supervisor must be full-time to the Supported Employment Services.

H. The responsibilities of the Supported Employment supervisor must include, but are not limited to:

1. Conduct and document weekly supported employment supervision designed to review people's situations and identify new strategies and ideas to help people 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 outcomes with Supported Employment Specialists at least quarterly and set treatment goals to improve service performance.

I. Supported Employment Services 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.

Source: Miss. Code Ann. § 41-4-7

Rule 24.5 Supported Employment for Serious Mental Illness Service Requirements

A. Any person who 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.
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 Employment Specialists will conduct job discovery with each person served and find and maintain competitive work in the community. The Supported Employment Specialist and other members of the treatment team will offer on-going support to the person to help ensure that employment is maintained.

D. A vocational profile will be completed, updated, and maintained for each person utilizing the service.

E. Each Supported Employment Specialist carries out all phases of vocational services, including engagement, assessment, job placement, and follow-up before stepping down to less intensive employment support from another mental health practitioner.

F. Supported Employment Specialists serve as members of one (1) or two (2) mental health treatment teams from which a Supported Employment Specialist's caseload is comprised.

G. Supported Employment Specialists will attend mental health treatment team meetings and participate actively in treatment team meetings. The Supported Employment Specialist should help the team assess employment possibilities for people who have not been referred to Supported Employment Services.

H. The Supported Employment Specialist's office must be in close proximity to (or shared with) the specialist's mental health treatment team members.

I. The Supported Employment Specialist must communicate with the Mississippi Department of Rehabilitation Services/Office of Vocational Rehabilitation counselors at least monthly for the purpose of discussing shared people and identifying potential referrals. The Supported Employment Expansion Specialist will work directly with the local office of VR to make referrals for employment. The Supported Employment Specialist will assist with any required documentation that must be completed and sent to VR (VR referral form, vocational profile, and requested documentation).

J. The agency provider's quality assurance process includes an explicit internal review of the Supported Employment Service, or components of the service, 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 DMH. The agency provider's quality assurance process uses the results of the fidelity assessment to improve supported employment implementation and sustainability. The agency must provide Supported Employment according to fidelity, as determined by DMH.

K. Supported Employment Specialists or other mental health practitioners must offer people assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They must also facilitate and document access to work incentives planning when people need to make decisions about changes in work hours and pay. People are provided information and assistance about reporting earnings to the Social Security Administration (SSA), housing programs, etc., depending on the person's benefits.

L. Supported Employment Specialists provide people 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. Supported Employment Specialists discuss and document specific information to be disclosed (e.g., disclose receiving mental health treatment or presence of a psychiatric diagnosis, difficulty with anxiety, or unemployed for a period of time, etc.) and offer examples of employer discussions. Supported Employment Specialists discuss disclosure on more than one (1) occasion (e.g., if people have not found employment after two (2) months or if people report difficulties on the job).

M. 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, treatment team, people's records, and with the person's permission, family members and previous employers. Supported Employment Specialists help people learn from each job experience and also work with the treatment team to analyze job loss, job problems, and job successes.

N. The initial employment assessment and first face-to-face employer contact must occur within one (1) month after services begin.

O. Employer contacts are based on the person's 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).

P. Each Supported Employment Specialist makes at least six (6) face-to-face employer contacts per week on behalf of the person desiring employment. An employer contact is counted even when a Supported Employment Specialist meets the same employer more than one (1) time in a week, and whether the person is present or not present. Person-specific and generic contacts are included. Employment Specialists must use a weekly tracking form to document employer contacts that is reviewed by the Supported Employment Supervisor on a weekly basis. Supported Employment Expansion Specialists 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 measurement.

Q. Supported Employment Specialists must build relationships with employers through multiple visits in person to learn the needs of the employer, convey what the Supported Employment Service offers to the employer, and describe people's strengths that are a good match for the employer.

R. Supported Employment Specialists must assist people in obtaining different types of jobs. Employment Specialists provide job options that are in different settings.

S. Supported Employment Specialists must assist people in obtaining jobs with different employers.

T. Supported Employment Specialists must provide competitive job options that have permanent status rather than temporary or time-limited status. 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).

U. People must receive different types of support that are based on the job, people's preferences, work history, needs, etc. These supports are individualized and ongoing. Employment Specialists also provide employer support (e.g., educational information, job

accommodations) at people's request. The Employment Specialist helps people migrate to more preferable jobs and also helps people with school or certified training programs.

V. Supported Employment Specialists must have face-to-face contact with people within one (1) week before starting a job, within three (3) business days after starting a job, weekly for the first month, and at least monthly for a year or more, as desired by the person. People will be transitioned to step down job supports from a mental health worker following steady employment.

W. Vocational services such as engagement, job finding, and follow-along supports are provided in natural community settings. Supported Employment Specialists must spend seventy percent (70%) or more time in the community. Supported Employment Expansion Specialists 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.

X. Assertive engagement and outreach must be implemented by an 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 the Employment Specialist with integrated team members.
6. Connection with family, when applicable.

Y. Agency providers should organize and utilize Community Business Advisory Boards 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 and at least quarterly for services that have not yet achieved high fidelity.

Z. Agency providers should adhere to data and record keeping requirements for Good IPS Fidelity (according to DMH-established guidelines).

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 25: Day Services for 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 designed to meet the needs of adults with physical and psychosocial impairments, including memory loss, through individualized care plans. These structured, nonresidential services provide a variety of social and related support services in a safe setting. Alzheimer's Day Services include Alzheimer's Respite Services.

Alzheimer's Day Services operate up to eight (8) hours per day, five (5) days per week. Alzheimer's Respite Services operate up to 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 served by the agency provider and optimizing the health of the people. Alzheimer's Day Services provide a structured environment for people with Alzheimer's disease and related dementia; counseling for family members and/or other caregivers; education and training for people providing services to those with Alzheimer's disease and related dementia and to family members and/or caregivers; and respite. By supporting families and caregivers, Alzheimer's Day Services enable people 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. People who have few or inadequate support systems.
2. People who require assistance with activities of daily living (ADLs).
3. People with memory loss and other cognitive impairment(s) resulting from Alzheimer's and other dementia that interfere with daily functioning.
4. People who require assistance in overcoming the isolation associated with functional limitations or disabilities.
5. People whose families and/or caregivers need respite.
6. 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: Miss. Code Ann. § 41-4-7

Rule 25.2 Alzheimer's Day Service Locations

A. Alzheimer's Day Service locations must meet the following minimum staffing requirements:

1. A full-time service supervisor with at least a bachelor's degree in a mental health, intellectual/developmental disabilities, or social service-related field and be under the supervision of a person with a graduate-level/master's degree in a mental health or intellectual/developmental disabilities related field.

2. A full-time Activities Coordinator with a minimum of a high school diploma or GED 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 assistant with a minimum of a high school diploma or GED 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, they must successfully complete agency provider orientation and training (Refer to Chapter 12). The duties of volunteers must be mutually determined by volunteers and employees. Volunteers' duties should be performed under the supervision of an employee.

B. In addition to General Orientation, Alzheimer's Day Service personnel must attend training specific to address the needs of people with cognitive impairment including communication techniques, redirection techniques, and activity interventions.

C. The ratio of employees to people served by the service location must be at least one (1) full-time employee per four (4) people served. The service supervisor may be included in the staffing ratio if they are on-site and actively engaged in the service.

D. The Alzheimer's Day Service must provide a balance of purposeful activities to meet people's 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. People served by the service location should be encouraged to take part in activities but may choose not to do so or may choose another activity.

F. 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 is in operation. Activity opportunities are defined as structured opportunities for socialization and interaction that are available in large groups, small groups, or individual formats. Opportunities for socialization should be individualized to meet the preferences of the person.

H. Creative arts activities must be provided to improve or maintain physical, cognitive, and/or social functioning of people served by the service location.

I. Family education and training must be made available at least monthly to family(ies) and/or caregiver(s) of people served by the agency provider. This training must be designed to improve the well-being and functional level of the people served and/or family(ies)/caregiver(s). Provision of family education and training must be documented in the person's record. A family education log must be kept by the supervisor.

J. Opportunities for case staffing (including problem-solving as to how to respond to challenging scenarios involving people who receive services) between supervisory and all service personnel must be made monthly or more frequently if determined necessary by the service supervisor.

K. The service must provide individualized assistance with and supervision of activities of daily living (ADLs) in a safe and hygienic manner, with recognition of a person's dignity and right to privacy, and in a manner that encourages people's maximum level of independence.

L. The service will ensure that each person receives a minimum of one (1) mid-morning snack, one (1) nutritious lunch meal, and one (1) mid-afternoon snack, as well as adequate liquids throughout the day.

M. Each Alzheimer's Day Services 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 must provide at least 50 square feet of service space for multipurpose use for people served in the service location.
2. A single service location may serve no more than 20 people at a time.
3. The facility must be able to accommodate variations of activities (group and/or individual person) and services and to protect the privacy of people receiving services.
4. Identified space for people and/or family(ies)/caregiver(s) to have private discussions with employees must be available.
5. Restrooms must be located near the activity area(s).
6. A rest area for people served in the service location must be available. This area must have a minimum of one (1) reclining chair per six (6) people served in the service location.
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 with disabilities and shall include the following:
   (a) Secure, exterior pathway(s), a minimum of four (4) feet in width;
   (b) Adequate outside seating; and
   (c) Exterior fencing, a minimum of six (6) feet in height, which encloses the outside area(s) where pathways and seating for people served by the service location are provided.

Source: Miss. Code Ann. § 41-4-7

Rule 25.3 Alzheimer's Respite Service

A. Each Alzheimer's Respite Service must meet the following minimum staffing requirements:

1. A full-time service supervisor with a bachelor's degree in a mental health, intellectual/developmental disabilities, or social service-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 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. Requirements, as outlined in Alzheimer's Day Service Locations: 25.2.A.2, 25.2.A.3, and 25.2.A.4.

B. Must meet the following requirements, as outlined in Alzheimer's Day Service Locations: 25.2.B and 25.2. D-M.

C. The ratio of employees to people served by the service location must be at least one (1) full-time employee per four (4) people served. The service supervisor may be included in the staffing ratio if they are on-site and actively engaged in the service. Volunteers may be included in the employee ratio provided that at least two (2) service employees are at the service location.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 26: Day Programs for Children/Youth with Serious Emotional Disturbance

Rule 26.1 Day Treatment Services – General

A. Day Treatment Services are reserved for those children for whom interventions that are less intense and more inclusive have not been successful. Day Treatment Services should be targeted, individualized, and short term, and focus on both academic and behavioral outcomes. Day Treatment Services are mid-level intensity programs designed to promote successful community living and well-being for children and youth with serious emotional disturbance. The services provide an alternative to the more restrictive community-based services, such as acute partial hospitalization and Mississippi Youth Programs Around the Clock (MYPAC), and serve to prevent the need for residential treatment, unnecessary acute psychiatric hospitalizations, and/or minimize disruptions to the child/youth's participation in the regular school setting. Day Treatment Services are based on therapeutic interventions that address the child/youth's underlying condition, as well as the alleviation of current symptomology. Programmatic activities 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 and may include skills training in topics such as impulse control, anger management, problem solving, and/or conflict resolution.

B. At a minimum, one (1) Children/Youth Day Treatment Program must be offered to each school district in the region served by each DMH/C agency provider. Documentation the school district has been offered and explained the Children/Youth Day Treatment Program must be kept on file.

C. Children/youth must have the following in order to receive Day Treatment Services:

   1. An eligibility determination for one (1) 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/youth must be between the ages of three (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/youth's confidentiality, no children/youth 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 program is allowed per room during the same time period.

H. Each individual Day Treatment Service 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 in the program(s) that they implement or direct.
2. Provide at least 30 continuous minutes of direct observation to each individual Day Treatment Service program at least quarterly. Documentation of the supervision/observation must be maintained for review.
3. The requirements for Day Treatment Services Director are included in Chapter 11.

J. The Day Treatment Specialist must participate in clinical staffing and/or Treatment Plan review for the people in the program that they serve as the primary clinical employee. The requirements for Day Treatment Specialist are included in Chapter 11.

K. The DMH Division of Certification must be notified immediately of any interruption of service with an individual Day Treatment program extending over 30 days. If operation has been interrupted for 60 consecutive calendar days, the DMH Certificate of Operation for that individual program becomes inactive beginning on Day 61.

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 60 consecutive calendar days from the first day of the school year, the DMH Certificate of Operation becomes inactive beginning on Day 61.

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. Children and youth who participate in Day Treatment Service programs during the school year that do not operate during summer vacation or breaks of one (1) week or longer must be offered intensive mental health services at least once per week. Documentation must be maintained in each child/youth's record of the

services provided. Documentation must also be maintained in the child/youth's record that the availability of intensive 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 this service. Day Treatment Services are a separate program from educational programs which must meet applicable Mississippi Department of Education standards and regulations. Day Treatment Services and educational services may not be provided concurrently.

P. Each Day Treatment program must be designed and conducted as a therapeutic milieu with the use of a SAMHSA approved evidenced-based curriculum 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 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 10 children/youth. A Day Treatment roll/roster cannot exceed 10 children/youth per program unless prior approval is given by DMH.

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. To participate in the Day Treatment Program, a child/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 20 square feet of usable space per child/youth.
2. In programs located in a school, the mental health provider is responsible for ensuring that the school district provides a location that meets all applicable DMH Health, Environment, and Safety requirements. Programs that are conducted in a space that is currently accredited by the Mississippi Department of Education will be considered as meeting all Health, 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 employees to children/youth receiving services in each Day Treatment Program will be maintained at a minimum ratio of two (2) employees on-site for a minimum of four (4) up to a maximum of 10 children/youth per program. Each program must be led by a Day Treatment Specialist. Day Treatment Assistants serve as the second needed employee in this ratio.

X. For all children/youth participating in Day Treatment Programs, there must be documentation of plans for transitioning a child/youth to a less intensive therapeutic service. This documentation must be a part of each child/youth's Individual Service Plan and/or case staffing. Transition planning should be initiated when the child/youth begins to receive Day Treatment Services and must be documented within one (1) month of the child/youth's start date for the service.

Source: Miss. Code Ann. § 41-4-7

Rule 26.2 Day Treatment Services for Pre-Kindergarten (Pre-K)

A. In addition to Rule 26.1, the rules 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(s)/legal representative(s). If a child is being transported by the program employee, the parent(s)/legal representative(s) must sign when they put the child on and take the child off the means of transport. The parent(s)/legal representative(s) 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/youth's record. Sign in/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 the child's parent/legal representative as soon as possible. The child will not be allowed to return to the Day Treatment program until the child has been certified by an appropriately licensed health practitioner 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.

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: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 27: IDD Day and Employment-Related Services

Rule 27.1 Day Services Adult, Community Respite, and/or Prevocational Services Descriptions and Requirements

A. Activities and environments are designed to foster meaningful day activities for the 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 the person does during the day and with whom they interact. People have the freedom to control their schedules and activities with employee support. Opportunities to 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. A person's dignity, respect, privacy, and freedom from coercion and restraint must be protected both during community outings and at the service location.

B. Group and individual participation in activities that include daily living and other skills that enhance community participation and meaningful days for each person 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.

C. Community participation activities:

1. Allow access to the community to the same degree of access as someone not receiving IDD Services.
2. Can be provided individually or in groups of four (4) people.
3. Occur at times and places of a person's choosing.

D. To ensure that people can participate fully in all activities and events, staff assistance and adaptive equipment should be provided as indicated in each person's Plan of Services and Supports or by each person's current support needs, both at the service location and in the community. This assistance includes, but is not limited to:

1. Assistance for people who cannot manage their toileting and other personal care needs.
2. Assistance with using communication and mobility devices.
3. Assistance with eating/drinking.
4. Equipment such as adaptive seating, adaptive feeding supplies, and safety equipment.

E. A private changing area should be provided at the service location and in the community when needed to ensure the dignity, respect, and privacy of each person.

F. All supplies and equipment must be appropriate for adults, in good repair, clean, and adequate in number to meet needs and allow participation in activities as desired.

G. Transportation must be provided to and from the service location and for community participation activities. Agency providers must provide wheelchair accessible transportation.

H. There must be a minimum of 50 square feet of usable space per person in the service area. Additional square footage may be required based on the needs of a person.

I. The service location must be in the community to provide access to the community at large including shopping, eating, and parks, to the same degree of access as someone not receiving IDD services.

J. Employees invited to the Plan of Services and Supports meeting by the person must be allowed to attend and participate in the development and review of the person's Plan of Services and Supports.

K. Each person must have an Activity Support Plan that is developed based on their Plan of Services and Supports.

L. 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.

Source: Miss. Code Ann. § 41-4-7

Rule 27.2 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.

B. The service location 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 person's approved Plan of Services and Supports.

C. Day Services-Adult must have a community component that is individualized and based upon the choices of each person.

D. Community participation activities occur at times and places of a person's choosing. Community opportunities must be offered to each person at least weekly and address at least one (1) of the following:

1. Activities which address daily living skills; and/or
2. Activities which address leisure/social/other community activities and events.

E. The agency provider is responsible for providing two (2) snacks and a meal per day. Snacks and meals should be appropriate for the time of day in which the service is offered (e.g., if

the service is offered from 8 a.m. – 2 p.m., there should be a mid-morning snack, a lunch meal, and an afternoon snack).

F. People must be offered choices about what they eat and drink. People must be allowed to choose when, where, and with whom they eat.

G. People receiving Day Services-Adult may also receive Prevocational, Supported Employment, or Job Discovery Services but not at the same time of the day.

H. Day Services-Adult activities must be separate from Prevocational Services activities. Community participation activities cannot be comprised of people receiving Day Services-Adult and those receiving Prevocational Services.

I. The amount of employee 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. A DMH-approved staffing spreadsheet should be used.

J. People must be at least 18 years of age and have documentation in the Plan of Services and Supports to indicate they have received either a diploma, GED equivalent, certificate of completion, or are no longer receiving educational services if they are under the age of 22.

K. Day Services-Adult does not include services funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

Source: Miss. Code Ann. § 41-4-7

Rule 27.3 Community Respite

A. Community 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 is in a setting other than their home.

B. Community Respite is designed to provide caregivers a break from constant caregiving and provide the person with a place to go which has scheduled activities to address individual preferences/requirements.

C. There must be meals available if Community Respite is provided during a normal mealtime such as breakfast, lunch, or dinner.

D. People must be offered choices about what they eat and drink. People must be allowed to choose when, where, and with whom they eat.

E. For every eight (8) people served, there must be at least two (2) employees actively engaged in service activities. One (1) of these employees may be the on-site supervisor.

F. Community Respite cannot be provided overnight.

G. 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.

H. 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.

I. Adults (18 and older) and children/youth cannot be served together in the same area of the building. There must be a clear separation of space and employees.

Source: Miss. Code Ann. § 41-4-7

Rule 27.4 Prevocational Services

A. Prevocational Services provide meaningful day activities of learning and work experiences, including volunteer work, where the person 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 time period with specific outcomes to be achieved as determined by the person and 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. 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 outcomes.

D. Prevocational Services must enable each person to attain the highest level of work in an integrated setting with the job matched to the 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;
4. Ability to attend to tasks;
5. Workplace problem solving skills and strategies;
6. General workplace safety and mobility training;

7. Attention span;
8. Motor skills; and
9. Interpersonal relations.

F. The service location 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 person's approved Plan of Services and Supports.

G. Participation in Prevocational Services is not a prerequisite for Supported Employment. A person receiving Prevocational Services may pursue employment opportunities at any time to enter the general work force.

H. Prevocational Services may be furnished in a variety of locations in the community and are not limited to fixed service locations.

I. Community job exploration activities must be offered 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 four (4) people. Documentation of the choice to participate must be documented in each person's record.

J. Transportation must be provided to and from the service location and for community integration/job exploration.

K. Any person 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 must be paid commensurate with members of the general work force doing similar work per wage and hour regulations of the United States Department of Labor.

L. At least annually, agency providers will conduct an orientation informing people 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.

M. The agency provider must provide lunch and/or snacks for people who do not bring their own.

N. People receiving Prevocational Services may also receive Day Services-Adult, Job Discovery, and/or Supported Employment, but not at the same time of day.

O. Prevocational Services activities must be separate from other service activities. Additionally, community participation activities cannot be comprised of people receiving Prevocational Services and people receiving another service.

P. People must be at least 18 years of age and have documentation in their Plan of Services and Supports to indicate they have received either a diploma, GED equivalent, certificate of completion, or are no longer receiving educational services if they are under the age of 22.

Q. People who have completed educational services and are under the age of 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. People under the age of 24 must be referred to the Mississippi Department of Rehabilitation Services before they enroll in Prevocational Services in a 14C work setting.

R. The amount of employee 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. The DMH-approved staffing spreadsheet should be used.

Source: Miss. Code Ann. § 41-4-7

Rule 27.5 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 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;
9. Current labor market;
10. Interviewing skills;
11. Job and task analysis activities;
12. Job negotiation;
13. Employment preparation (e.g., resume development, work procedures, soft skills);
14. Business plan development for self-employment; and
15. Environmental and work culture assessments.

B. Job Discovery must include:

1. Contact with the Community Work Incentives Coordinators at the Mississippi Department of Rehabilitation Services to determine the impact of income on benefits.

2. Facilitation of a meeting held prior to discovery with the person 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 Mississippi Department of Rehabilitation Services.
4. Visit(s) to the 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. Observation of the neighborhood/areas/local community near the person's home to determine nearby employment, services, transportation, sidewalks, and other safety concerns.
6. Interviews with two to three (2-3) people, both paid and not paid to deliver services, who know the person well and are generally active in the person's life.
7. Observations of the person as they participate in typical life activities outside of their home. At least one (1) observation is required.
8. Participation with the person as they participate in typical life activities outside the home. At least two (2) activities are required.
9. Participation in a familiar activity in which the person is comfortable and most competent. At least one (1) activity is required.
10. Participation in a new activity in which the person is interested in participating but has never had the opportunity to do so. At least one (1) activity is required.
11. Review of existing records and documents.
12. Development of discovery notes, Discovery Logs, and photos along with collecting other information that will be useful in development of the individual Discovery Profile.
13. Development of a person-centered, strength-based Discovery Profile.
14. Development of an employment/career plan.

C. Job Discovery is intended to be time-limited; it cannot exceed 30 hours of service over a three (3) month period.

D. Individual employees must receive or participate in Customized Employment training before providing Job Discovery Services. Job Discovery staff must complete Customized Employment training prior to providing Job Discovery services through one of the following:

1. Marc Gold and Associates;
2. Griffin Hammis;
3. Relias (courses approved by DMH); or
4. Other DMH authorized training.

E. People who are currently employed or who are receiving Supported Employment Services cannot receive Job Discovery Services.

F. A Person can receive Prevocational Services and Day Services-Adult, but not at the same time of day as Job Discovery Services.

G. People eligible for Job Discovery include:

1. Someone who is an adult (age 18 and older) and has never worked.
2. Someone less than 22 years of age; must have documentation in their Plan of Services and Supports to indicate they have received either a diploma, GED equivalent, certificate of completion, or otherwise not receiving school services.
3. Someone who has previously had two (2) or more unsuccessful employment placements.
4. Someone who has had a significant change in life situation/support needs that directly affects their ability to maintain a job.
5. Someone with multiple disabilities who cannot represent themselves without assistance and who has not been previously successful in obtaining community employment.

Source: Miss. Code Ann. § 41-4-7

Rule 27.6 Supported Employment for IDD

A. Before a person enrolled in the ID/DD Waiver or the IDD Community Support Program can receive Supported Employment services, the person must first be referred by the Support Coordinator/Targeted Case Manager to the Mississippi Department of Rehabilitation Services to determine eligibility for services from that agency provider. The Support Coordinator or Targeted Case Manager must maintain documentation in the record of each person receiving Supported Employment Services that verifies the service is not available under an agency provider funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

B. Employment must be in an integrated work setting in the general workforce where a person 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 without disabilities.

C. Agency providers must work to reduce the number of hours of employee involvement as the person becomes more productive and less dependent on paid supports. This decision is based on a personalized basis based on the job. The amount of support is decided with the person and all employees involved as well as the employer, the Mississippi Department of Rehabilitation Services, and the person's team.

D. Supported Employment Services are provided in a work location where people without disabilities are employed; therefore, payment is made only for adaptations, supervision, and training required by people receiving IDD 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 to be successful integrating into the job setting (e.g., appropriate attire, social skills, etc.).

F. Each person must have an Activity Support Plan that is developed based on their Plan of Services and Supports.

G. Agency providers must be able to provide all activities that constitute Supported Employment:

1. Job Seeking/Job Development: Activities that assist a person in determining the best type of job for them and then locating a job in the community that meets those stated desires. Job Seeking is limited to 90 hours per certification year. Additional hours may be approved by DMH on an individual basis with appropriate documentation. Job Seeking includes:
   (a) Completion of IDD Employment Profile.
   (b) Person-Centered Career Planning, conducted by Supported Employment agency provider employees, 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 comfortable.
      (2) Determining in what environments the person experienced success.
      (3) Determining what work and social skills the person brings to the environment.
      (4) Assessing environments in which the person's skills are 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 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, the maximum amount of Job Coaching a person may receive is 100 hours per month. Job Coaching includes:
   (a) Meeting and getting to know co-workers and supervisors.
   (b) Learning company policies, dress codes, orientation procedures, and company culture.
   (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 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 person's place of residence for Job Seeking and Job Coaching, as well as between the location of the person's job or between day service locations as a component part of Supported Employment. Transportation cannot comprise the entirety of the service. If local or other transportation is available, the person 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 in achieving self-employment through the operation of a business, either home-based or community based. Such assistance may include:

1. Assisting the person 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 to operate the business;
4. Ongoing assistance, counseling, and guidance once the business has been launched;
5. Up to 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; and
6. Up to 35 hours per month for assistance in the community by a job 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. People cannot receive Supported Employment during the job discovery process.

N. Supported 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.

O. Supported Employment does not include volunteer work or unpaid internships.

P. Agency providers are prohibited from making incentive payments to an employer to encourage or subsidize the employer's participation in the Supported Employment Services and/or passing payments through to users of Supported Employment Services.

Q. People receiving Supported Employment may also receive Prevocational Services or Day Services-Adult services, but not at the same time of day.

R. People must be at least 18 years of age to participate in Supported Employment and have documentation in the Plan of Services and Supports to indicate they have received either a diploma, GED equivalent or certificate of completion, or are not otherwise receiving school services if they are under the age of 22.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 28: Community Living Services for People with Serious Mental Illness

Rule 28.1 Supervised Living Services for 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 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 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 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 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 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. Methods for assisting 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 people to such appointments; and
   (c) Conversations with the medical professional if the person gives consent.

4. Transporting people to and from community activities, other places of the 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 Services personnel were unable to participate in the development of the person's Individual Service Plan, employees must be trained regarding the person's plan prior to beginning work with the person. This training must be documented, in a manner as defined by DMH.

6. Orientation of the person to Community Living Services, to include but not limited to:
   (a) Familiarization of the person with the living arrangement and, neighborhood;
   (b) Introduction to support personnel and other people (if appropriate);
   (c) Description of the written materials provided upon admission; and
   (d) Description of the process for informing people/parent(s)/legal representative(s) of their rights, responsibilities, and any service 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 living in the residence that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be prepared.

   1. People must have access to food at any time, unless prohibited by their individual plan.
   2. People must have choices of the food they eat.
   3. People must have choices about when and with whom they eat.

E. 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.

F. In living arrangements in which people 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 Chapter 10).
   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(s) 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 contains a copy of the written financial agreement which is signed and dated by the person/legal representative(s) indicating the contents of the agreement were explained to the person and the person is in agreement with the contents. A copy must also be given to the person/legal representative(s).
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 coordinate an appropriate replacement living option to prevent the person from becoming homeless as a result of discharge/termination from the community living services.

G. People must be 18 years or older to participate in Supervised Living.

H. A qualified employee must be designated as responsible for the service location at all times. There must be male/female employee 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 on-site in order to be considered Supervised Living.

J. There must be at least one (1) employee physically on-site when people are present.

K. A maximum of eight (8) people may reside in a single residence.

Source: Miss. Code Ann. § 41-4-7

Rule 28.2 Environment and Safety for Supervised Living Services for Serious Mental Illness

Providers of Supervised Living Services for Serious Mental Illness must comply with all applicable Health, Environment, and Safety rules in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 28.3 Supported Living Services for Serious Mental Illness Service Components

A. Supported Living Services is provided to people who reside in their own residences (either owned or leased) for the purposes of increasing and enhancing independent living in the community. Supported Living Services is for people who need less than 24-hour employee support per day. 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 age 18 and above with serious mental illness and are provided in residences in the community for six (6) or fewer people.

C. Supported Living Services provide assistance with the following, depending on each person's support needs:

1. Grooming;
2. Eating;
3. Bathing;
4. Dressing; and
5. Personal hygiene.

D. Supported Living Services provide assistance with instrumental activities of daily living (ADLs) 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 person's safety and security;
5. Banking;
6. Shopping;
7. Budgeting;
8. Facilitation of the 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.

E. Agency providers must develop and document methods, procedures, and activities to provide meaningful days and independent living choices about activities/services/employees for the people served in the community.

F. Procedures must be in place and documented for people 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: Miss. Code Ann. § 41-4-7

Rule 28.4 Supported Living Services for Serious Mental Illness Environment and Safety

Providers of Supported Living Services for Serious Mental Illness must adhere to all applicable Health, Environment, and Safety rules and regulations in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 29: Community Living Services for Children/Youth with Serious Emotional Disturbance

Rule 29.1 Community Living Services for Children/Youth with Serious Emotional Disturbance

A. Each child/youth (ages 5 to 16 years) must be enrolled and attend an appropriate educational service in the local school district or be enrolled in an educational service 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 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. Areas to be addressed by such services must include the following:

1. Social skills development based on each child/youth's diagnosis and functional assessment;
2. Wellness education;
3. Increasing self-esteem;
4. Leisure activities;
5. Substance use education/counseling;
6. HIV/AIDS education and/or counseling; and
7. Education and counseling about sexually transmitted diseases.

C. Agency providers must describe how group and individual activities, as well as routines for the children/youth are planned and how these activities are related to objectives in the Individual Service Plans of children/youth served. Daily and weekly schedule(s) of activities must be maintained on file for at least three (3) months.

D. Agency providers must obtain written permission from the parent(s)/legal representative(s) for the child/youth to participate in service activities away from the Community Living location.

E. Agency providers must ensure the child/youth has a dental examination within 60 days after admission and annually thereafter, or have evidence of a dental examination within 12 months prior to admission to Community Living Services.

F. Agency providers must place a current, dated photograph of the child/youth in the child's record within 30 calendar days of admission.

G. Agency providers of services to children/youth under the age of 18 must have on file an assurance signed by the Executive Director of the Community Living Service provider stating compliance with the provisions of the Pro-Children Act of 1994. Note: Agency providers funded by DMH must have a current "Certification Regarding Environmental Tobacco Smoke."

H. All environmental and physical safety requirements for therapeutic foster homes and therapeutic group homes are under the jurisdiction of the Mississippi Department of Child Protection Services. DMH is responsible for certifying and monitoring the therapeutic/clinical components of Therapeutic Foster Care Services and Therapeutic Group Home Services.

Source: Miss. Code Ann. § 41-4-7

Rule 29.2 Therapeutic Foster Care for Children/Youth with Serious Emotional Disturbance

A. Agency providers of Therapeutic Foster Care must also meet the requirements in Rule 29.1.

B. Therapeutic Foster Care Services are intensive, community-based services for children/youth with significant developmental, emotional, or behavioral needs provided by mental health professional personnel and trained foster parents, resource parents, or group home agency providers who provide a therapeutic service for children/youth with serious emotional disturbances living in a resource home licensed by the Mississippi Department of Child Protection Services.

C. Therapeutic Foster Care agency providers can use only adults with current documentation of foster parent or resource family approval from the Mississippi Department of 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 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 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 record of each sibling.

E. Each Therapeutic Foster Care agency provider licensed for a minimum of 10 foster homes or resource homes must have a full-time director with overall administrative and supervisory responsibility for the services. If the Therapeutic Foster Care agency provider is certified for fewer than 10 homes, the director can have administrative or supervisory responsibility for other services or service locations; 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 Services.

F. Each Therapeutic Foster Care agency provider licensed for 10 to 30 foster homes or resource homes must have one (1) full-time Therapeutic Foster Care Specialist whose services target the therapeutic foster parents or resource families. The Therapeutic Foster Care 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 children/youth with prospective Therapeutic Foster Care or resource parents;
3. Maintenance of regular contacts with Therapeutic Foster Care or resource families and documentation of those contacts in the person's records; and
4. Performance of other foster parent or resource family support activities, as needed.

G. If the Therapeutic Foster Care agency provider is licensed for fewer than 10 foster or resource homes, the Therapeutic Foster Care Specialist can have other responsibilities; however, documentation must be maintained that at least ten percent (10%) of their time for every one (1) therapeutic foster home or resource home is spent in performing duties of the Therapeutic Foster Care Specialist.

H. The Therapeutic Foster Care 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 Specialist with the therapeutic foster or resource parent(s) must be documented in the record of the therapeutic resource parent(s).

I. All clinical/mental health therapeutic services for all children receiving Therapeutic Foster Care Services must be provided by an employee who holds a (1) professional license or (2) who is a DMH Certified Mental Health Therapist, DMH Certified Intellectual/Developmental Disabilities Therapist or DMH Certified Addictions Therapist (when appropriate for the person receiving services and the service being provided).

J. Therapeutic Foster Care services must include individual therapy, family therapy, annual psychiatric evaluation, and 24 hours per day, seven (7) days a week emergency services and crisis intervention. Group therapy may also be provided. In lieu of the annual psychiatric evaluation, an annual comprehensive mental health assessment may be conducted by the following fully licensed/certified practitioners:

1. Licensed Clinical Social Workers (LCSWs);
2. Licensed Professional Counselors (LPCs);
3. Licensed Marriage and Family Therapists (LMFTs);
4. DMH Certified Mental Health Therapists (CMHTs); and/or
5. Psychiatric nurse practitioners.

K. Each Therapeutic Foster Care provider must have one (1) full-time professionally licensed or DMH credentialed Mental Health Therapist for every 20 foster children/youth in Therapeutic Foster Care Services. The mental health therapist(s) or professionally licensed

practitioner for the Therapeutic Foster Care Services must serve only in the mental health therapist role (i.e., cannot serve as the director or the Therapeutic Foster Care 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 children/youth served by the Therapeutic Foster Care provider.

N. All foster home or resource parents must complete annual training as required in Chapter 12. Topics should be addressed from a family perspective.

O. In addition to the annual training required in Chapter 12, specific training for foster home or resource parents must include verbal de-escalation skills, behavior management techniques, and trauma informed care.

Source: Miss. Code Ann. § 41-4-7

Rule 29.3 Therapeutic Group Homes for Children/Youth with Serious Emotional Disturbance

A. Agency providers of Therapeutic Group Homes must also meet the requirements in Rule 29.1.

B. The maximum bed capacity of each Therapeutic Group Home is 10 beds per home for children/youth 12 years of age through age 20 years and 11 months and eight (8) beds for children/youth ages six (6) years through 11 years and 11 months. DMH may require a lower bed capacity than described in this rule, depending on the age, developmental or functioning level, or intensity of need for intervention and supervision of the population of children/youth served.

C. There may be no more than two (2) children/youth per bedroom in a Therapeutic Group Home. The agency provider must ensure that the employees on-site 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 Therapeutic Group Homes with five (5) or fewer children/youth, at least one (1) employee with at 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 Therapeutic Group Homes with six (6) to 10 children/youth, at least two (2) employees must be assigned to direct service responsibilities during all hour's children/youth are awake and not in school. One (1) of the two (2) employees can be a direct support personnel or house parent and one (1) must be a professional employee with at least a bachelor's degree in a mental health or related field. At least one (1)

employee (which can be a direct support worker or house parent) must be assigned to direct service responsibilities for the children/youth during all hours.
3. Have a full-time director who is on-site at least 40 hours per week.
4. Other appropriate professional employees must be available to assist in emergencies, at least on an on-call basis, at all times.
5. DMH may require an employee to youth ratio higher or 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/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.

E. Services must provide each child/youth with therapeutic activities and experience in the skills needed 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 90 days prior to completion of a Therapeutic Group Home service and be included in the child/youth's record and shared with community service providers.

H. Animal/Pet policies must be aligned with the rule for such, as outlined in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 29.4 Community Living Handbook

A. In addition to information contained in the agency provider's policies and procedures manual, Therapeutic Group Home providers must develop a handbook which includes all policies and procedures for provision of Therapeutic Group Home Services. Handbooks are to be provided to the person/parent(s)/legal representative(s) during orientation. The Community Living Handbook must be readily available for review by employees and must be updated as needed.

B. All agency providers of Therapeutic Group Home Services must document that each person (and/or parent[s]/legal representative[s]) is provided with a handbook and orientation on the day of admission. The agency provider must document the review of the handbook with the person annually.

C. All Therapeutic Group Home providers must have a written plan for soliciting input from people about 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 person/parent(s)/legal representative(s).

E. Therapeutic Group Home providers must have a written plan for providing the handbook information in a person's language of choice when necessary.

F. The Community Living Handbook may not be a book of rules.

G. The handbook may not include any rules or restrictions that infringe on or limit the person's ability to live in the least restricted environment possible or that limit or restrict the rights of people receiving services specified in Chapter 14.

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. A description of how the Therapeutic Group Home service addresses the following items, to include, but not limited to:
   (a) Visitation guidelines that are appropriate to Therapeutic Group Home services: Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights;
      (1) All actions regarding visitors (restrictions, defining individual and family support systems, etc.) must be documented in the person's record.
   (b) 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 person's record; and
      (3) Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights;
   (c) Dating;
   (d) Off-site activities;
   (e) Household tasks;
   (f) Curfew; and
   (g) Respecting the rights of other people's privacy, safety, health, and choices.

4. Policy regarding the search of the person's room, person, and/or possessions, as outlined in Chapter 14.

5. Policy regarding screening for prohibited/illegal substances, as outlined in Chapter 14.

6. Criteria for termination/discharge from the Therapeutic Group Home Service.

I. Agency 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 description must include development of a menu with input from people living in the residence that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be prepared. People must have access to food at any time, unless prohibited by their 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.

J. Animal/Pet policies must be aligned with the rule for such, as outlined in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 30: Residential Services for People with Intellectual/Developmental Disabilities

Rule 30.1 Supervised Living Services for Intellectual/Developmental Disabilities 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. 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 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, as outlined in Chapter 14. 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.

B. Supervised Living Services must include the following supports as appropriate to each person's 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 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. Methods for assisting 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 people to such appointments; and
   (c) Conversations with the medical professional if the person gives consent.

4. Transporting people to and from community activities, other places of the person's choice, work, and other sites as documented in the Activity Support Plan and the Plan of Services and Supports.

5. Employees the person invites to the Plan of Services and Supports meeting must be allowed to attend and participate in the development and review of the person's Plan of Services and Supports.

6. If Supervised Living Services personnel were unable to participate in the development of the person's Plan of Services and Supports, employees must be trained regarding the person's plan prior to beginning work with the person. This training must be documented, in a manner as defined by DMH.

7. Orientation of the person to Supervised Living Services, to include but not limited to:
   (a) Familiarization of the person with the living arrangement and neighborhood;
   (b) Introduction to support personnel and other people living in the home (if appropriate);
   (c) Description of the written materials provided upon admission; and
   (d) Description of the process for informing people/parent(s)/legal representative(s) of their rights, responsibilities, and any agency provider policies prior to or at the time of admission.

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 living in the residence that includes varied, nutritious meals and snacks and a description of how/when meals and snacks will be made available.

1. People must have access to food at any time. Any restrictions must be documented in their 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 their Plan of Services and Supports and/or Activity Support Plan.
3. People must have choices about when and with whom they eat.

D. People receiving services are prohibited from having friends, family members, etc., living with them who are not also receiving services as part of Supervised Living Services.

E. In living arrangements in which people 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 Chapter 10).

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(s) prior to or at the time of admission and at least annually thereafter or whenever fees are changed. The agreement should be developed to ensure the person's/legal representative's ability to control their own resources to the greatest extent possible.

6. A requirement that the person's record contains a copy of each written financial agreement which is signed and dated by the person/legal representative(s) indicating the contents of the agreement were explained and the person/legal representative(s) is in agreement with the contents. A copy must also be given to the person/legal representative(s).

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 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 Supervised Living Services provider.

8. People must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi.

F. People must be 18 years or older to participate in Supervised Living Services.

G. There must be at least one (1) employee in the same dwelling as people receiving services at all times who is able to respond immediately to the requests/needs for assistance from the people in the dwelling. Employees must be awake 24 hours a day, seven (7) days a week.

H. Newly certified service locations can have no more than four (4) people residing in the home. Existing certified service locations with more than four (4) persons cannot increase capacity.

I. 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 selection must be documented in the person's record.

J. People have freedom and support to control their own schedules and activities.

1. People cannot be made to attend day services.
2. Employees must be available to support a person's choice.

K. For ID/DD Waiver Supervised Living Services, there must be a Supervised Living Services Supervisor for a maximum of four (4) supervised living homes. The Supervised Living Services Supervisor must meet the qualifications in Rule 11.4.C. Waiver Supervised Living Services Supervisors may be limited to supervise less than four (4) homes if deemed necessary by DMH.

1. The Supervised Living Services 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 service 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 finances and budgeting; and review of each person's satisfaction with services, staff, environment, etc.

L. 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, as well as how and when income and expenses are reviewed with the person.

M. Nursing services must be provided as a component of Supervised Living Services and must be provided in accordance with the applicable scope of practice per the applicable licensure board. Nursing services must be provided on an as-needed basis. Only activities within the nurse's scope of practice can be provided. (Refer to Chapter 13). Services a nurse may provide include, but are not limited to, monitoring vital signs, monitoring blood sugar, administration of medication, weight monitoring, and accompanying people on medical appointments. For requirements regarding assistance with medication usage by non-licensed personnel, refer to Chapter 13.

N. The amount of employee 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. The DMH-approved staffing spreadsheet should be used.

O. Each person must have an Activity Support Plan, developed with the person based on their Plan of Services and Supports.

P. Behavior Support may be provided in the Supervised Living Services home to provide direct services as well as modify the environment and train employees on implementation of the Behavior Support Plan.

Q. Crisis Intervention Services may be provided in the Supervised Living Services 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 24-hour increments (daily) or less than 24-hour increments (episodic), depending on each person's need for support.

R. Visiting hours cannot be restricted unless associated with an assessed risk and documented in the person's Plan of Services and Supports.

S. People have choices about housemates and with whom they share a room. Documentation of each person's choice(s) must be included in each person's record.

T. People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two (2) people may share a bedroom.

Source: Miss. Code Ann. § 41-4-7

Rule 30.2 Behavioral Supervised Living

A. Behavioral Supervised Living is not a separate service than Supervised Living Services, but allows an increased reimbursement rate for persons enrolled in the ID/DD Waiver with significant behavioral issues who require one-on-one (1:1) staffing at all times. Additional eligibility requirements for persons who receive this level of support and requirements for Supervised Living Services settings to receive the increased reimbursement rate are outlined in this section. (Rule 30.1 – Supervised Living Services for people with Intellectual/Developmental Disabilities service components and Chapter 13 for Environment and Safety for Supervised Living Services 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 reoccur without supervision and structure in the person's living arrangement. Behavioral Supervised Living must receive prior approval by DMH.

C. To provide Behavioral Supervised Living, a provider must first be approved to do so by DMH. The following must be submitted through the Division of Certification:

1. Documentation and procedures to ensure the required team members are available to perform required duties. Refer to Chapter 11.

2. Documentation and procedures for how the team will address requirements for each Behavioral Supervised Living site.
3. Documentation and procedures describing that all staff in each approved home have the required training.
4. Documentation and procedures describing how trained staff coverage for the home, dependent upon the needs of the person/people receiving Behavioral Supervised Living and others who may be living in the home, will be provided.

D. Documentation supporting that the person requires the level of support offered in Behavioral Supervised Living is gathered by the Supervised Living Services provider and Support Coordinator or Transition Coordinator and submitted to DMH for eligibility determination.

E. Eligibility Criteria for each person includes a documented history of behavior(s) listed below that is likely to reoccur without supervision and structure in the person's living arrangement:

1. A person who may or has caused great emotional harm to self or others;
2. Inability of a person to control behaviors to the extent it impedes their 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 harm to self because of both internal and external stimuli; and
4. One-to-one (1:1) staffing hours are necessary to ensure the health and safety of the person and/or others.

F. The Behavioral Supervised Living provider must consider compatibility with other people living in the home. The person receiving a higher level of support must not pose a threat to others living in the home.

G. Continuous monitoring of the behaviors of each person receiving Behavioral Supervised Living is needed. The involvement of the Behavior Consultant and Behavior Specialist should fluctuate based on the needs of the person receiving Behavioral Supervised Living and the person's response to behavior modification efforts. Once employees have been trained, and the identified person's problematic behavior(s) begin to mitigate, the Behavior Consultant's and Specialist's involvement can decrease. If changes in the person's problematic behavior(s) occur or increase, Behavioral Supervised Living personnel must return to the setting where the behaviors are occurring and either retrain employees or increase their involvement and evaluate the revised Behavior Support Plan as needed and retrain employees. One-on-one (1:1) direct care staff should be present at all times when a person is receiving Behavioral Supervised Living.

1. 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 15 calendar days of the notification of approval for the person to

begin Behavioral Supervised Living. The Behavior Support Plan must be completed within 15 calendar days of the completion of the Functional Behavioral Assessment. The Behavior Consultant must review and approve the Functional Behavioral Assessment and Behavior Support Plan.

(b) Service Notes must reflect the person's and the employee's activities throughout the day, with at least one (1) entry every two (2) hours while the person is awake and in the home. Overnight entries can be every four (4) hours.

(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 the 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.

(f) The Behavior Consultant must be available for consultation when adjustments to the Behavior Support Plan are needed.

H. Provider responsibilities for services provided away from the Behavioral Supervised Living Home: The agency provider must be prepared to send employees with the person to day activities to ensure continuity for the person. The Behavior Consultant and/or Specialist must train employees wherever the person is during the day how to manage behavior(s) that are identified in the Behavior Support Plan, 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. This can be done by the Behavior Consultant/Specialist or direct care personnel, depending on the situation.

I. Ongoing Review of Need for Behavioral Supervised Living:

1. DMH 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 90 calendar days of the end of a person's certification period. The Support Coordinator will submit the documentation to DMH within five (5) calendar days of receipt of all required documentation. All documentation must be received by the Support Coordinator at one time; partial submissions of required information will not be accepted.

(a) Serious Incident reports (previous six [6] months).

(b) Behavior reports (previous six [6] months).

(c) Most current Functional Behavioral Assessment, which must be updated at least every two (2) years.
(d) Most current Behavior Support Plan, which must be updated at least every two (2) years.
(e) Quarterly Review reports (previous four [4] quarters). Quarterly Review reports should include numerical data or graphed data.
(f) Any other documentation supporting the need for this service.

J. 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 DMH.

3. Crisis Support should be the last resort.

Source: Miss. Code Ann. § 41-4-7

Rule 30.3 Medical Supervised Living

A. Medical Supervised Living is not a separate service from Supervised Living Services but allows an increased reimbursement rate for persons enrolled in ID/DD Waiver with significant medical needs. Additional eligibility requirements for persons who receive this level of support and requirements for Supervised Living settings to receive the increased reimbursement rate are outlined in this section. Rule 30.1 – Supervised Living Services for Intellectual/Developmental Disabilities Service Components and Chapter 13 for Health, Environment, and Safety for Supervised Living Services 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(s) 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 a RN.

C. To provide Medical Supervised Living, a provider must first be approved to do so by DMH. The following must be submitted through the Division of Certification:

1. Documentation and procedures to ensure a RN will conduct all Nursing Assessments and develop all Nursing Care Plans.
2. Documentation and procedures describing how nursing staff will provide coverage 24

hours per day, seven (7) days per week in order to respond to the person's medical needs and requests for assistance/information from staff in the home. Documentation must include a copy of the nurse's current license to provide nursing care.

D. Documentation supporting that the person requires the level of support offered in Medical Supervised Living is gathered by the Supervised Living Services provider and Support Coordinator or Transition Coordinator and submitted to DMH for eligibility determination.

E. Criteria to support Medical Supervised Living include the following:

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 DMH.

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.

F. 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.

G. Pre-Admission Requirements for Medical Supervised Living

1. For people moving from home or already receiving Supervised Living Services, the agency provider must arrange for a nursing assessment to be conducted by a RN before or the same day the person is admitted to the home. At a minimum, the following systems must be addressed:
   (a) Integument;
   (b) Head;
   (c) Eyes and Vision;
   (d) Ears and Hearing;
   (e) Nose and Sinus;
   (f) Mouth;
   (g) Neck;
   (h) Thorax, Lungs, and Abdomen;
   (i) Extremities;
   (j) Risk for falls; and
   (k) Special Diet Requirements.

The nursing assessment by the RN must result in a Nursing Care Plan and must be updated every 60 days or as needed.

2. For people moving from an institution, the agency provider's RN must review the nursing assessment from the institution and develop the Nursing Care Plan. The nurse may choose to conduct an on-site nursing assessment.

H. Employee Training

1. If a person is already receiving Supervised Living Services and is approved for Medical Supervised Living, employees must be trained by the provider's RN or LPN regarding that person's individual support needs as there must have been a change that necessitated the transition to Medical Supervised Living.

2. 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 member[s], other caregivers the person has, etc.) may also provide information.

3. Documentation of employee training, regardless of if a person is moving into the home or already lives in the home, must be in their record. The documentation must be signed and dated by the person receiving the training, as well as the person providing the training.

I. Additional Documentation Requirements for Medical Supervised Living

1. The RN 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 assessments from a RN that include:
   (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.
   (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.

J. Additional Requirements

1. Agency providers of Medical Supervised Living must have a nurse (RN or LPN) on-call 24 hours a day, seven (7) days a week to respond to requests for

assistance/information from employees in the home. If an LPN is on call, a RN must be available for consultation or assistance, as needed.

2. LPNs can provide daily nursing care.

K. Ongoing Review of Need for Medical Supervised Living

1. DMH will review the need for ongoing Medical Supervised Living at least annually before recertification.
2. All required documentation must be sent in a complete manner to the Support Coordinator within 90 days of the person's recertification date; partial submissions will not be accepted. The Support Coordinator will submit the information to DMH. 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.

L. 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 Services.

2. The need for short-term Medical Supervised Living will be evaluated by DMH. The following must be submitted to the Support Coordinator for submission to DMH 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 60 days can be requested. The need will be re-evaluated by DMH. The following must be submitted to the Support Coordinator for submission to DMH within two (2) weeks before the end of the first 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: Miss. Code Ann. § 41-4-7

Rule 30.4 Environment and Safety for Supervised Living Services for Intellectual/Developmental Disabilities

Providers of Supervised Living Services for Intellectual/Developmental Disabilities must adhere to all applicable Health, Environment, and Safety rules and regulations in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 30.5 ID/DD Waiver Host Homes

A. Host Homes are private homes where no more than one (1) person 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 receive prior approval from DMH.

B. Host Home 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. 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. Host Homes are administered and managed by agency providers that are responsible for all aspects of Host Home Services. Host Home agency providers must:

1. Complete an evaluation of each prospective Host Home family and setting. The evaluation must receive prior approval from DMH;
2. Conduct background checks for all Host Home family members over the age of 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 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 personal property records for each person 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;
8. Take into account compatibility with the Host Home family member(s) including age, support needs, and privacy needs;
9. Ensure each person receiving Host Home Services has their own bedroom;
10. Recruit and oversee the Host Home;
11. Have 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. Relief staffing may be provided in the person's Host Home by another certified Host Home family or by employees of the Host Home agency provider or in another Host Home family's home.

F. Host Home family components:

1. The principal caregiver in the Host Home must attend and participate in the meeting to develop the person's Plan of Services and Supports.
2. The Host Home family must follow all aspects of the person's Plan of Services and Supports and any support/activity plan (e.g., Behavior Support Plan, Nutrition Plan, etc.) the person might have.
3. The Host Home family must take the person to and assist in attending appointments (e.g., medical, therapy, etc.).
4. The Host Home family must provide transportation as would a natural family member.
5. The principal caregiver must maintain required documentation as required by DMH.
6. The principal caregiver must meet all employee training requirements as outlined in the *DMH Operational Standards*.
7. The Host Home family and/or principal caregiver must participate in all training provided by the Host Home agency provider.

G. The 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;
   (b) Eating;
   (c) Bathing;
   (d) Dressing; and
   (e) Personal care needs.

2. Instrumental activities of daily living (ADLs) which include:
   (a) 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. Providers must adhere to any diets as prescribed by a Medical Doctor, Nurse Practitioner, or Licensed Dietician/Nutritionist. Host Homes 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 their 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 has basic furnishings in their bedroom if those furnishings are not available from another resource, such as Transition Assistance through the ID/DD 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. People are not to be left home alone or with someone under the age of 18, for any length of time.

J. People receiving Host Home 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.

K. The Host Home agency provider must ensure methods are in place to assist people in arranging and accessing routine and emergency medical care and monitoring of 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.

L. Each person must have an Activity Support Plan that is developed based on their Plan of Services and Supports.

M. People receiving Host Home Services are not eligible for Home and Community Supports, Shared Supported Living, Supported Living, Supervised Living Services, In-Home Nursing Respite, In-Home Respite, or Community Respite Services.

N. Behavior Support may be provided in the Host Home to provide direct services as well as modify the environment and train staff/family in implementation of the Behavior Support Plan.

O. Crisis Intervention Services may be provided in the Host Home to intervene and mitigate an identified crisis situation. Crisis Intervention may remain in the home with the person until the crisis is resolved. This could be in 24-hour increments (daily) or less than 24-hour increments (episodic), depending on each person's need for support.

P. Family members, as outlined in the glossary, cannot provide Host Home services to a person.

Source: Miss. Code Ann. § 41-4-7

Rule 30.6 Supported Living Services for Intellectual/Developmental Disabilities Service Components

A. Supported Living Services are provided to 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. Supported Living Services are for people who need less than 24-hour employee support per day. 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.

B. Supported Living Services are for people age 18 and above who have intellectual/developmental disabilities. Supported Living Services are provided in a home-like setting where people have access to the community to the same extent as people who do not have an intellectual/developmental disability.

C. A person may choose to rent or lease a DMH-certified Supervised Living, Shared Supported, or Supported Living location (owned and/or controlled by the agency provider) with four (4) or fewer people. If in a Shared Supported location with a maximum capacity above four (4), the individual apartment must have less than four (4) people residing in the apartment.

D. Agencies providing Supported Living are required to utilize Electronic Visit Verification (EVV) as directed by the DOM. Staff providing Supported Living cannot be counted in the staffing requirements for Supervised Living or Shared Supported Living during the hours providing the Supported Living service.

E. Supported Living Services provide assistance with the following, depending on each person's support needs:

1. Grooming;
2. Eating;
3. Bathing;
4. Dressing; and
5. Other personal needs.

F. Supported Living Services provide assistance with instrumental activities of daily living (ADLs) which include assistance with:

1. Planning and preparing meals;
2. Cleaning;
3. Transportation;
4. Mobility both at home and in the community;
5. Supervision of the person's safety and security;
6. Banking;
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. Scheduling and attending appointments.

G. Agency providers facilitate meaningful days and independent living choices.

H. The amount of service hours is determined by the level of support required for the person. The maximum amount of hours shall not exceed eight (8) hours per 24-hour period.

I. Supported Living Services personnel must assist the person in participation of community activities. Supported Living Services for community participation activities may be shared by up to three (3) people who may or may not live together and who have a common direct service provider. In these cases, people may share Supported Living Services personnel when agreed to by the people and when the health and welfare can be assured for each person.

J. People receiving Supported Living Services cannot also receive: Supervised Living Services, Host Home Services, In-Home Nursing Respite, In-Home Respite, Home and Community Supports, Shared Supported Living, or Community Respite Services.

K. Nursing services must be provided as a component of Supported Living Services in accordance with the nurse's applicable scope of practice. Nursing services must be provided on an as-needed basis. Only activities within the nurse's scope of practice can be provided. (Refer to Chapter 13). Services a nurse may provide include, but are not limited to, monitoring vital signs, monitoring blood sugar, administration of medication, weight monitoring, periodic assessment, and accompanying people on medical appointments. For requirements regarding assistance with medication usage by non-licensed personnel, refer to Chapter 13.

L. All employees the person invites to the Plan of Services and Supports meeting must be allowed to attend and participate in the development and review of the person's Plan of Services and Supports.

M. Supported Living Services 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 Services and Supports and Activity Support Plan prior to beginning work with the person. The training must be documented.

N. Each person must have an Activity Support Plan, developed with the person, which is based on their Plan of Services and Supports.

O. Behavior Support may be provided during the provision of Supported Living Services to provide direct services, as well as modify the environment and train employees in implementation of the Behavior Support Plan.

P. Crisis Intervention Services may be provided in the home of someone receiving Supported Living Services to intervene in and mitigate and identify a crisis situation. Crisis intervention personnel may remain in the home with the person until the crisis is resolved. This could be in 24-hour increments (daily) or less than 24-hour increments (episodic), depending on each person's need for support.

Q. In living arrangements in which people 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 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(s) 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 contains a copy of the written financial agreement which is signed and dated by the person/legal representative(s) indicating the contents of the agreement were explained and the person/legal representative(s) is in agreement with the contents. A signed copy must also be given to the person/legal representative(s).
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 collaborate with Support Coordination/Targeted Case Management 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 or IDD Community Support Program Services must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi.

R. People must have control over their personal resources. Agency providers cannot restrict access to personal resources. Agency providers must offer informed choices 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 and how/when income and expenses are reviewed with the person.

S. Visiting hours cannot be restricted unless associated with an assessed risk and documented in the Plan of Services and Supports.

T. 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 person's record.

Source: Miss. Code Ann. § 41-4-7

Rule 30.7 Supported Living Services for Intellectual/Developmental Disabilities Environment and Safety

Providers of Supported Living Services for Intellectual/Developmental Disabilities must adhere to all applicable Health, Environment, and Safety rules and regulations in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 30.8 Shared Supported Living Services for Intellectual/Developmental Disabilities Service Components

A. Shared Supported Living Services are for people age 18 and older who have an intellectual/developmental disability 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 supervision is provided at the service location and in the community but does not include direct employee supervision at all times.

1. The amount of employee supervision someone receives is based on tiered levels of support based on a person's 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.

2. There must be awake employee(s) 24 hours per day, seven (7) days per week when people are present in any of the living units. Employees must be able to respond to requests/need for assistance from people receiving services within five (5) minutes at all times people are present at the service location.

B. Nursing services must be provided as a component of ID/DD Waiver Shared Supported Living Services in accordance with the nurses' applicable scope of practice. Nursing Services must be provided on an as-needed basis. Only activities within the nurse's scope of practice can be provided (refer to Chapter 13). Services a nurse may provide include,

but are not limited to, monitoring vital signs, monitoring blood sugar, administration of medication, weight monitoring, periodic assessment, and accompanying people on medical appointments. For requirements regarding assistance with medication usage by non-licensed personnel, refer to Chapter 13.

C. Shared Supported Living Services provide people 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 Services provide assistance with instrumental activities of daily living which include:

1. Planning and preparing meals;
2. Cleaning;
3. Transportation;
4. Mobility both at home and in the community;
5. Supervision of the person's safety and security;
6. Banking;
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;
14. Scheduling and attending appointments; and
15. Routine and emergency healthcare.

E. Shared Supported Living Services 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.

F. Shared Supported Living Services 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 Services providers must provide the following for the person:

1. Familiarization with the living arrangement and neighborhood;
2. Introduction to employees and other persons residing in the home;
3. Description of the 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 their 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 their 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 people 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 Chapter 10).
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(s) 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.
6. A requirement that the person's record contains a copy of the written financial agreement which is signed and dated by the person/legal representative(s) indicating the contents of the agreement were explained and the person/legal representative(s) is in agreement with the contents. A copy must also be given to the person/legal representative(s).
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 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 Services provider.

8. People receiving ID/DD Waiver services must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi.

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 and how/when it is reviewed with the person.

L. People have freedom and support to control their own schedules and activities.

1. People cannot be made to attend day services.
2. Employees must be available to support individual choice.

M. All employees the person invites to the Plan of Services and Supports meeting must be allowed to 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.

O. Agency providers must develop methods, procedures, and activities to provide meaningful days and independent living choices about activities/services/employees for the people served in the community.

P. Shared Supported Living Services for community participation activities may be shared by up to four (4) people who may or may not live together and who have a common direct agency provider. In these cases, people may share Shared Supported Living Services personnel when agreed to by the people and when the health and welfare can be assured for each person.

Q. People in Shared Supported Living Services cannot also receive: Supervised Living Services, Host Home Services, In-Home Nursing Respite, In-Home Respite, Home and Community Supports, Supported Living Services, or Community Respite Services.

R. Each person must have an Activity Support Plan that is developed based on their Plan of Services and Supports.

S. Visiting hours cannot be restricted.

T. People have choices about housemates and with whom they share a room. Documentation of each person's choice(s) must be included in the person's record.

U. 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 person's Plan of Services and Supports.

Source: Miss. Code Ann. § 41-4-7

Rule 30.9 Shared Supported Living Services for Intellectual/Developmental Disabilities Environment and Safety

Providers of Shared Supported Living Services for Intellectual/Developmental Disabilities must adhere to all applicable Health, Environment, and Safety rules and regulations in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 31: Community Living Services for People with Substance Use Disorders

Rule 31.1 General Community Living for People with Substance Use Disorders

A. Substance Use Disorder Residential Treatment Services support people 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 Level 3.5 Clinically Managed High-Intensity Residential Services (previously referred to as Primary Residential), Level 3.5 Medium-Intensity Residential Services (Adolescents Only), Level 3.3 Population Specific High Intensity Residential Services, Level 3.1 Low-Intensity Residential Services (previously referred to as Transitional Residential Services) and Level 3.7 Medically Managed Intensive Inpatient Services for people with a substance use disorder.

   Substance Use Disorder Residential Services must comply with all applicable sections of Chapter 13.

B. Staffing must be sufficient to meet service requirements. Male and female (as appropriate) employees must be on-site and available 24 hours per day, seven (7) days per week.

C. Medium-Intensity Residential Services accommodating children/youth must adhere to the following:

   1. Provide an adequate, secure, and supervised play space.
   2. Prohibit any form of corporal punishment by personnel or people receiving services. Employees must provide people with information regarding positive approaches to management of children/youth's behavior.
   3. Safety measures in place to prohibit access by any child perpetrators/offenders. This includes potential residents or visitors.

D. Services serving children/youth must also comply with Chapter 29.

E. Caseloads for residential services must have no more than 12 adults or eight (8) adolescents assigned to a single therapist or counselor.

Source: Miss. Code Ann. § 41-4-7

Rule 31.2 Substance Use Disorders Community Living Handbook

A. In addition to information contained in the agency provider's policies and procedures manual, agency providers of Substance Use Disorder Residential Treatment Services must develop a handbook which includes all applicable policies and procedures. Handbooks are to be provided to the person/parent(s)/legal representative(s) during orientation. The

Community Living Handbook must be readily available for review by employees and must be updated as needed.

B. All agency providers must document that each person (and/or parent[s]/legal representative[s]) 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 person/parent(s)/legal representative(s) annually.

C. The service and site-specific handbook must be written in a person-first, person-friendly manner that can be readily understood by the person/parent(s)/legal representative(s).

D. Agency providers must have a written plan for providing the handbook information in a person's language of choice when necessary.

E. At a minimum, the handbook 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, including but 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 (e.g., tobacco, dietary supplements, over-the-counter medications, food or drink items, etc.); and
   (h) Respecting the rights of other people's privacy, safety, health and choices (Refer to Chapter 14).

4. A description of the meal schedule is to be provided. Meals must be provided at least three (3) times per day, and at a minimum, one (1) snack must be provided throughout the day. Documentation of the meal planning must be available for review, and documentation must include development of a 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.

8. Policy regarding the search of the person's room, person, and/or possessions, as outlined in Chapter 14.

9. Policy regarding urine drug screening for prohibited/illegal substances, as outlined in Chapter 14.

10. Description of the employee's responsibility for implementing the protection of the person and their personal property and rights.

F. Orientation of the person to the service including:

1. Familiarization of the person with the living arrangement and neighborhood;
2. Introduction to support personnel and other people (if appropriate);
3. Description of the written materials provided upon admission (e.g., handbook, etc.); and
4. Description of the process for informing people/parent(s)/legal representative(s) of their rights, responsibilities, and any service restrictions or limitations prior to or at the time of admission.

G. Methods for assisting people 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), if necessary.

Source: Miss. Code Ann. § 41-4-7

Rule 31.3 Environment and Safety

Providers of Substance Use Disorder Residential Services must comply with all applicable Health, Environment, and Safety rules and requirements, including animals/pets on the premises, as outlined in Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 31.4 Level 3.1 Clinically Managed Low-Intensity Residential Services

Rules in this section are based on the ASAM's established criteria for Level 3.1 Clinically Managed Low-Intensity Residential Services.

A. Level 3 Clinically Managed Low-Intensity 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. Admission into a Level 3 Clinically Managed Low-Intensity Residential Program is based on a Level of Care (LOC) Placement assessment, in accordance with the ASAM Criteria, and usually follows treatment in a more intensive level of care. The person's length of stay is determined by the goals the person has achieved on their Individual Service Plan. There is no fixed length of stay in this level of care. People placed in a low-intensity residential setting (Level 3.1 or higher) must be re-assessed at minimum every 14 calendar days to ensure level of care appropriateness. The multi-disciplinary team and treatment professionals have a responsibility to make admission, continued service, and discharge decisions based on clinical evaluation of a person's assessed needs and treatment progress for all people seeking services including those people who are under a court order with a specified length of stay. If a person has improved significantly enough to warrant discharge or transfer to another level of care, then the treatment professional has a responsibility to contact the appropriate court and seek to have the court order amended. Provider should refer to the current version of the ASAM Criteria.

C. The program components include at a minimum:

1. People must receive a minimum of five (5) hours of treatment a week.
2. At least one (1) hour of individual therapy per week with each person.
3. 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.
4. Family therapy must be offered and available as needed. Documentation of attendance or refusal is required.
5. Psychoeducational groups individualized to the people. Topics to be addressed may include, but are not limited to, vocation, education, employment, recovery, or related skills.
6. Therapeutic and leisure/recreational/physical exercise activities (with the appropriate medical professional's approval in accordance with the professional's scope of practice).

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.

E. Employment for people in Low-Intensity Residential Services must be community-based and not part of the service location.

Source: Miss. Code Ann. § 41-4-7

Rule 31.5 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services

Rules in this section are based on the ASAM's established criteria for Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services.

A. Twenty-four (24) hour support setting to meet the needs of people with cognitive difficulties, who need specialized individualized treatment services (who may need a slower pace and/or otherwise could not make use of the more intensive Level 3.5 milieu).

B. Level 3.3 is not a step-down residential level. It is qualitatively different from any other Level 3 residential levels of care.

C. The cognitive impairments manifested in people most appropriately treated in Level 3.3 services can be due to aging, traumatic brain injury, acute but lasting injury, or due to illness.

D. The person's length of stay is determined by the goals the person has achieved on their Individual Service Plan. There is no fixed length of stay in this level of care. People placed in a population specific high-intensity residential setting (Level 3.3 or higher) must be re-assessed at minimum every 14 calendar days to ensure level of care appropriateness. The multi-disciplinary team and treatment professionals have a responsibility to make admission, continued service, and discharge decisions based on clinical evaluation of a person's assessed needs and treatment progress for all people seeking services, including people under a court order with a specified length of stay. If a person has improved significantly enough to warrant discharge or transfer to another LOC, the treatment professional has a responsibility to contact the appropriate court and seek to have the court order amended. The provider should reference the Mandated Level of Care/Length of Stay in the current version of the ASAM Criteria.

Source: Miss. Code Ann. § 41-4-7

Rule 31.6 Level 3.5 Clinically Managed High-Intensity Residential Services

A. Level 3.5 Clinically Managed High-Intensity Residential Service is the highest community-based level of care for the treatment of substance use disorders. This level of treatment provides a safe and stable group living environment where the person can develop, practice, and demonstrate necessary recovery skills. People admitted to this level of care must be in imminent danger to justify admission and continued stay. The person's length of stay is determined by the goals the person has achieved on their Individual Service Plan. There is no fixed length of stay in this level of care. People placed in a high-intensity residential setting (Level 3.5 or higher) must be re-assessed at minimum every 14 calendar days to ensure level of care appropriateness. The multi-disciplinary team and treatment professionals have a responsibility to make admission, continued service, and discharge decisions based on clinical evaluation of a person's assessed needs and treatment progress for all people seeking services, including people under a court order with a specified length

of stay. If a person has improved significantly enough to warrant discharge or transfer to another LOC, the treatment professional has a responsibility to contact the appropriate court and seek to have the court order amended. The provider should refer to the current version of the ASAM Criteria.

B. People admitted into this level of care must receive a medical assessment within 48 hours of admission to screen for health risks.

C. Services must ensure access to each of the following professionals, either through agency provider employees 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 service components include at a minimum:

1. At least one (1) hour of individual therapy per week with each person.
2. A minimum attendance of at least five (5) hours of group therapy per week with each person.
3. Family therapy must be offered and available at least twice during the course of treatment. Documentation of attendance or refusal by the person or family is required.
4. At least 20 hours of psychoeducational groups individualized to the people. 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 children/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 children/youth, an academic schedule indicating school hours.

Source: Miss. Code Ann. § 41-4-7

Rule 31.7 Level 3.5 Clinically Managed Medium-Intensity Residential Services (Adolescent)

Rules in this section are based on the ASAM's established criteria for Level 3.5 Clinically Managed Medium-Intensity Residential Services (Adolescents).

A. Clinically Managed Medium-Intensity Residential Services (Adolescents) is the highest community-based level of care for the treatment of substance use disorders. This level of treatment provides a safe and stable group living environment where the person can develop, practice, and demonstrate necessary recovery skills. Adolescents must be in imminent danger to justify admission and continued stay. The person's length of stay is determined by the goals the person has achieved on their Individual Service Plan. There is no fixed length of stay in this level of care. People placed in a medium-intensity residential setting (Level 3.5 or higher) must be re-assessed at minimum every 14 calendar days to ensure level of care appropriateness. The multi-disciplinary team and treatment professionals have a responsibility to make admission, continued service, and discharge decisions based on clinical evaluation of a person's assessed needs and treatment progress for all people seeking services, including people under a court order with a specified length of stay. If a person has improved significantly enough to warrant discharge or transfer to another LOC, the treatment professional has a responsibility to contact the appropriate court and seek to have the court order amended. The provider should refer to the current version of the ASAM Criteria.

B. Adolescents admitted into Level 3.5 Residential Services must receive a medical assessment within 48 hours of admission to screen for health risks.

C. Services must ensure access to each of the following professionals either through agency provider employees 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 service components include at a minimum:

    1. At least one (1) hour of individual therapy per week with each person.
    2. A minimum attendance of at least five (5) hours of group therapy per week with each person.
    3. Family therapy must be offered and available at least twice during the course of treatment. Documentation of attendance or refusal by the person or family is required.
    4. At least 20 hours of psychoeducational groups individualized to the people. 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 (if applicable) for follow-up vocational services.
8. An academic schedule indicating school hours.

E. A written master schedule which 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 (if applicable); and
6. For children/youth, an academic schedule indicating school hours.

Source: Miss. Code Ann. § 41-4-7

Rule 31.8 Level 3.7 Medically Monitored Intensive Inpatient Services (Adults)

Rules in this section are based on the ASAM's established criteria for Level 3.7 Medically Monitored Intensive Inpatient Services.

A. Level 3.7 Medically Monitored Intensive Inpatient Services: This level of care provides services for people with subacute medical problems needing more structure found in a Level 2.5 Partial Hospitalization Program and monitoring on a 24-hour basis, but do not require the services of an acute care or psychiatric hospital. It can be free-standing or a unit of a hospital.

1. Programs are staffed by an interdisciplinary team of appropriately credentialed professionals, including a licensed physician who oversees the treatment process and a RN (usually 24/7).
2. Persons must be in imminent danger to justify admission and continued stay. The person's length of stay is determined by the goals they have achieved on their Individual Service Plan. There is no fixed length of stay in this level of care. People placed in a Medically Monitored Intensive Inpatient care setting (Level 3.7 or higher) must be re-assessed at minimum every 14 calendar days to ensure level of care appropriateness. The multi-disciplinary team and treatment professionals have a responsibility to make admission, continued service, and discharge decisions based on clinical evaluation of a person's assessed needs and treatment progress for all people seeking services, including those that are under a court order with a specified length of stay. If a person has improved significantly to warrant discharge or transfer to another LOC, the treatment professional has a responsibility to contact the appropriate court

and seek to have the court order amended. The provider should reference the Mandated Level of Care/Length of Stay in the current version of the ASAM Criteria.

3. Daily clinical services address the person's biomedical needs (which may include appropriate medical and nursing services) and psychosocial needs. Clinical program activities are designed to enhance the person's understanding of their substance use and/or mental disorder. Daily treatment services are provided to manage symptoms of the person's biomedical, substance, and mental disorder. Evidence-based practices are employed (e.g. motivational enhancement strategies).

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 32 Intensive Community Supports for Serious Emotional Disturbance and Serious Mental Illness

Rule 32.1 Service Components of Programs of Assertive Community Treatment For Adults

A. A Program of Assertive Community Treatment (PACT) is a person-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation, and recovery for people who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient services.

B. The important characteristics of PACT are:

1. Programs of Assertive Community Treatment serve people who may have gone without appropriate services. Consequently, the group is often overrepresented among people experiencing homelessness and in jails and prisons and has been unfairly thought to resist or avoid involvement in treatment.

2. Programs of Assertive Community Treatment Services are delivered by a group of multidisciplinary mental health personnel who work as a team and provide the majority of the treatment, rehabilitation, and support services people need to achieve their goals. Many, if not all, employees share responsibility for addressing the needs of all people requiring frequent contact.

3. Programs of Assertive Community Treatment Services are individually tailored to each person and address the preferences and identified goals of each person. The approach with each person emphasizes relationship building and active involvement in assisting people with severe and persistent mental illness to make improvements in functioning, to manage symptoms better, to achieve individual goals, and to maintain optimism.

4. The PACT Team is mobile and delivers services in community locations to enable each person to find and live in their own residence and, find and maintain work in community jobs rather than expecting the person to come to the service.

5. PACT Services are delivered in an ongoing, rather than time-limited, framework to aid the process of recovery and ensure continuity of care. Severe and persistent mental illnesses are episodic disorders, and many people benefit from the availability of a longer-term treatment approach and continuity of care. This allows people the opportunity to decompensate, consolidate gains, sometimes regress, and then take the next steps forward until they achieve recovery.

6. The PACT 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 resources.

Source: Miss. Code Ann. § 41-4-7

Rule 32.2 Program of Assertive Community Treatment Staffing

A. Each PACT Team must have the organizational capacity to provide a minimum employee person ratio of at least one (1) full-time equivalent employee for every 10 people (this ratio does not include the psychiatrist or psychiatric nurse practitioner or the service assistant).

B. Each PACT Team must have a sufficient number of employees to provide treatment, rehabilitation, and support services 24 hours a day, seven (7) days per week.

C. The following positions are required for Programs of Assertive Community Treatment Teams; the specific requirements for the positions listed below are outlined in Chapter 11:

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 Program of Assertive Community Treatment Team.

2. Psychiatrist/Psychiatric Nurse Practitioner: A psychiatrist/psychiatric nurse practitioner, who works on a full-time or part-time basis for a minimum of 20 hours per week for every 50 people. For teams serving over 50 people, the number of hours required are determined by the following formula: (.4 x # on caseload) = hours required for psychiatrist/psychiatric nurse practitioner per week. The psychiatrist/psychiatric nurse practitioner provides clinical services to all PACT people; works with the team leader to monitor each person's clinical status and response to treatment; supervises employee delivery of services; and directs psychopharmacologic and medical services.

3. At least two (2) full-time RNs. A team leader with a nursing degree cannot replace one of the 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 Use Specialist.

6. At least one (1) Employment Specialist.

7. At least one (1) full-time equivalent certified Peer Support Specialist Professional. Peer Support Specialists must be fully integrated team members.

8. The remaining clinical personnel may be bachelor's level and paraprofessional 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 para-professional 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 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).

9. At least one (1) service assistant who is responsible for organizing, coordinating, and monitoring all non-clinical operations of Programs of Assertive Community Treatment, including managing medical records; operating and coordinating the management information system; maintaining accounting and budget records for individual and service expenditures; and, providing receptionist activities, including triaging calls and coordinating communication between the team and people.

D. Each PACT Team must develop a written policy for clinical supervision of all employees providing treatment, rehabilitation, and support services. The team leader and psychiatrist must assume responsibility for supervising and directing all employee activities. This supervision and direction must consist of:

1. Individual, side-by-side sessions in which the supervisor accompanies an individual employee to meet with people in regularly scheduled or crisis meetings to assess employee performance, give feedback, and model alternative treatment approaches;
2. Participation with team members in daily organizational employee meetings and regularly scheduled Individual Service Planning meetings to review and assess employee performance and provide employees direction regarding individual cases;
3. Regular meetings with individual employees to review their work with people, assess clinical performance, and give feedback;
4. Regular reviews, critiques, and feedback of employee documentation (e.g., progress notes, assessments, Individual Service Plans, Individual Service Plan reviews); and
5. Written documentation of all clinical supervision provided to Program of Assertive Community Treatment Team personnel.

Source: Miss. Code Ann. § 41-4-7

Rule 32.3 Program of Assertive Community Treatment Admissions and Discharge

A. In order to be admitted into PACT Services, people must meet the criteria outlined in this rule.

B. PACT Teams serve people with severe and persistent mental illness, as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, that 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, intellectual disability, or personality disorder are not the intended groups).

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 a homemaking 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 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 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. Discharges from the PACT Team occur when people and agency provider employees mutually agree to the termination of services. This must occur when people:

1. Have successfully reached established goals for discharge, and when the person and agency provider employees 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 PACT Team's responsibility. In such cases, the PACT Team must arrange for transfer of mental health service responsibility to a

Program of Assertive Community Treatment Service or another agency provider wherever the person is moving. The PACT 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: Miss. Code Ann. § 41-4-7

Rule 32.4 Program of Assertive Community Treatment Employee Communication and Planning

A. The PACT Team must conduct daily organizational 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 Team must maintain a written daily log. The daily log provides:
   (a) A roster of the people served in the program; and
   (b) For each person, a brief documentation of any treatment or service contacts that have occurred during the last 24 hours and a concise, behavioral description of the person's status that day.

B. The daily organizational employee meeting must commence with a review of the daily log to update 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 people.

C. The PACT Team, under the direction of the team leader, must develop a daily employee assignment schedule, which is a documented timetable for all 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). The PACT team daily employee organizational meeting will include a review of all work to be done for the day, as recorded on the daily employee assignment schedule. During the meeting, the team leader or designee will assign and supervise employees to carry out the scheduled treatment and service activities; the team leader is responsible for ensuring that all tasks are completed. The team must also maintain a weekly individual schedule, which documents all treatment and service contacts which employees must carry out to fulfill the goals and objectives in the person's Individual Service Plan. During the daily organizational employee meeting, the Program of Assertive Community Treatment Team must also revise Individual Service Plans as needed.

D. The PACT 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 with sufficient frequency and duration to make it possible for all employees:
   (a) to be familiar with each person and their goals and aspirations;

(b) to participate with the person and the Individual Treatment Team in the development and the revision of the Individual Service Plan; and
(c) to understand fully the Individual Service Plan rationale in order to carry out each person's plan.

Source: Miss. Code Ann. § 41-4-7

Rule 32.5 Program of Assertive Community Treatment – Fidelity Reviews

A. PACT services must be provided in accordance with PACT fidelity measures, as determined by DMH.

B. DMH utilizes the Dartmouth Assertive Community Treatment Scale (DACTS) for PACT fidelity reviews.

Source: Miss. Code Ann. § 41-4-7

Rule 32.6 Program of Assertive Community Treatment Required Services

A. Operating as a continuous treatment service, the PACT 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. Service Coordination/Individual Treatment Team
2. Crisis Assessment and Intervention
3. Symptom Assessment and Management
4. Medication Prescription, Administration, Monitoring, and Documentation
5. Co-Occurring Substance Use Services
6. Work-Related Services
7. Activities of Daily Living (ADLs)
8. Social/Interpersonal Relationship and Leisure-Time Skill Training
9. Peer Support Services
10. Community Support Services
11. Education, Support, and Consultation for People's Families and other Major Supports

Source: Miss. Code Ann. § 41-4-7

Rule 32.7 Program of Assertive Community Treatment's Contacts

A. The PACT Team must have the capacity to provide multiple contacts during a week with people 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 their living situation or employment, or having significant ongoing problems in daily living. These multiple contacts must be a minimum of two (2) times per week (60 minutes per contact) and depend on individual need and a mutually agreed upon plan between people and agency provider employees. Many, if not all, team members must share responsibility for addressing the needs of all people requiring frequent contact.

B. The PACT Team must have the capacity to rapidly increase service intensity to a person when their status requires it, or a person requests it.

C. The PACT Team must provide a mean (i.e., average) of at least two (2) contacts per week (60 minutes per contact) for all people.

D. Each new PACT Team must gradually build up its caseload with a maximum admission rate of five (5) people per month.

E. PACT services must be provided 24 hours a day, seven (7) days a week. This requirement does not include the following: mobile crisis response, community support services only, or an on-call MOU; PACT must have face-to-face staff on the weekends.

F. Each PACT Team must set a goal of providing eighty percent (80%) of service contacts in the community in non-office-based or non-facility-based settings.

Source: Miss. Code Ann. § 41-4-7

Rule 32.8 Program of Assertive Community Treatment Resource Material

New Programs of Assertive Community Treatment should utilize the SAMHSA Toolkit as a resource when initiating a PACT Team.

Source: Miss. Code Ann. § 41-4-7

Rule 32.9 Intensive Community Outreach and Recovery Team For Adults

A. The Intensive Community Outreach and Recovery Team (ICORT) 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 with the person and their family/significant other as appropriate, for 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. The ICORT Team's primary treatment objective is to assist in keeping people receiving the service in the community in which they live, avoiding placement in state-operated behavioral health service locations.

C. ICORT services must be provided in accordance with the Intensive Community Outreach fidelity measures, as determined by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 32.10 Intensive Community Outreach and Recovery Team Staffing

A. Each ICORT of three (3) will serve a maximum of 45 people with a ratio of one-to-fifteen (1:15).

B. Each ICORT must have sufficient number of employees (three [3]) to provide treatment rehabilitation and support services 24 hours per day, 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 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 ICORT.

C. The following positions are required for ICORTs; the specific requirements for the positions listed below are outlined in Chapter 11:

1. One (1) full-time Team Leader.
2. A full-time registered RN.
3. A full-time equivalent Certified Peer Support Specialist Professional.
4. A part-time clerical personnel.
5. A part-time Community Support Specialist.

Source: Miss. Code Ann. § 41-4-7

Rule 32.11 Intensive Community Outreach and Recovery Admissions and Discharges

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 Teams only serves people with severe and persistent mental illness, as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, 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, personality disorder, or intellectual disability are not the intended groups. 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 ICORT 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 ICORT’s responsibility. In such cases, the ICORT must arrange for transfer of mental health service responsibility to an Intensive Community Outreach and Recovery Service or another agency provider wherever the person is moving. The ICORT 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: Miss. Code Ann. § 41-4-7

Rule 32.12 Intensive Community Outreach and Recovery Team's Contacts

A. The ICORT must have seventy-five to eighty-five percent (75-85%) of Intensive Community Outreach and Recovery work and contact time in a community setting. Intensive Community Outreach and Recovery is for people with intensive needs that traditional outpatient clinic services have not been successful in treating.

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 are not appropriate for Intensive Community Outreach and Recovery Services.

C. The ICORT must have the capacity to increase rapidly service intensity to a person when their 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 team member must provide services to each person as often as therapeutically necessary, but at a minimum, each person must be seen by ICORT personnel two (2) times a month.

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 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.

Source: Miss. Code Ann. § 41-4-7

Rule 32.13 Intensive Community Outreach and Recovery Team for Children/Youth with Serious Emotional Disturbance

A. The ICORT is a resiliency oriented, intensive, community-based rehabilitation service for children and youth with serious emotional/behavioral disturbance. Intensive Community Outreach and Recovery Services support the entire family lacking access to office-based

services, and/or when needs cannot be met by traditional outpatient services and failure to intervene through community-based intervention could result in the child or youth becoming at risk for out-of-home therapeutic resources.

B. Intensive Community Outreach and Recovery services are provided primarily in natural settings and are delivered face-to-face with the child or youth and/or their family/guardian/caregiver. Intensive Community Outreach and Recovery assists in the setting and attaining of youth-guided and family-driven resiliency goals. 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).

Source: Miss. Code Ann. § 41-4-7

Rule 32.14 Intensive Community Outreach and Recovery Team for Children/Youth Staffing

A. Each ICORT of three (3) will serve a maximum of 45 children and/or youth with a ratio of one to fifteen (1:15).

B. Each ICORT must have a sufficient number of employees (three [3]) to provide treatment rehabilitation and support services 24 hours per day, 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 MCERT for assistance with on-call, but the response to a crisis by a child or youth enrolled in Intensive Community Outreach and Recovery must be a member from the ICORT.

C. The following positions are required for ICORTs; the specific requirements for the positions listed below are outlined in Chapter 11:

1. One (1) full-time Team Leader.
2. A full-time RN.
3. A part-time equivalent Certified Peer Support Specialist Professional.
4. A part-time clerical personnel.
5. A full-time Community Support Specialist.

Source: Miss. Code Ann. § 41-4-7

Rule 32.15 Intensive Community Outreach and Recovery Team for Children/Youth Admissions and Discharges

A. In order to be admitted into Intensive Community Outreach and Recovery Services, children and youth must meet the criteria outlined in this rule.

B. Intensive Community Outreach and Recovery Teams serve children and youth with a serious emotional/behavioral disturbance, as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, which seriously impairs their

functioning in community living. Priority is given to children, youth, and their families who lack access to office-based services and/or who have experienced multiple acute hospital and/or residential care stays, who are at risk of out-of-home placement or have been recommended for residential care, and for those children and youth for whom traditional outpatient care has not been successful.

C. Children and youth with functional impairments as demonstrated by at least one (1) of the following conditions:

1. Child or youth has a serious emotional/behavioral disturbance, as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, which impairs the child or youth's functioning in community living.
2. Child or youth is at-risk for out-of-home placement or use of out-of-home therapeutic resources without community-based intervention.
3. Child or youth has difficulty demonstrating success in the home and educational environment due to emotional, social, and/or behavioral challenges.
4. Child or youth has had difficulty effectively utilizing traditional office-based or school-based outpatient services (office-based individual and/or group therapy, day treatment services, school-based therapies).
5. Family members of the child or youth have needs to be met, and/or the family is experiencing multiple system involvement.
6. Child or youth has high risk or recent history of juvenile justice involvement (e.g., arrest, incarceration) due to behavioral problems attributed to the youth's emotional and/or behavioral problems.

D. Discharges from the ICORT occur when the child/youth's family and service personnel mutually agree to the termination of services. This must occur when children/youth:

1. Have successfully reached individually established goals for discharge, and when the child/youth's family and service personnel mutually agree to the termination of services.
2. Have successfully demonstrated an ability to function in the areas of home, school and other entities, and social interactions without ongoing assistance from the agency provider, without significant relapse when services are withdrawn, and when the child or youth's family requests discharge, and the agency provider employees mutually agree to the termination of services.
3. Move outside the geographic area of the ICORT's responsibility. In such cases, the ICORT must arrange for transfer of mental health service responsibility to an Intensive Community Outreach and Recovery service or another agency provider wherever the person is moving. The 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 child/youth.

Source: Miss. Code Ann. § 41-4-7

Rule 32.16 Intensive Community Outreach and Recovery Team for Children/Youth Contacts

A. The ICORT must have seventy-five to eighty-five percent (75-85%) of Intensive Community Outreach and Recovery work and contact time in a community setting. Intensive Community Outreach and Recovery is for children and youth with intensive needs that traditional outpatient services have not been successful in treating.

B. Children, youth, and their families that can make and maintain appointments at a clinic do not qualify for Intensive Community Outreach and Recovery Services.

C. The ICORT must have the capacity to increase rapidly service intensity to a child or youth when their status requires it, or when the family requests it.

D. The family being served by the ICORT and team members determine the frequency of service provision. Services must be provided as often as therapeutically necessary, but at a minimum, the child or youth must be seen by ICORT personnel two (2) times a week at a minimum of two (2) hours total. Frequency of services provided must be documented in the child's or youth's Individual Service Plan.

E. Each child or youth must receive services from a psychiatrist or psychiatric nurse practitioner as often as necessary, but at a minimum of one (1) time per every 30 days. These services can be provided in an office or community setting. ICORT members must facilitate and provide transportation (if necessary) to the appointment.

F. Intensive Community Outreach and Recovery will provide Peer Support Services, individual mental health therapy, medication monitoring, linkage to medical and educational services, supportive counseling, social skills training, recovery/resiliency support, and symptom management.

G. Wraparound Care Coordination Services can be provided in conjunction with Intensive Community Outreach and Recovery Services.

Source: Miss. Code Ann. § 41-4-7

Rule 32.17 Intensive Community Support Services – General

A. Intensive Community Support Services (ICSS) are designed to be a key part of the continuum of mental health services and supports for people (adults and children/youth) with serious mental illness or emotional disturbance.

B. ICSS must promote independence and quality of life through the coordination of appropriate services and the provision of constant and on-going support as needed by the person.

C. The Intensive Community Support Specialist must have direct involvement with the person and must attempt to develop a caring, supportive relationship with the person.

D. ICSS must be responsive to a person's multiple and changing needs, and must play a pivotal role in coordinating required services across systems to decrease the need for inpatient treatment/hospitalization.

E. ICSS must help the person function in the least restrictive, most natural community environment and achieve an improved quality of life by helping the person to achieve their recovery goals.

F. ICSS must be provided according to fidelity, as determined by DMH.

G. ICSS is a comprehensive and complex service that involves:

1. Outreach and referrals;
2. Frequent assessment and planning;
3. Frequent direct services provision/intervention;
4. Frequent monitoring, evaluation and follow-up; and
5. Information, liaison, advocacy, consultation, and collaboration.

H. Staffing Requirements:

1. There must be at least one (1) full-time (40 hours per week) Intensive Community Support Specialist providing services. Additional staff, if needed, can be part-time to the service.
2. ICSS must be provided by a Mental Health Professional who holds a DMH Certified Community Support Specialist credential and has at least two (2) years of mental health direct care experience. ICSS may also be provided by an employee who holds either: (1) a DMH therapist credential (as appropriate to the population served); or (2) a professional license.
3. Overall supervision of the ICSS staff must be carried out only by a mental health professional who holds either: (1) a DMH Mental Health Therapist credential; or (2) a professional license, and has at least three (3) years of mental health direct care experience.
4. A full-time (40 hours per week) Intensive Community Support Specialist's caseload must not be more than 20 people. A part-time (at least 20 hours per week) Intensive Community Support Specialist's caseload must not be more than 10 people.

I. Service Provision Requirements:

1. The Intensive Community Support Specialist must have seventy-five to eighty-five percent (75-85%) of Intensive Community Support work and contact time in a community setting. ICSS are for adults and children and youth with intensive needs which traditional outpatient services have not been successful in treating.

2. The Intensive Community Support Specialist must coordinate with the people, family, and the facility personnel while people are in inpatient psychiatric care (which includes state operated facilities, private facilities, crisis stabilization units, designated holding facilities, detention centers, or jail), to develop and coordinate an aftercare plan.
3. The agency's Intensive Community Support Specialist will act as the primary contact ("single-point-of-entry") for the inpatient facility discharging someone into the agency's catchment area.
4. The Intensive Community Support Specialist must identify unmet needs of the person in the community and develop a plan to address those identified needs.
5. The Intensive Community Support Specialist must coordinate very closely with Crisis Response Services and Mobile Crisis Response Teams and attend the MAP Team and AMAP team meetings for the agency to ensure continuity of care. Attendance should only be required if a person on their caseload is being reviewed by the MAP/AMAP Team. The Intensive Community Support Specialist will assist with the development of a Crisis Support Plan, as required by DMH.
6. When the person is ready to be discharged from ICSS, the Intensive Community Support Specialist must coordinate with typical mental health services in the person's community to transition the person using the "warm hand-off method" into less intensive mental health services.

Source: Miss. Code Ann. § 41-4-7

Rule 32.18 Mississippi Youth Programs Around the Clock (MYPAC)

A. Service Components

1. Mississippi Youth Programs Around the Clock (MYPAC) services are defined as treatment provided in the home and/or community to children and youth with Serious Emotional Disturbance (SED) from birth up to the age of 21 years. The ultimate goal is to stabilize the living arrangement, promote reunification, and/or prevent the over-utilization of out-of-home therapeutic resources (e.g., psychiatric hospital, therapeutic foster care, therapeutic group home, and/or residential treatment facility). MYPAC services are provided until stabilization has occurred by evaluating the nature and course of psychiatric needs and providing intensive interventions intended to diffuse psychiatric needs and reduce the likelihood of a recurrence.

2. MYPAC services are individualized for children/youth who experience severe and impairing psychiatric symptoms and behavioral disturbances.

3. MYPAC services are most appropriate for children/youth who have not benefitted from traditional outpatient services, have experienced frequent acute psychiatric hospitalizations, and/or psychiatric emergency stabilization services in the past 90 days.

4. MYPAC services are person-centered, individually tailored to each child/youth and family, part of coordinated care efforts, and address the preferences and identified goals

of each child/youth and family.

5. MYPAC is mobile and delivers services in the community and in the child/youth's home.

6. Staff assigned to each child/youth's case work as a team and provide the treatment and support services children/youth need to achieve their goals. Staff share responsibility for addressing the needs of the children/youth and their families receiving this service.

7. Each MYPAC therapist will serve only children/youth receiving MYPAC services (children/youth and their families have the option to request Wraparound Care Coordination as an additional service) and will have a maximum caseload of 20 children/youth. The provider agency must maintain a roster for each MYPAC therapist of children/youth served for review.

B. Service Requirements

1. Providers of MYPAC services must meet the following requirements:
   (a) Hold certification by DMH to provide Crisis Response Services, Community Support Services, Peer Support Services, Physician/Psychiatric Services, and Outpatient Therapy Services.
   (b) Have a psychiatrist or psychiatric nurse practitioner on staff, at least part-time, to evaluate and treat children/youth receiving MYPAC services.
   (c) Have appropriate clinical staff that meet DMH requirements to provide the therapeutic services needed.
   (d) Provide training topics that are appropriate to the needs of MYPAC service providers.
   (e) Coordinate services and needed supports with other providers and/or natural supports when appropriate and with consent.
   (f) Provide education on wellness, recovery, and resiliency.
   (g) Have procedures in place for 24 hour, seven (7) days a week availability and response (inclusive of crisis response services).

2. The following services must be available, (but are not limited to):
   (a) Individual and Family Therapy;
   (b) Peer Support Services;
   (c) Community Support Services; and
   (d) Physician/Psychiatric Services.
   (e) MYPAC providers must also be certified by DMH to provide the required services.
   (f) Covered Community Support Services include:
      (1) Identification of strengths which aid the beneficiary in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community.
      (2) Individual therapeutic interventions that directly increase the restoration of skills needed to accomplish the goals set forth in the Individual Service Plan.
      (3) Monitoring and evaluating the effectiveness of interventions that focus on

restoring, retraining, and reorienting, as evidenced by symptom reduction and program toward goals.

(4) Psychoeducation regarding the identification and self-management of the prescribed medication regimen and communication with the prescribing provider.

(5) Direct interventions in deescalating situations to prevent crisis.

(6) Relapse prevention.

(7) Facilitation of the Individual Service Plan or Recovery Support Plan, which includes the active involvement of the beneficiary, and the people identified as important in the beneficiary's life.

3. MYPAC services must be included in the Individual Service Plan (ISP) and, if also receiving Wraparound Care Coordination Services, the Wraparound Plan of Care. MYPAC services are provided to children/youth based on their needs identified in the treatment plan.

4. If the child/youth entering the MYPAC program does not have an Initial Assessment, one must be completed by the provider within 14 working days of admission.

5. If the child/youth is receiving Wraparound Care Coordination Services, the provider needs to have input into the Wraparound Plan of Care (which needs to be available for review upon request). If the child/youth is receiving MYPAC and Wraparound Care Coordination Services, the therapist from the provider agency must participate monthly in the Wraparound Team Meetings. In the event that the child/youth is no longer receiving Wraparound Services, the MYPAC provider *must* complete all required forms (e.g., Individual Service Plan, Individual Crisis Support Plan, Recovery Support Plan, etc.) within 14 business days of discharge from Wraparound Care Coordination.

6. The provider agency must be able to respond to crises/emergencies, for each child/youth and family served, 24 hours per day, seven (7) days per week. The MYPAC provider is required to be the first responder and make every effort to assist the child/youth and the family. Non-MYPAC team members (e.g., MCERT) should only be contacted and respond if the MYPAC provider is unable to assist the child/youth and the family, or on the rare occasion when a MYPAC team member is unable to respond within one (1) hour. MYPAC providers must show documentation of their attempted assistance upon request for review.

7. The provider agency must designate a MYPAC supervisor to coordinate MYPAC services and conduct supervision weekly and as needed. The MYPAC supervisor can supervise no more than six (6) MYPAC therapists.

C. Staffing Requirements

1. Providers of MYPAC services must meet the following staffing requirements:

(a) Psychiatrist and/or Psychiatric Nurse Practitioner (i.e., psychiatric staff) must hold

a current professional license and be employed by the MYPAC provider at least part-time to evaluate and treat children/youth receiving MYPAC services.

(b) MYPAC supervisor must have either a current (1) professional license or (2) DMH credential (as appropriate to the service and population served) to coordinate/oversee services.

(c) MYPAC therapist must have either a current (1) professional license or (2) DMH credential (as appropriate to the service and population served).

(d) Peer Support Specialist must be a person with lived experience of having a child with a Serious Emotional Disturbance diagnosis and hold a current DMH Certified Peer Support Specialist Professional credential.

(e) Community Support Specialist must hold a current DMH Community Support Specialist credential.

D. Admissions Criteria

1. To receive MYPAC services, children/youth must meet one (1) or more of the following criteria:

(a) The child/youth has been evaluated and/or diagnosed by a psychiatrist, licensed psychologist, or a psychiatric nurse practitioner, in the past 90 days as it relates to a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria for a Serious Emotional Disturbance specified within the current version of the Diagnostic and Statistical Manual of Mental Disorders. Other licensed practitioners operating in accordance with their scope of practice in treating youth with SED (e.g., Developmental-Behavioral Pediatricians trained in developmental-behavioral assessments/treatment), as approved by DMH, may also be eligible to evaluate and diagnose in this capacity. The primary diagnosis must be psychiatric.

(b) The child/youth must be able to demonstrate a capacity to respond favorably to rehabilitative counseling and training in areas such as problem-solving, life skills development, and medication compliance training (i.e., demonstrates a capacity for positive response to rehabilitative services).

(c) The evaluating psychiatrist, licensed psychologist, psychiatric nurse practitioner, or other licensed practitioner in accordance with the practitioner's scope of practice advises that the child/youth meets criteria of the MYPAC program and/or is at risk for out-of-home placement.

(d) The child/youth requires specialized services and supports, and an array of clinical interventions and family supports to be maintained in the community.

(e) The child/youth presents with a high use of acute psychiatric hospitalizations (i.e., two [2] or more admissions per year) or psychiatric emergency/stabilization services.

(f) The child/youth is currently residing in an inpatient facility or Psychiatric Residential Treatment Facility level of care due to the lack of availability of appropriate placement but has been clinically assessed to be able to live in a community-based setting if intensive services are provided.

(g) The child/youth is at high risk for juvenile justice involvement or has a recent history of juvenile justice involvement (e.g., arrest, incarceration) *and* has a SED

diagnosis.

(h) The child/youth is involved or at risk of being involved in child protective services.

E. Discharge Criteria

1. To discharge from MYPAC services, children/youth must meet one (1) or more of the following criteria:

   (a) Have successfully reached individually established goals for discharge, and when the person/family and the agency provider mutually agree to the termination of services.
   (b) Have successfully demonstrated an ability to function at home and in the school setting without ongoing assistance from the agency provider, without significant relapse when services are withdrawn, when the person requests discharge, and the agency provider mutually agrees to the termination of services.
   (c) Move outside the geographic area. In such cases, the agency provider must arrange for transfer of mental health service responsibility to another agency provider and maintain contact with the child/youth and family until this service transfer is implemented.
   (d) Decline or refuse services and request discharge, despite the agency provider's best efforts to develop an acceptable Individual Service Plan with the child/youth and family.
   (e) Not deemed clinically appropriate for service, and treatment elsewhere would be more beneficial.
   (f) Have reached the age of 21 and will be referred to an appropriate service for adults.

F. Contact Requirements

1. The agency must have the capacity to provide multiple contacts during a week with children/youth being served through MYPAC. These multiple contacts may be frequent and depend on individual need and a *mutually agreed upon* plan between the family and agency provider staff providing services.

2. All children/youth must be evaluated for appropriateness for psychopharmacological treatment by the on-staff psychiatric provider within 45 business days of entering the MYPAC program. Only those who are actively prescribed psychotropic medication will be required to see the on-staff psychiatric provider at least every 90 days. Children/youth not taking psychotropic medication will be re-evaluated by the on-staff psychiatric provider when there is a significant change in symptoms, environment (e.g., foster care), and/or loss/trauma.

3. Children/youth receiving MYPAC must participate in at least three (3) individual therapy sessions per month and at least one (1) family therapy session per month provided by the MYPAC therapist for a total of a minimum of four (4) therapy sessions per month.

4. A Peer Support Specialist Professional and/or Community Support Specialist must contact the family at least two (2) times per month via telephone, virtually or face-to-face.

5. If the child/youth is participating in Wraparound Care Coordination, the MYPAC provider must be a participating team member and attend the monthly Wraparound Team Meetings. The MYPAC provider must show evidence of attendance of the Wraparound Team Meeting in the child/youth's record (e.g., copy of sign-in sheet).

6. All sessions and contacts and/or visits must be documented in the case record.

G. Documentation Requirements

1. Employee records must indicate that within 90 days of hire/placement, employees receive orientation on the MYPAC program and supervised on-the-job training prior to being assigned independent responsibilities. This requirement is separate from any other orientation/training specified elsewhere in the *DMH Operational Standards*.

2. Employee records must indicate weekly supervision provided by the MYPAC supervisor.

3. Agency provider must maintain a roster for each MYPAC therapist of children/youth who are served.

4. The following documents must be provided to the child/youth, family, and/or legal guardian and be included in the child/youth's record:

   (a) Consent to Receive Services.
   (b) Rights of Persons Receiving Services.
   (c) Acknowledgment of Grievance Procedures.
   (d) Individual Service, Individual Crisis Support, and Recovery Support Plans.
   (e) Wraparound Plan of Care (if applicable).
   (f) Medication/Emergency Contact Information.

5. The provider agency must complete an Initial Assessment within 14 business days of admission, if not already on file.

6. Each child/youth receiving MYPAC services must have an Individual Service Plan completed in its entirety on file (no blank fields). The following information must be included:

   (a) Signatures:
      (1) Person/Child/Youth;
      (2) Parent and/or Legal Guardian;
      (3) MYPAC Therapist;
      (4) Peer Support Specialist Professional and/or Community Support Specialist; and

(5) Psychiatrist and/or Psychiatric Nurse Practitioner.

(b) Timelines:
(1) Developed within 14 working days of admission;
(2) Document review at least every 30 days and as needed on Periodic Staffing/Review of the ISP;
(3) Periodic Staffing/Review of the ISP reviewed, approved, and signed off on by psychiatric staff at least every six (6) months; and
(4) Updated at least annually.

(c) Reviews and updates must include the following changes in specific detail and applicable signatures:
(1) Change in diagnosis;
(2) Change in symptoms;
(3) Change(s) in service activities;
(4) Change(s) in treatment/treatment recommendations;
(5) Other significant life change; and
(6) Signatures of person; parent/legal guardian; MYPAC therapist; psychiatrist/psychiatric nurse practitioner (if ISP rewritten).

7. Each child/youth receiving MYPAC services must have an Individual Crisis Support Plan completed in its entirety on file (no blank fields). The following must be included:

(a) Signatures:
(1) Person/Child/Youth; and
(2) MYPAC Therapist.

(b) Timeline:
(1) Developed within 30 calendar days of admission.
(2) Reviewed monthly during the treatment team meetings and revised as needed.

(c) Required Elements:
(1) Documentation that all team members have a copy.
(2) Documentation that the person receiving services has a copy.

8. Each child/youth receiving Peer Support Services and/or Community Support Services must have a Recovery Support Plan completed in its entirety (no blank fields). The following information must be included:

(a) Signatures:
(1) Person/Child/Youth;
(2) Parent and/or Legal Guardian;
(3) Peer Support Specialist and/or Community Support Specialist;
(4) MYPAC Therapist; and
(5) Any other individuals who participated in plan development.

(b) Timelines:
(1) Developed within 30 calendar days of admission.

9. The child/youth's record must contain documentation of Peer Support Specialist Professional and/or Community Support Specialist contact at least two (2) times per month either via telephone, virtually, or face-to-face contact.

10. Each child/youth who receives both Wraparound Care Coordination services and MYPAC services must have in the record:

(a) Wraparound Plan of Care (current copy);
(b) Crisis Management Plan (current copy);
(c) Monthly Wraparound Team sign-in sheets (documenting MYPAC provider's participation by evidence of the provider's signature); and
(d) Medication/Emergency Contact Information.

11. Psychotherapy Services:

A minimum of three (3) individual therapy sessions and at least one (1) family therapy session per month for a total of a minimum of four (4) therapy sessions documented and signed by a therapist.

12. All children/youth must have a Medication/Emergency Contact Information form completed in its entirety (no blank fields) and included in the record:

(a) Medication recorded during the admission process;
(b) Current medications listed;
(c) Form updated when medications are added, discontinued, and/or changed;
(d) Form updated annually; and
(e) MYPAC therapist signs/initials all changes made to the form.

13. The child/youth's individual record must contain documentation that the child/youth is being seen by the psychiatric staff at least every 90 days (if actively taking psychotropic medications), or as often as needed based on the child/youth's needs. If any child/youth who is not taking psychotropic medication is re-evaluated, the record must contain documentation pertaining to the significant change in symptoms, environment (e.g., foster care), and/or loss/trauma.

H. Service Review

DMH will conduct scheduled fidelity reviews of MYPAC services and may also conduct on-site compliance monitoring on a schedule as determined by DMH.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 33: Adult Making A Plan (AMAP) Teams

Rule 33.1 Adult Making A Plan Teams – General Requirements

A. Adult Making A Plan (AMAP) Teams address the needs of adults, 18 years and above, with serious mental illness or dually diagnosed (SMI/IDD or SMI/SUD) who have frequent/multiple placements or are at risk of inpatient psychiatric services, which could possibly be prevented with the coordinated efforts of multiple agency providers and services.

B. Each AMAP Team must have an employee 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 Team meeting (if applicable):

1. The person being referred to the AMAP Team, family member, and/or advocate representing the person.
2. The person's therapist, Community Support Specialist, or other employee from the agency provider who has detailed knowledge of the person.
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 resides, and/or a representative of the police department of the city of residence.
5. Employees from the regional mental/behavioral health program or Crisis Residential Unit that have had frequent contact with the person.

C. The agency provider must maintain a current written interagency agreement with agency providers participating in the AMAP Team.

D. The overall goal of the AMAP Team is to develop a new and different intervention for the person to have a greater success of being maintained in a community setting. Past course of treatment and altered future service plan and completion of the Crisis Support Plan must be documented on the Case Summary Form.

E. AMAP Team Monthly Reporting forms and AMAP Team Case Summary forms, as prescribed by DMH, must be submitted to DMH with each cash reimbursement request (if funding is available) and must also be maintained on-site with the AMAP Team Coordinator.

F. For any people who have been previously referred to the local AMAP Team to be placed at/committed to an inpatient psychiatric facility, the local AMAP Team must attempt to develop a less restrictive alternative in the community.

Source: Miss. Code Ann. § 41-4-7

Rule 33.2 Access to Adult Making A Plan Teams

A. All agency providers certified as DMH/Cs must have a minimum of one (1) AMAP Team Coordinator.

B. The AMAP Team Coordinator must provide information about the AMAP Team to all Chancery Clerks and sheriff's departments of every county in the CMHC's catchment area.

C. AMAP Team Coordinators must provide information about their AMAP Team (i.e., contact person, meeting schedule, etc.) to each state-operated behavioral health facility, DMH Certified Crisis Residential Unit that has a catchment area in which their CMHC falls, and DMH.

Source: Miss. Code Ann. § 41-4-7

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 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 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 person's care while the person is in inpatient status;
2. Description of services that the hospitals will make available to people who are referred; and
3. How hospital referral, admission, and discharge processes are coordinated with crisis, Pre-affidavit Screening, Civil Commitment Examination Services, and aftercare services.

Source: Miss. Code Ann. § 41-4-7

Rule 34.2 Pre-affidavit Screening and Civil Commitment

A. Pre-affidavit Screening and a Civil Commitment Examination are two (2) 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 people with appropriate services and can only be provided by a DMH/C provider.

B. The DMH/C must have a written plan that has been implemented, which describes how the service meets the requirements of the Mississippi civil commitment statutes. This plan must describe by county:

1. The system for conducting Pre-affidavit Screenings, including time of notification and time of Pre-affidavit Screening completion;
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 being screened and/or evaluated for civil commitment and their family or significant others have access to an employee knowledgeable in the civil commitment process.

C. The Pre-affidavit Screening must be conducted by qualified employees of a CMHC, and:

1. Be performed by:
   (a) A 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-affidavit Screening by DMH; or
   (c) A RN who has received training and certification in Pre-affidavit Screening by DMH.
   (d) Additionally, employees who meet requirements (b) and (c) above, have completed and provide documentation of at least six (6) months of experience working with people with serious mental illness or serious emotional disturbance.
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 DMH.
4. Master's level employees on the Mobile Crisis Response Team must be certified by DMH to complete Pre-affidavit Screenings by DMH.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 35: Designated Mental Health Holding Facilities

Rule 35.1 Description and Designation

A. Designated Mental Health Holding Facilities are facilities utilized to hold people who have been involuntarily civilly committed and are awaiting transportation and admission to a treatment facility. Designated Mental Health Holding Facilities provide housing, maintenance, and medical treatment to people. The facilities must be comprehensive and available to triage and make appropriate clinical dispositions, including the capability to access inpatient services or less restrictive alternatives, as needed, as determined by medical staff. The holding facility can be a county facility or a facility with which the county contracts.

B. DMH-certified Crisis Stabilization Units are sometimes used to hold people awaiting admission to a treatment facility, and counties sometimes designate hospitals certified by the Mississippi State Department of Health and/or which are Joint Commission accredited as holding facilities.

1. CMHCs, in conjunction with the counties in their catchment area must work with counties to notify the DMH Division of Certification of their counties' utilization of hospitals for this purpose.
2. DMH requires notification of any such hospital's designation for this purpose, including documentation pertaining to the hospital's licensure/accreditation status.
3. Hospitals utilized as holding facilities are exempt from the remaining rules outlined in this chapter.

C. If a county uses a facility (other than a DMH-certified Crisis Stabilization Unit or an eligible hospital) as a holding facility, then the facility must be certified by DMH as a Designated Mental Health Holding Facility.

D. To be certified by DMH as a "Designated Mental Health Holding Facility," a facility must apply to DMH for this designation and meet the rules and requirements established for Designated Mental Health Holding Facilities, as outlined in this chapter. Jails or correctional facilities may not be used to hold people who are merely awaiting transportation and admission to treatment and are not otherwise engaged in the criminal justice system, unless the CMHC has explored and exhausted the availability of other appropriate facilities, such as the crisis stabilization unit, the local hospital, and any DMH-certified location; the chancellor specifically authorizes it; and the person is actively violent. Under these circumstances, no person may remain in a jail for longer than twenty-four (24) hours unless the CMHC requests an additional twenty-four (24) hours from the chancellor.

E. If a county holds people awaiting transportation and admission to treatment in a jail or a correctional facility, then it must be certified by DMH as a Designated Mental Health Holding Facility. If the jail or correctional facility is certified by DMH as a Designated Mental Health Holding Facility, then the provisions of 35.1.D do not apply.

F. Designated Mental Health Holding Facilities, other than appropriately licensed hospitals, will be reviewed by DMH on a schedule as determined by DMH, but no less than biennially, to monitor for compliance with the Designated Mental Health Holding Facility rules and requirements.

Source: Miss. Code Ann. § 41-4-7

Rule 35.2 Policies and Procedures

A. Each holding facility must have a manual that includes the written policies and procedures for operating and maintaining the facility holding people involved in the civil commitment process or those awaiting transportation to a certified/licensed mental health facility. Written policies and procedures must include specific details for implementation and documentation of duties and functions, so that a new employee or someone unfamiliar with the operation of the holding facility and services would be able to carry out necessary operations of the holding facility.

B. The policies and procedures must:

1. Be reviewed annually by the governing authority of the county, with advice and input from the CMHC, 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.

3. Be readily accessible to all employees providing services to people in the holding facility, with a copy at each service delivery location.

4. As applicable, have a copy of the Memoranda of Understanding or contract between the holding facility and the CMHC to describe how mental health services will be provided while people are being held in the holding facility.

C. A personnel record for each employee 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 (official copy), high school diploma, or GED equivalent, and/or appropriate documents to verify that educational requirements of the job description are met.

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 director of the holding facility or county supervisor.

7. A national criminal history background check must be obtained on all employees, volunteers, and interns who work with people being served in the Designated Mental Health Holding Facility. Documentation must be maintained in the personnel file that no information was received which would exclude the employee/volunteer/intern, as outlined in any applicable laws. (Reference Source, as applicable: Miss. Code Ann. § 43-11-13 outlines information about disqualifying events and conditions for applicable entities. Specifically, according to Miss. Code Ann. § 43-11-13, an individual may not be eligible for employment if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Miss. Code Ann. § 45-33-23 (h), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted. This law also allows for mitigating circumstances to be illustrated with a disqualifying conviction).

8. The criminal records background check should, at a minimum, include the following registry checks/components:
   (a) Prior convictions under the Vulnerable Adults Act;
   (b) Child Abuse Registry Check;
   (c) Mississippi Nurse Aide Abuse Registry;
   (d) The Office of the Inspector General's (OIG) Exclusion Database; and
   (e) Fingerprints must be run as part of the background check.

9. Criminal Records background checks, including the registry checks/components listed above, and child abuse central registry checks must be completed before contact with people being served in the Designated Mental Health Holding Facility as required by the agency provider's policies and procedures.

10. Proof of background checks may be documented via the employee, volunteer, or intern authorization of the fingerprinting and background check in writing, and a letter notifying the employee/volunteer/intern that the check was completed and that there were no disqualifying events, or other documentation as approved by DMH.

11. If the facility desiring to obtain DMH-certification as a Designated Mental Health Holding Facility has an alternative, acceptable (as determined by DMH) means for

completing criminal records background checks, then the holding facility applicant should notify DMH to obtain approval for such.

D. Each holding facility shall have written procedures for admission of people who have been involuntarily civilly committed and are awaiting transportation. These procedures shall include, but not be limited to, the following:

1. Make a complete search of the person and their possessions.
2. Properly inventory and store 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., ligature/harm 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.
8. Provide a verbal orientation of the person to the holding facility and daily routines.

Source: Miss. Code Ann. § 41-4-7

Rule 35.3 Employee Training

A. Supervisory and direct service employees who work with people being held in the holding facility as part of the civil commitment process must participate in training opportunities and other meetings, as specified, and required by DMH.

B. Documentation of training of individual 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 employees (including contractual employees) and annually thereafter for all agency provider employees. People who are trained in the medical field (i.e., physicians, nurse practitioners, or licensed nurses) may be excluded from this prior training. People who have documentation that they have received this training at another program approved by DMH within the time frame 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 transporting only).

4. De-escalation techniques and crisis intervention.

5. Confidentiality of information pertaining to people being housed in the holding 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 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 agency providers approved 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 (refer to Chapter 15).

9. Universal precautions for containing the spread of contaminants.

10. Adverse medication reaction and medical response.

11. Suicide precautions.

Source: Miss. Code Ann. § 41-4-7

Rule 35.4 Environment and Safety

A. If the holding facility is being used for civil commitment purposes and is part of a correctional facility or jail, the people awaiting transfer related to civil commitment proceedings (or just people 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 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 (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 24-hour follow-up assessment by a nurse or physician is required.

F. If the risk level for suicide is deemed "high," immediate suicide prevention actions must be instituted.

Source: Miss. Code Ann. § 41-4-7

Rule 35.5 Clinical Management

A. Each holding facility must have written procedures and documentation for clinical management of people 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 to the holding facility, all mental health screening information (pursuant to civil commitment procedures) must be made available to the holding facility personnel.
2. Immediately upon arrival or within 24 hours, a medical screening should be conducted and documented by a RN or nurse practitioner that includes, at a minimum, the following components:
   (a) Vital signs (at a minimum: body temperature, pulse/heart rate, respiratory rate, and blood pressure);
   (b) Accu-Chek monitoring for people with diabetes;
   (c) Medical/drug history;
   (d) Allergy history; and
   (e) Psychiatric history (refer to Pre-affidavit Screening form).

B. Clinical Management of the person being held must include:

1. Within 72 hours of admission, people should be assessed by a physician (preferably a psychiatrist) or a 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 24 hours.
4. Timely administration of prescribed medication, in accordance with the scope of practice of the appropriate licensure board.
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, and 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 with mental illness or substance use considered by medical or psychiatric personnel to be at high risk.
8. Training/certification of employees in prevention/management of aggressive behavior program (refer to Chapter 12).
9. Procedures for maintenance of people's records, including:
   (a) Documentation of information by professional personnel across disciplines;
   (b) Documentation of physician's orders; and
   (c) Basic personal data and information that ensures rapid emergency contact, if needed.

Source: Miss. Code Ann. § 41-4-7

Rule 35.6 Dignity of People

A. To ensure the dignity and rights of people being held in a holding facility for reasons of psychiatric crisis or civil commitment, reasonable access to the following must be allowed:

1. Protection and advocacy services/information, such as Disability Rights Mississippi;
2. Department of Mental Health;
3. Chaplain services;
4. Telephone contact; and
5. Visits with family members.

Source: Miss. Code Ann. § 41-4-7

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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 and substance use education, consultation, and public information services; and
2. Increasing the community awareness of mental health and substance use related issues.

Source: Miss. Code Ann. § 41-4-7

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/youth;
2. Elderly people;
3. Pregnant and Parenting Women with a substance use disorder;
4. People who use intravenous drugs;
5. People infected with human immunodeficiency virus and/or tuberculosis;
6. People with serious mental illness;
7. People with intellectual/developmental disabilities;
8. People with substance use disorders;
9. People with a co-occurring diagnosis (MH/SUD/IDD);
10. People with a mental illness who are homeless;
11. Military families and the military community;
12. People determined to be indigent; and
13. 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: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 37: Prevention/Early Intervention for Serious Emotional Disturbance

Rule 37.1 Service Design

A. Prevention/Early Intervention Services include preventive mental health services targeting vulnerable at-risk groups with the intent to prevent the occurrence of mental and/or emotional problems and services designed to intervene as early as possible following the identification of a problem. Prevention and/or Early Intervention Services 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 must be designated to plan, coordinate, and evaluate Prevention/Early Intervention Services.

Source: Miss. Code Ann. § 41-4-7

Rule 37.2 Strategies

A. All Prevention/Early Intervention Services 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;
2. Effective education activities, such as parent education, designed to assist people in developing or improving critical life skills and to enhance social competency, thereby changing the conditions that reinforce inappropriate behavior;
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 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: Miss. Code Ann. § 41-4-7

Rule 37.3 Documentation

A. Records for people who are 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, as required by DMH.

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 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 qualifications/experience in the topic presented.

Source: Miss. Code Ann. § 41-4-7

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/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 and increases understanding of family-driven practice.

B. An employee with documented completion of 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 Support and Education Services.

C. Providers must maintain policies and procedures that address, at a minimum, the following:

1. Description of relationship types engaged in family-driven activities;
2. Specific strategies to be used for outreach to the target population;
3. Description of qualifications and specialized training required for providers; and
4. Description of service components.

D. A variety of social marketing materials and activities appropriate for families of children/youth with behavioral/conduct or emotional disorders must be made available through brochures, workshops, social activities, or other appropriate meetings or methods/types of presentations with an individual family or groups of families and other stakeholders.

1. These activities must be documented and address one (1) or more of the following topics:

(a) Overview of children's mental health disorders and services;
(b) Family-driven practice;
(c) Common medications;
(d) Child development;
(e) Problem-solving;
(f) Effective communication;
(g) Self-Advocacy;
(h) Identifying and utilizing community resources;
(i) Parent/professional collaboration;
(j) System Navigation and Rights;
(k) Consultation and education;
(l) Pre-affidavit Screening for civil commitment for ages 14 and up; or
(m) Other pre-approved DMH topic.

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

(a) Topic and brief description of the presentation/activity or group;

(b) Group or people to whom the activity was provided, including signature of participants;
(c) Date of activity;
(d) Number of participants; and
(e) Name and title of the presenter(s) or facilitator(s), with a brief description of their qualifications/experience in the topic presented.

Source: Miss. Code Ann. § 41-4-7

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/youth, birth up to 21 years, with serious emotional/behavioral disorders and/or dually diagnosed with serious emotional/behavioral disorders and an intellectual disability or serious emotional disturbance and alcohol/drug use, who require services from multiple agency providers and multiple service systems, and who can be successfully diverted from inappropriate institutional placement.

B. Each MAP Team must be comprised of at least one (1) child/youth behavioral health representative employed by the DMH/C 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 MAP Team;
2. County or Regional Office of the Mississippi Department of Child Protection Services;
3. County or Regional Youth Services Office of the Mississippi Department of Child Protection Services;
4. County or Regional Office of the Mississippi Department of Rehabilitation Services;
5. County or Regional Office of the Mississippi State Department of Health;
6. Parent or family member with a child/youth 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/youth with serious emotional disturbance.

C. DMH/C certified agency providers must maintain a current written interagency agreement with agency providers participating in the MAP Team.

D. DMH/P certified agency providers are required to designate an agency representative to participate in and attend monthly MAP Team meetings in the counties where the DMH/P agency is certified to provide children and youth mental health services.

E. All MAP Teams must adhere to the most recent version of the *MAP Team Guidelines* developed and maintained by DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 39.2 Access to Making A Plan Teams

A. Each agency provider certified as DMH/C must have a written plan that describes how each county in its catchment area will develop or have access to a MAP Team. The plan must include timelines for ensuring each county has access to or has developed a MAP Team. Additionally, the plan must be available for DMH Review.

B. Before referring a child/youth to a Psychiatric Residential Treatment Facility, the CMHC must first have the local MAP 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: Miss. Code Ann. § 41-4-7

Part 2: Chapter 40: Respite Care for Children/Youth with 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 respite 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. 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.

C. Agency 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 their family.

E. The service must implement behavior management approaches that utilize positive reinforcement of appropriate behaviors. Documentation must be maintained that personnel employed by the respite service agency as well as the respite providers/workers/mentors/volunteers have received all required training for new and/or existing employees/volunteers specified in Chapter 12.

F. Employee records must meet all requirements specified in Rule 11.2. Personnel records for respite providers/workers/mentors/volunteers must include documentation specified in Rule 11.2. A, D, and E.

Source: Miss. Code Ann. § 41-4-7

Rule 40.2 Policies and Procedures

In addition to the requirements in Chapter 8, the written policies and procedures manual for the operation of Respite Services must also include the following areas:

A. Written description of responsibilities of Respite Service providers/workers/mentors/volunteers. Documentation must be maintained in the personnel record that Respite Service providers/workers/mentors/volunteers have read the description of responsibilities.

B. Written description of specialized training required for Respite Service providers/workers/mentors/volunteers. Documentation must be maintained in the personnel record of each Respite Service provider/worker/mentor/volunteer that has received the specialized training.

C. Description of procedures for developing and implementing behavior change/management services for children/youth served on a regular basis.

Source: Miss. Code Ann. § 41-4-7

Rule 40.3 Information to Parent(s)/Legal Representative(s)

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 children/youth being served, as part of information provided to children/youth, parent(s)/legal representative(s) prior to or upon provision of Respite Services:

A. Employment criteria/credentials of the potential Respite Service provider/worker/mentor/volunteer;

B. Respite Service's policy concerning behavior management (The service must be very specific in its description pertaining to behavior management).;

C. Signed confidentiality statement; and

D. Service Agreement between the caregiver, the Respite Service provider/worker/mentor/volunteer, and the agency provider clearly stating what each entity agrees to do while services are being provided. The agreement must be included in the child/youth case record and a copy given to the caregiver.

Source: Miss. Code Ann. § 41-4-7

Rule 40.4 Case Records of Children/Youth Receiving Respite Services

Agency providers of Respite Services must maintain case records on the children and youth served that include the following:

A. A DMH Individual Crisis Support Plan; and

B. Other forms, as required by DMH.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 41: Wraparound Care Coordination

Rule 41.1 Service Design

A. Wraparound Care Coordination is the creation and facilitation of a Wraparound Team for the purpose of developing a single plan of care to address the needs of children/youth with complex mental health challenges and their families. Wraparound Care Coordination is an approach to care planning to serve youth with complex mental health challenges.

B. Wraparound Care Coordination 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 for reasons unknown, can also be served through Wraparound Care Coordination.

C. A Wraparound Team meeting cannot take place without team members, in addition to family and the wraparound employee present. Wraparound Team membership must include:

1. The wraparound care coordinator;
2. The child/youth's service providers, any involved child/youth serving agency provider representatives, and other formal supports, as appropriate;
3. The caregiver/legal representative(s) and all family members living in the home;
4. Other family or community members serving as informal supports, as appropriate; and
5. Identified children/youth.

D. The wraparound team must have access to flexible funds if needed for non-traditional supports and resources to carry out the Wraparound Individualized Support Plan.

E. The identified Wraparound Care Coordinator may not serve as the Mental Health Therapist for a process that they are facilitating.

F. The coordinator must provide Wraparound Care Coordination on a full-time basis with no additional caseload.

G. Agency providers must ensure the caseload size for a Wraparound Care Coordinator is maintained at an average of not more than 10 cases per Wraparound Care Coordinator.

H. Qualifications for Wraparound Care Coordinators and Wraparound Care Coordinator supervisors are listed in Chapter 11.

Source: Miss. Code Ann. § 41-4-7

Rule 41.2 Wraparound Activities

A. Wraparound Care Coordination must be provided in accordance with high fidelity and quality wraparound practice. Wraparound is evaluated through fidelity measures, as determined by DMH.

B. Activities include:

1. Engaging the family;
2. Assembling the Wraparound Team;
3. Facilitating a Wraparound Team meeting at a minimum every 30 days;
4. Facilitating the creation of a plan of care, which includes a plan for anticipating, preventing, and managing crisis, within the Wraparound Team meeting;
5. Working with the team in identifying agency providers of services and other community resources to meet family and child/youth needs;
6. Making necessary referrals for children/youth;
7. Documenting and maintaining all information regarding the plan of care, including revisions and Wraparound Team meetings;
8. Presenting the plan of care for approval by the family and team;
9. Providing copies of the plan of care to the entire team, including the child/youth and parent(s)/legal representative(s);
10. Monitoring the implementation of the plan of care and revising if necessary to achieve outcomes;
11. Maintaining communication between all Wraparound 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 child/youth and family are receiving continue to meet the caregiver(s) and child/youth's needs;
14. Educating new team members about the wraparound process; and
15. Maintaining team cohesiveness.

C. In addition to complying with Rules 41.1 and 41.2, agency providers of Wraparound Care Coordination must comply with the most recent version of the *DMH Wraparound Agency Provider Registration Procedure and Operational Guidelines*, which can be found on DMH's website.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 42: Peer Support Services

Rule 42.1 Service Design

A. Peer Support Services are provided by Certified Peer Support Specialist Professionals (CPSSPs) who are people who self-identify as peers and have been successful in the recovery process from a behavioral health condition (mental health or substance use). CPSSPs use their lived/living experience to help others in similar situations. The role of the CPSSP is to provide mentoring, guidance, and non-clinical support services using the skills and knowledge gained from their own lived experience and the Certified Peer Support Specialist training provided through DMH. Through shared understanding, respect, and mutual empowerment, CPSSPs help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. The CPSSP's role within the behavioral health system of care is to provide supportive services, working in conjunction with clinical treatment providers.

B. Certified Peer Support Specialist Professionals include the following designations:

1. Certified Peer Support Specialist Professional – Mental Health (CPSSP-MH) is an adult with lived experience involving a mental health condition who has demonstrated their own success in self-directed recovery.
2. Certified Peer Support Specialist Professional – Substance Use (CPSSP-SU) is an adult with lived experience involving a substance use disorder who has demonstrated their own success in self-directed recovery.
3. Certified Peer Support Specialist Professional – Youth/Young Adult (CPSSP-Y) is a person between the ages of 18-26 with lived experience with a behavioral health or substance use condition who has demonstrated their own success in self-directed recovery.
4. 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/youth with an emotional, social, behavioral, and/or substance use disorder, and whose child/youth has received services related to their condition within the system of care for children's mental health. The situations of kinship and fictive caregivers who have not been able to obtain legal custody will be evaluated on a case-by-case basis and qualifications determined by the nature of the care and relationship with the child.
5. Certified Peer Support Specialist Professional – Forensic (CPSSP-Forensic): This designation refers to peers with experience in the criminal justice system.
6. Certified Peer Support Specialist Professional – Peer Bridger (CPSSP-Peer Bridger): The purpose of the Peer Bridger is to improve the transition process from inpatient care to a community-based level of care, improve quality of life, reduce the need for readmission, and increase the number of people who attend follow-up appointments. These services are currently provided in behavioral health programs, community mental health centers, and crisis stabilization units.

C. Agency 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 to be served, diagnoses, age, and any specialization.
2. How CPSSPs are utilized, including the types of services and activities offered, how services are offered on an individual or group basis, type of intervention(s) practiced, typical service day, and expected outcomes.
3. Service location capacity, including staffing patterns, employee-to-person ratios, employee qualifications and cultural composition reflective of population, and a plan for deployment of employees to accommodate unplanned employee absences to maintain employee-to-person 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. Documentation showing that all mental health/substance use disorder professionals maintaining clinical oversight of Peer Support Services have successfully completed DMH CPSSP Supervisor Training before providing supervision to CPSSPs.
6. A description of how CPSSPs within the agency provider will be given opportunities to meet with or otherwise receive support from other Peer Support Specialist Professionals, both within and outside the agency provider (i.e. the employment of a CPSSP Supportive Supervisor, the yearly Peer Support Summit, etc.).
7. A description of how the CPSSPs and Certified Peer Support Specialist Supervisors will participate in and coordinate with treatment teams and the procedure for requesting team meetings.
8. A description of how the agency provider will recruit and retain CPSSPs.
9. A description of how the organization has integrated CPSSPs into the workforce; ensuring all employees understand the duties, responsibilities, and scope of practice of CPSSPs and how the duties and responsibilities support other employees and promote recovery and resiliency.

D. Peer Support Services are voluntary. People and/or their legal representative(s) must be offered this service when requested by a person receiving services or indicated as necessary to promote recovery and resiliency by a mental health professional and/or physician.

E. Peer Support Services are provided using group or one-on-one (1:1) support.

F. Peer Support Services must be included in and coordinated with the person's Individual Service Plan. A specific planned frequency for service should be identified by the physician and/or mental health professional and the CPSSP who believes the person would benefit from this recovery/resiliency support, or if services have been requested by the person.

G. CPSSPs must provide documentation of successful completion of the DMH CPSSP training, as well as meet CPSSP CE requirements, which are designed to increase the knowledge of the CPSSP about the population being supported.

H. Peer Support Services must be supervised by a mental health professional who has completed the DMH-required peer supervisory training.

I. CPSSPs may be employed as part-time or full-time employees depending on agency capacity, the needs of the community being served, the preferences of the employee, and any rules among various programmatic areas.

J. Agency providers are strongly encouraged to employ more than one (1) CPSSP within an agency provider and to employ CPSSPs who reflect the cultural, ethnic, and public mental health service experiences of the people with whom they will serve.

K. CPSSPs must provide Peer Support Services according to their lived experience, scope of service, and CPSSP designation.

L. A CPSSP Supervisor must report ethics violations and changes in employment status to DMH.

M. Supervision must occur at least bi-weekly for CPSSPs within the first six (6) months of employment as a CPSSP; monthly for CPSSPs within seven (7) months – one (1) year of employment as a CPSSP; and, as deemed necessary for CPSSPs after one (1) year of employment. Supervision of CPSSPs may 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 CPSSPs.

O. The CPSSP Supervisor will maintain documentation of supervision.

P. Agency providers are encouraged to choose an experienced, effective CPSSP to complete the CPSSP Supervisor's Training and become certified as a CPSSP Supportive Supervisor to provide Supportive Supervision to the other CPSSPs at the agency.

   The CPSSP Supportive Supervisor serves as a mentor to newly hired CPSSPs and a liaison between CPSSPs and administration. Activities may include meeting regularly with CPSSPs to offer support, encouragement, and networking opportunities, and providing shadowing and mentoring opportunities to newly hired CPSSPs who need experience (refer to Chapter 11 for qualifications).

Q. In accordance with the Substance Abuse and Mental Health Services Administration's National Model Standards for Peer Support Certification, those taking on supervision tasks should have a deep understanding of the nature of peer practice, knowledge of the peer specialists' role and of the principles and philosophy of recovery (for substance use/mental health peer workers) or resiliency (for family peer workers), and familiarity with the code of ethics for peer specialists. It is encouraged that prospective certified peer supervisors have direct experience as a peer specialist and relevant lived experience.

Source: Miss. Code Ann. § 41-4-7

Rule 42.2 Activities

A. Peer Support Services include a wide range of structured activities that are provided face-to-face or remotely to assist people in their recovery/resiliency process and are based on Peer Support Services Core Competencies, Principles, and Values for peer workers identified by SAMHSA and developed by members of the mental health and substance use recovery communities. Activities should support goals of the person's documented Individual Service Plan and Recovery Support Plan that each CPSSP is required to create with people they serve as follows:

1. Certified Peer Support Specialist Professional – Mental Health (CPSSP-MH) 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) Advocating for people in recovery;
   (b) Relating their own recovery stories to develop trust and rapport and to inspire hope;
   (c) Sharing resources and building skills;
   (d) Building community and relationships;
   (e) Leading recovery groups;
   (f) Mentoring and assisting with goal setting and meeting;
   (g) Modeling effective coping techniques and self-help strategies;
   (h) Teaching relevant skills needed for self-management of symptoms; and
   (i) Assisting peers in creating their personal wellness plans (e.g., Wellness Recovery Action Plan, crisis plan, Recovery Support Plan etc.).

2. Certified Peer Support Specialist Professional – Parent/Caregiver (CPSSP-P) 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(s) or caregiver(s) of a child/youth with a mental health challenge. Activities may include the following:
   (a) Navigating the various child/youth serving systems;
   (b) Assisting in identifying resources for their children/youth;
   (c) Empowering parents to be self-advocates;
   (d) Assisting parents in obtaining services for their child/youth;
   (e) Helping parents develop relationships with community partners;
   (f) Educating providers and other employees on family-driven practice;
   (g) Participating on local Making-A-Plan Teams;
   (h) Assisting Mobile Crisis Response Teams in responding to child/youth and family crisis; and
   (i) Supporting families in the wraparound process.

3. Certified Peer Support Specialist Professional – Youth/Young Adult (CPSSP-Y) 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) Encouraging youth/young adults to develop independent behavior;

(b) Promoting awareness and acceptance of behavioral health issues in an effort to reduce stigma;
(c) Sharing their experience in a helpful way to youth/young adults;
(d) Assisting youth/young adults in obtaining services and resources;
(e) Supporting and empowering youth/young adults in developing life skills;
(f) Modeling a sense of hope and resiliency;
(g) Encouraging youth/young adults' participation in services and system activities; and
(h) Helping youth/young adults develop positive relationships with community partners.

4. Certified Peer Support Specialist Professional – Substance Use (CPSSP-SU) assist people and families working towards recovery from a substance use disorder. CPSSP-SUs 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) Assisting with reducing and/or eliminating environmental or personal barriers to recovery;
   (c) Facilitating recovery and wellness groups;
   (d) Assisting in identifying and gaining access to social, education, employment, and other resources in the community that facilitate recovery;
   (e) Teaching problem solving processes;
   (f) Teaching and assisting in creating basic steps for accomplishing recovery goals;
   (g) Encouraging connections with other service systems as needed; and
   (h) Supporting opportunities to establish positive social connections with others in recovery to learn social and recreational skills in an alcohol- and drug-free environment.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 43: Applied Behavior Analysis

Rule 43.1 Applied Behavior Analysis – General

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 (ADLs) 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 include 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 developing functional skills necessary to assist people to thrive in their homes and communities and/or prevent hospitalizations or out-of-home placements. Applied Behavior 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's current Administrative Code and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

D. Services must be provided by people licensed in the state of Mississippi as a Licensed Behavior Analyst or Licensed Assistant Behavior Analyst under the supervision of a Licensed Behavior Analyst. Behavior Technicians must be certified as Registered Behavior Technicians 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 Analysis may provide Applied Behavior Analysis Services.

E. A personnel record must be maintained on all employees and include information as indicated in Chapter 11. Evidence of continuing education hours to maintain current licensing requirements must also be included in the personnel record.

F. Applied Behavior Analysis 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 professionals.
   (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.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 44: ID/DD Waiver Support Coordination and IDD Targeted Case Management Services

Rule 44.1 General

A. Agency providers of Support Coordination for the ID/DD Waiver and/or Targeted Case Management for the IDD Community Support Program are required to provide Support Coordination and/or Targeted Case Management statewide.

B. Policies and procedures must outline the infrastructure and administrative support to assure, at a minimum, the following:

1. Access to their assigned Support Coordinator/Targeted Case Manager and/or supervisor Monday through Friday from 8:00 a.m. to 5:00 p.m.;
2. Supervision of Support Coordinators/Targeted Case Managers to train and offer support and guidance to locate services and providers to meet the person's support needs, identify health and safety risks, and improve coordination of services;
3. Secure and confidential management of Support Coordination/Targeted Case Management records; and
4. Quality assurance review of Support Coordination/Targeted Case Management records in Medicaid's Long-Term Services and Supports (LTSS) system by supervisory and/or assigned quality assurance staff to include at least the following:
   (a) Review of each person's application packet and/or Plan of Services and Supports and required attachments initially, at recertification, and with change request(s) before submission to DMH;
   (b) Quality assurance review of Support Coordination or Targeted Case Management records to determine records adequately reflect all required components; and
   (c) Inservice to include, but not limited to, common findings during quality assurance review and DMH clarification and feedback.

C. Providers must meet conflict free case management requirements, with a goal to limit conscious or unconscious bias a case manager or agency may have that could persuade or limit a person's choice and independence. Requirements include the following:

1. Conflict free case management requires coordination of services separate from delivery of other Home and Community Based Services (HCBS). A provider agency may choose to provide either ID/DD Waiver Support Coordination or IDD Targeted Case Management or both but cannot provide any other IDD service. The only exception will be if the State approves a service (such as Crisis Support) when there are no other willing and qualified providers.
2. Provider agency staff cannot have interest in another HCBS provider agency. This includes:
   (a) Employment by or other financial interest in a provider of other IDD HCBS, or
   (b) Serving in an unpaid role for a provider of other IDD HCBS, such as a board or committee member, a consultant, or other advisory position(s) which have potential of creating bias to persuade a person's choice of provider.

3. A Support Coordinator or Targeted Case Manager or supervisory staff cannot be assigned to a person if:
   (a) Related by blood or marriage, legally responsible, or a paid caregiver of the person receiving service(s);
   (b) Financially responsible for the person; or
   (c) Empowered to make financial or health related decisions on behalf of the person.

D. The provider agency must provide adequate staffing and coverage of Support Coordination and/or Targeted Case Management caseloads:

1. The maximum caseload is thirty-two (32) Waiver participants for a full-time Support Coordinator. Caseload must be adjusted for part-time positions.
2. The maximum caseload is thirty-five (35) Targeted Case Management participants for a full-time Targeted Case Manager. Caseload must be adjusted for part-time positions.
3. Policies and procedures must address re-assignment and coverage of positions that are vacant.
4. If the agency caseload exceeds requirements of the program, the DMH Division Director of the program must be notified.

E. Support Coordination must adhere to the requirements of the Support Coordination Manual.

F. Targeted Case Management must adhere to the requirements of the Targeted Case Management Manual.

Source: Miss. Code Ann. § 41-4-7

Rule 44.2 Support Coordination/Targeted Case Management Activities

A. Support Coordinators (SC) and Targeted Case Managers (TCM) are responsible for coordinating and monitoring all services a person 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. SC/TCM coordinate and facilitate the development of the Plan of Services and Supports through the person-centered planning process.

C. SC/TCM must revise and update each person's Plan of Services and Supports at least annually or when changes in the person's circumstances occur or when requests are made by the person/legal representative(s).

D. SC/TCM inform and assist the person/legal representative(s) with access of services, both Home and Community-Based Services and non-Home and Community-Based Services, from which the person could benefit.

E. SC/TCM inform the person/legal representative(s) about certified providers for the services on their approved Plan of Services and Supports initially, annually, if the person becomes dissatisfied with the current agency provider/service, when a new agency provider/service location is certified, or if an agency provider's certification status changes.

F. SC/TCM assist the person/legal representative(s) with meeting/interviewing agency provider representatives and/or arranging tours of service locations until the person chooses an agency provider.

G. SC/TCM are responsible for entering required information in each person's record in the Division of Medicaid's LTSS System.

H. SC/TCM must notify each person/legal representative(s) in writing of:

1. Approval/denial of 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).

I. SC/TCM must inform and provide the person/legal representative(s) with the procedures for appealing the denial, reduction, or termination of ID/DD Waiver or IDD Community Support Program Services.

J. SC/TCM must address issues related to a person's Plan of Services and Supports with their 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.

K. SC/TCM must educate people, legal representative(s), and families on people's rights and the procedures for reporting instances of abuse, neglect, and exploitation at least annually.

L. SC/TCM must perform all necessary functions for the person's annual recertification and continued eligibility to ensure each person's recertification is approved within one (1) year and services are not interrupted.

M. The amount of contact a SC/TCM has with a person depends on the person's support needs. The following minimal requirements must be met:

1. SC/TCM must conduct a face-to-face visit quarterly (every three [3] months) with the person, rotating observation of each service on the person's PSS.

(a) Providers of all approved services not present at the quarterly visit must be contacted by telephone.
(b) SC must conduct at least one (1) face-to-face visit with the person in their home annually.
(c) The person's legal representative or primary caregiver (if applicable) must be contacted quarterly. Contact with the legal representative can be by phone if unable to attend the face-to-face visit.

2. During months between quarterly visits, SC/TCM must contact each person on their caseload at a minimum of once a month. Contact may be made by telephone or face-to-face.
3. Face-to-face visits for monthly contacts must be completed with the person if any of the following concerns are identified:
   (a) Person/representative is unable to communicate by phone due to an auditory or cognitive impairment;
   (b) Person has unmet needs that cannot be resolved by phone;
   (c) Person has identified risks for abuse, neglect, or exploitation; or
   (d) Person/representative is unable to be reached by phone after three (3) documented attempts.

N. All contact with or for the person must be documented in Service Notes and should be entered in LTSS as they occur but no later than the last day of the month.

O. SC/TCM must monitor service provision for compliance with HCBS Settings Rule to protect the person's rights. Any issues must be documented in Service Notes, followed up as needed, and reported to DMH Bureau of IDD if unresolved.

P. Monitoring and assessment of the person's Plan of Services and Supports must include:

1. Information about the 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 person's satisfaction with current service(s) and provider(s) (IDD Services and others).
3. Information addressing the need for any new services (IDD Services and others) based upon expressed needs or concerns or changing circumstances and actions taken to address the need(s).
4. Review of utilization of services to determine services are rendered according to the approved Plan of Services and Supports and the amount/frequency of service(s) remains appropriate.
6. Review of the Plan of Services and Supports and Activity Support Plan to determine the service(s) are addressing the person's outcomes.
7. Review of all services a person receives, regardless of funding source, are coordinated to maximize the benefit and outcome for the person.
8. Follow-up activities regarding issues/needs identified during monthly or quarterly contacts or those reported by providers.
9. Determination of the need to update the Plan of Services and Supports.

10. Information about new agency providers/service locations in the person's area.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 45: IDD In-Home Respite

Rule 45.1 In-Home Respite Services

A. In-Home Respite (IHR) provides temporary, periodic relief to those people normally providing care for the eligible person. In-Home Respite is provided in the home of the person receiving services. In-Home Respite personnel provide all the necessary care the usual caregiver would provide during the same time period.

B. In-Home Respite is only available to people living in a family home and is not permitted for people living independently, either with or without a roommate.

C. The number of service hours are determined by the level of support required for the person. The maximum number of hours shall not exceed four (4) hours per 24-hour period for the IDD Community Support Program.

D. In-Home Respite is not available for people who receive Supported Living, Supervised Living, Shared Supported Living, Host Home Services, or who live in any other type of staffed residence.

E. In-Home Respite is not available to people 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. Each person must have an Activity Support Plan, developed with the person, which is based on their Plan of Services and Supports.

G. Activities are to be based upon the outcomes identified in the 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.

H. In-Home Respite personnel cannot accompany people to medical appointments.

I. In-Home Respite personnel are not permitted to provide medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations. (Refer to Chapter 13).

J. All employees of IDD services who are non-licensed personnel assisting with medication usage should complete the DMH-approved assistance with medication training and demonstrate skills in front of a nurse. The skills check-off list as required by DMH should be completed. For complete requirements regarding assistance with medication usage by non-licensed personnel refer to Chapter 13.

Source: Miss. Code Ann. § 41-4-7

Rule 45.2 Family Members as Providers of In-Home Respite

A. Legally responsible relatives are not allowed to provide In-Home Respite. This includes legal guardians or legal representatives, including but not limited to spouses, parents/stepparents of minor children, conservators, guardians, people who hold the participant's power of attorney or those designated as the participant's representative payee for Social Security benefits. For the purposes of this requirement, "relatives" are defined as any person related by blood, marriage, or adoption to the participant. The intent of IHR is to provide respite to those normally providing care for the person. Thus, the person's primary caregiver(s) is/are excluded from being paid caregivers through IHR.

B. Non-legally responsible relatives may provide IHR only when the following criteria are met:
   1. The selected relative is qualified to provide service(s).
   2. The person receiving the service, or another designated representative is available to sign verifying that services were rendered by the selected relative.
   3. The selected relative agrees to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours.

C. The person's chosen IHR provider is responsible for ensuring all Direct Support Personnel/Professionals are compliant with the regulations. Providers must document that each family member's eligibility meets the above requirements in the staff's personnel record. Providers employing a family member to serve as IHR personnel, must maintain the following documentation in each staff's personnel record:

   1. The *Qualifying Relative DCW Questionnaire* indicating eligibility.

   2. Evidence the person's ID/DD Waiver Support Coordinator or IDD Community Support Program Targeted Case Manager was notified the agency is seeking approval of a family member to provide In-Home Respite. The person's Plan of Services and Supports (PSS) must document the family member is providing the approved service.

   3. Documentation the provider has conducted drop-in, unannounced visits during the time the approved family member is providing services. These visits must occur at least two (2) times per year and must include the following:
      (a) Observation of the family member's interactions with the person receiving services;
      (b) Review of the Plan of Services and Supports and Service Notes to determine if outcomes are being met; and
      (c) Review of utilization to determine if contents of Service Notes support the amount of service provided.

   4. The amount of service hours are determined by the level of support required for the person. A qualified family member providing ID/DD Waiver In-Home Respite cannot be authorized to provide more than 172 hours per month (or 40 hours per week) of one (1) service or combination of In-Home Respite and Home and Community Support.

5. DMH and/or DOM reserves the right to remove a selected relative from the provision of services at any time if there is a suspicion of or substantiation of abuse/neglect/exploitation/fraud, or if it is determined that the services are not being professionally rendered in accordance with the approved Plan of Services and Supports. If DMH/DOM removes a selected relative from the provision of services, the person/legal representative will be asked to select an alternate qualified provider.

Source: Miss. Code Ann. § 41-4-7

Rule 45.3 In-Home Nursing Respite

A. The standards in Rule 45.1 also apply (Except Rule 45.1.I).

B. In-Home Nursing Respite is provided by a RN or LPN. The nurse 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 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 Services. (Refer to Rule 13.7).

D. Prior to approval for In-Home Nursing Respite, Support Coordination must submit a statement from their physician/nurse practitioner stating:

1. The treatment(s) and/or procedure(s) the person needs in order to justify the need for a nurse in the absence of the primary caregiver;
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. A person cannot receive In-Home Nursing Respite if they qualify to receive Private Duty Nursing through Early Periodic Screening Diagnostic and Treatment (EPSDT).

F. In-Home Nursing Respite cannot be provided by family members.

Source: Miss. Code Ann. § 41-4-7

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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 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 employees working with the person. The desired outcome of the service is long-term behavior change.

B. If at any time a person's needs exceed the scope of the services provided through Behavior Support, the person will be referred to other appropriate services to meet their needs.

C. This service is not restricted by the age of the person; however, it may not replace educationally related services provided to people when the service is available under Early Periodic Screening Diagnostic and Treatment, Individuals with Disabilities Education Act, 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 in their 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) Behavior Support employee to one (1) person ratio. This service is not intended to provide one-on-one supervision and does not replace other direct support staff required as part of another service being received at the same time.

E. Behavior Support Evaluation/Functional Behavior Assessment by the Behavior Support Consultant consists of:

1. An on-site visit, at home and during service provision, to observe the person and their interactions in their environment and with others;
2. Interview with the person, family, staff, and others who know them best;
3. Assessment where the behavior(s) occur, any antecedents or consequences of the behavior(s), frequency of the behavior(s), and how the behavior(s) impact the person's environment and life; and
4. Recommendation(s) to determine if the development of a Behavior Support Plan is warranted or if informal training of employees and other caregivers on basic positive behavior support techniques is sufficient to address the presenting behavior(s).

F. Functional Behavioral Assessments must be *updated at least every two (2) years* or when information is submitted and approved to justify another Behavior Support Evaluation. Justification may include, but is not limited to, changes of providers or the Behavior Support Plan documents substantial changes to:

1. The person's circumstances (living arrangements, school, caretakers);
2. The person's skill development;
3. Performance of previously established skills; and
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. The evaluation must be conducted by a licensed physician or nurse practitioner to rule out any underlying medical conditions that may be causing the behavior(s) to occur. If the Functional Behavior Assessment determines the person exhibits maladaptive behaviors that significantly disrupt the person's life, the Behavior Consultant shall develop a Behavior Support Plan. The Behavior Support Plan identifies target behaviors and outlines a plan to assist the person in developing positive behavior to replace or reduce challenging/dangerous behaviors.

H. Behavior Support Plans can only be developed by the person who conducted the Functional Behavior Assessment.

I. Behavior Support Plans must be *updated at least every two (2) years* and must be updated at the same time the Functional Behavior Assessment is updated.

Source: Miss. Code Ann. § 41-4-7

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 and/or employees and other caregivers in the initial implementation of the Behavior Support Plan;
6. Monitor and review data submitted by the Behavior Specialist to write a quarterly review to document progress toward successful implementation of the Behavior Support Plan;
7. Monitor fidelity of implementation of the Behavior Support Plan and reliability of the data; and
8. Revise the Functional Behavior Assessment and Behavior Support Plan as needed.

Source: Miss. Code Ann. § 41-4-7

Rule 46.3 Role of the Behavior Specialist

A. Behavior Specialists are responsible for:

1. Participating in the development of the Behavior Support Plan with the Behavior Consultant;
2. Continued implementation of 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 employees and other caregivers. This shall include training during meals, hygiene, and/or community activities, and evenings and weekends noted in the Behavior Support Plan as particularly challenging;
6. Monitoring agency provider employees and other caregivers on the implementation of the Behavior Support Plan;
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; and
8. Consulting with the Behavior Consultant concerning changes in behavior.

Source: Miss. Code Ann. § 41-4-7

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. All appropriate employees must receive training from the Behavior Consultant and/or Behavior Specialists from the Behavior Support 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 employees/parents on implementing and maintaining the Behavior Support Plan.

Source: Miss. Code Ann. § 41-4-7

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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) are for people who live in the family home and provide 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), assistance with eating, and incidental household cleaning and laundry which are essential to the health, safety, and welfare of the person. 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. HCS may be shared by up to three (3) people who have a common direct service provider. People may share HCS personnel when agreed to by the participants and the health and welfare can be assured for each participant.

C. HCS cannot be provided in a school setting or be used in lieu of school services or other available day services.

D. HCS are not available for people who receive Supported Living, Shared Supported Living, Supervised Living, Host Home Services, or who live in any other type of staffed residence.

E. HCS are not available to people 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 providers are responsible for providing transportation to and from community outings within the scope of the service. (Refer to Chapter 13).

G. HCS providers are responsible for supervision and monitoring of the person at all times during service provision whether in the person's home, during transportation (if provided), and during community outings.

H. HCS personnel are not permitted to provide medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations.

I. HCS personnel cannot accompany a minor on a medical visit without a parent/legal representative present.

J. HCS is provided in the home of the person receiving services and in the community.

K. HCS personnel may assist people with shopping needs and money management but may not disburse funds on the part of a person without written authorization from the legal representative(s), if applicable.

L. All employees of IDD Services who are non-licensed personnel assisting with medication usage should complete the DMH-approved assistance with medication training and demonstrate skills in front of a nurse. The skills checkoff list as required by DMH must be completed for complete requirements regarding assistance with usage with medication usage by non-licensed personnel. (Refer to Chapter 13).

Source: Miss. Code Ann. § 41-4-7

Rule 47.2 Family Members as Providers of Home and Community Supports

A. Legally responsible relatives are not allowed to provide Home and Community Supports (HCS). This includes legal guardians or legal representatives, including, but not limited to, spouses, parents/stepparents of minor children, conservators, guardians, people who hold the participant's power of attorney, or those designated as the participant's representative payee for Social Security benefits. For the purposes of this requirement, "relatives" are defined as any person related by blood, marriage, or adoption to the participant.

B. Non-legally responsible relatives may provide HCS only when the following criteria are met:
   1. The selected relative is qualified to provide service(s).
   2. The person receiving the service or another designated representative is available to sign verifying that services were rendered by the selected relative.
   3. The selected relative agrees to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours.

C. The person's chosen provider of HCS is responsible for ensuring all Direct Support Personnel/Professionals are compliant with the regulations. Providers must document that each family member's eligibility meets the above requirements in the staff's personnel record. Providers employing a family member to serve as a Home and Community Supports employee, must maintain the following documentation in each staff's personnel record:

   1. The *Qualifying Relative DCW Questionnaire* indicating eligibility.

   2. Evidence the person's ID/DD Waiver Support Coordinator or IDD Community Support Program Targeted Case Manager was notified the agency provider is seeking approval of a family member to provide Home and Community Supports. The person's Plan of Services and Supports (PSS) must document the family member is providing the approved service.

   3. Documentation the provider has conducted drop-in, unannounced visits during the time the approved family member is providing services. These visits must occur at least two (2) times per year and must include the following:
      (a) Observation of the family member's interactions with the person receiving services;
      (b) Review of the Plan of Services and Supports and Service Notes to determine if outcomes are being met; and

(c) Review of utilization to determine if contents of Service Notes support the amount of service provided.

4. The amount of service hours are determined by the level of support required for the person. A qualified family member providing ID/DD Waiver Home and Community Supports cannot be authorized to provide more than 172 hours per month (or 40 hours per week) of one (1) service or combination of Home and Community Support and In-Home Respite.

5. DMH and/or DOM reserves the right to remove a selected relative from the provision of services at any time if there is a suspicion of or substantiation of abuse/neglect/exploitation/fraud, or if it is determined that the services are not being professionally rendered in accordance with the approved Plan of Services and Supports. If DMH/DOM removes a selected relative from the provision of services, the person/legal representative will be asked to select an alternate qualified provider.

Source: Miss. Code Ann. § 41-4-7

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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 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.

B. To be eligible for transition assistance, the following is necessary:

1. The person cannot have another source to fund or attain the items or support.
2. The person must be transitioning from a setting where these items were provided for them and upon leaving the setting will no longer be provided.
3. The person must be moving to a residence where these items are not normally furnished.
4. The 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 the property of the person if the person moves from a residence owned or leased by a provider.

D. There is a lifetime maximum which is determined by DOM.

Source: Miss. Code Ann. § 41-4-7

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;
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;
9. Essential furnishings include items for a person to establish their basic living arrangements such as a bed, table, chairs, window blinds, eating utensils, and food preparation items; and
10. Adaptive Equipment.

B. Transition Assistance 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 and/or legal representative(s) 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 is ready to move into their new home.

E. After the person moves, the provider submits a claim to the DOM 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 person's record and send copies to the ID/DD Waiver Support Coordinator.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 49: All Substance Use Prevention and Treatment Services

Rule 49.1 General

A. All DMH-certified service providers of substance use services must submit the Mississippi Substance Abuse Management Information System (MSAMIS) report to DMH by the 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 to another service.
3. Service re-entry after any disruption of services.
4. Person initiated discharges without completion:
   (a) When people choose to disregard agency provider rules and regulations after the agency provider has documented all interventions clinically available to employees.
   (b) When people willfully choose to leave the service.
5. Employee initiated discharges without completion (last resort):
   (a) Standard protocol of interventions utilized before discharge is initiated.
   (b) The required protocol for treatment team meetings includes:
      (1) Required employee present;
      (2) Requirement for review of all interventions used prior to this staffing; and
      (3) How the treatment team makes the discharge decision.
6. Acceptance and accommodation of people entering treatment services utilizing medication assisted treatment (MAT) or beginning the use of medication assisted treatment after admission to treatment services.
7. Discharge from services after no therapeutic contact within the last 180 days.

C. For agency providers 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 DMH, DMH may accept those certifications in lieu of the Health and Safety Operational Standards with the exception of rules related to clinical services operation and personnel requirements. Agency providers must be in good standing with the applicable certification body in order for approval to be granted.

D. The Joint Commission accredited substance use disorder treatment service providers (not funded by DMH) seeking DMH certification must submit documentation of 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.* DMH will determine if the documentation is sufficient to support certification in the specific substance use disorder service areas.

E. All service locations must have a physical environment which provides designated space for privacy of individual and group counseling sessions.

F. All DMH-certified and funded Substance Use Treatment Programs are to prioritize services to high-priority populations (listed below) and people who are underserved, underinsured, or uninsured with no ability to pay for services. Indigent classifications are to be determined using the DMH-approved Eligibility Determination Application. Indigent determinations are in accordance with the 200% Federal Poverty Guidelines established for the awarded grant year.
   1. Pregnant & Parenting Women with dependents age five (5) and under;
   2. Pregnant Individuals Using Intravenous Drugs (IUID);
   3. Other Persons Using Intravenous Drugs (IUID);
   4. People infected with HIV, AIDS, and/or Tuberculosis (TB), and
   5. All Other People determined to be Indigent.

Source: Miss. Code Ann. § 41-4-7

Rule 49.2 Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) Risk Assessment and Testing

A. All DMH-certified substance use services must document and follow written policies and procedures that ensure:

   1. People who are infected with HIV or TB are provided priority admission.
   2. People who are infected with HIV or TB are placed in treatment services identified as the best modality by the assessment within 48 hours.
   3. If an agency provider is unable to admit a person who is infected with HIV or TB due to being at capacity or any other appropriate reason, the agency provider must assess, refer, and place the person in another DMH-certified agency provider within 48 hours.
   4. If unable to complete the entire process as outlined, DMH 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 who uses IV drugs cannot exceed 48 hours from the initial request for treatment from the person.

B. All providers must provide and document that all people receiving substance use disorder treatment services receive a risk assessment for HIV at the time of intake. For people 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 and Intensive Outpatient Services: People must be offered on-site HIV Rapid Testing by the organization or informed of available HIV testing resources within the community.
   2. High-Intensity Residential Services: 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 must be transported to a testing location in the community only until such time as a Rapid Testing Program can be implemented.

3. Low-Intensity Residential and Recovery Support Services: People must be offered and encouraged to participate in on-site HIV Rapid Testing unless the service can provide documentation that the person received the risk assessment and was offered testing within the last six (6) months. If testing was refused, the agency provider 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 must be transported to a testing location in the community only until such time as a Rapid Testing Program can be implemented.

C. All service locations must have and follow written policies and procedures for ensuring maximum participation from people in HIV testing to include:

1. Standardized procedures for conducting an HIV Risk Assessment.
2. Utilization of an "opt-out" methodology for documenting people who decline to be tested.
3. Standardized protocol for explaining the benefits of testing.

D. All services offering HIV Early Intervention Testing should provide at a minimum:

1. A minimum of 30 minutes up to one (1) hour of pre-test counseling which must include a risk assessment if one has not been previously conducted.
2. Offer appropriate post-test counseling as needed. If preliminary testing is reactive (positive) then a minimum of 60 minutes of post-test counseling is required.
3. All services providing on-site testing must have the following:
   (a) A Clinical Laboratory Improvements Amendments (CLIA) Waiver;
   (b) Relevant employee training;
   (c) A written protocol for HIV testing; and
   (d) Agreements with the Mississippi State Department of Health or other relevant agency providers to obtain HIV test kits, where applicable.

E. 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.

F. All Level 3 Clinically Managed Residential and Medically Monitored Intensive Inpatient providers must document that all people received a risk assessment for TB at the time of intake. Any person determined to be at high-risk cannot be admitted into a treatment service until testing confirms the person does not have TB.

Source: Miss. Code Ann. § 41-4-7

Rule 49.3 Education Regarding Human Immunodeficiency Virus (HIV), and Tuberculosis (TB), and Sexually Transmitted Diseases (STDs)

A. All providers must provide and document that all people 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.

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
   (a) Modes of transmission;
   (b) Precautions to take against contracting these diseases; and
   (c) Current treatments and how to access them.

B. Transitional Residential and Recovery Support Services must also provide the services outlined, unless the agency provider can provide documentation that the person received the educational information prior to a transfer to a less restrictive level of care.

Source: Miss. Code Ann. § 41-4-7

Rule 49.4 Services to Pregnant Women

A. All substance use services 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 within 48 hours.

3. If a service is unable to admit a pregnant woman due to being at capacity or any other appropriate reason, the service must assess, refer, and assist the woman with placement in another DMH-certified service within 48 hours.
4. If a service 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 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 48 hours from the initial request for treatment from the woman.
6. If an agency provider 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, the referring agency provider must fully facilitate the appointment at the alternate DMH-certified agency provider. The referring agency provider must follow-up with the certified agency provider to ensure the woman was placed within 48 hours.
7. Written documentation of placement or assessment and referral of pregnant women must be maintained on-site and reported to DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 49.5 Services to Parenting Women and/or Men with Dependent Children (PPWMDC)

A. Providers must ensure that, where appropriate, the family is treated as a unit, and both women and/or men, along with dependent children (aged five [5] and under) are admitted to treatment. Such admission may not be appropriate if, for example, the provider does not offer services to a particular gender, or a parent is not in need of SUD treatment and is able to adequately care for the child/children.

B. PPWMDC providers must ensure the provision of or make arrangements for the following minimum array of services for women and/or men with dependent children and women and/or men who are attempting to regain custody of their children. Providers are also responsible for including the following services:

1. Provide primary pediatric care for their children including immunizations.
2. Provide separate gender specific substance abuse treatment and other therapeutic interventions for women and men which may address issues of relationships, sexual and physical abuse, parenting, and childcare while the women or men are receiving these services.
3. Offer family focused programs to support family strengthening and reunification (i.e., parenting education, partner counseling and interventions, social and recreational activities, and alcohol and drug use education and referral services for SUD treatment for family members).
4. Provide childcare while the women/men are receiving services.
5. Provide children, accompanied by their mother or father in treatment, access to therapeutic interventions.

6. Provide sufficient case management and transportation to ensure those women/men and their children have access to the services listed above.
7. Develop a discharge plan that includes a comprehensive roadmap for any community-based services that both the mother/father and their children will need upon completion of the residential program.

Source: Miss. Code Ann. § 41-4-7

Rule 49.6 Services to People Who Use Intravenous (IV) Drugs

A. All DMH-certified substance use services must document and follow written policies and procedures that ensure:

1. People who use IV drugs are provided priority admission over non-IV drug users.
2. People who use IV drugs are placed in treatment services identified as the best modality by the assessment within 48 hours.
3. If an agency provider is unable to admit a person who uses IV drugs due to being at capacity or any other appropriate reason, the agency provider must assess, refer, and place the person in another DMH-certified agency provider within 48 hours.
4. If unable to complete the entire process as outlined, DMH 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 who uses IV drugs cannot exceed 48 hours from the initial request for treatment from the person.
5. If an agency provider is at capacity and a referral must be made, the referring provider is responsible for assuring the establishment of alternate placement at another DMH-certified agency provider within 48 hours.
6. The referring agency provider is responsible for ensuring the person is placed within 48 hours.
7. In the event there is an IV drug user who 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 DMH.

Source: Miss. Code Ann. § 41-4-7

Rule 49.7 DUI Convictions

A. Agency providers must determine and document, at intake, if the person 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 and determine if the person is interested in participating.

B. An agency provider must disclose if it is certified by DMH to conduct DUI assessments.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 50: Withdrawal Management Services

Rule 50.1 General

A. The Withdrawal Management rules in this section are based on the American Society of Addiction Medicine's established criteria for Level 2-WM: Ambulatory Withdrawal Management, 3.2-WM: Clinically Managed Residential Withdrawal Management (sometimes referred to as "social detox") and 3.7-WM: Medically Monitored Inpatient Withdrawal Management.

B. These services must be provided in conjunction with DMH-Certified Level 1 Outpatient, Level 2 Intensive Outpatient Programs, Level 2.5 Partial Hospitalization Programs (PHP), Level 3.1 Clinically Managed Low-Intensity, Level 3.5 Clinically Managed Medium-Intensity, Level 3.5 Clinically Managed High-Intensity Residential Programs, and Level 3.7 Medically Monitored Intensive Inpatient Programs.

C. All agency providers must utilize the results of a medical screening assessment(s) identifying the need for Withdrawal Management Services. The screening assessment(s) should be conducted as often as the individual case warrants.

D. Agency providers providing Withdrawal Management Services must have written policies and procedures which specify the following:

1. A person designated as responsible for coordinating Withdrawal Management Services;
2. A description of the method by which Withdrawal Management Services are offered;
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 to another level of care.

E. All Residential Agency Providers must have a current contract on file with a Level 4 Medically Managed Intensive Inpatient Withdrawal Management Agency Provider. If applicable and funds are available, DMH will reimburse this contract for people experiencing physical withdrawals from benzodiazepines, opioids and/or alcohol, or people who have a history of a biomedical condition(s) that will complicate withdrawal. If the agency provider is serving pregnant women, 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 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 must provide transportation for pregnant women who are referred to a physician, hospital, medical clinic or other appropriate residential facility.

4. Withdrawal Management Services for pregnant/prenatal women will take into account up-to-date medical research.

F. 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 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 101 degrees Fahrenheit;
   (f) Abnormal respiration, such as shortness of breath, or a respiration rate greater than 26 breaths per minute;
   (g) Elevated pulse such as a heart rate greater than 100 beats per minute or arrhythmia;
   (h) Hypertension such as blood pressure greater than 160 over 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, internal bleeding, or shock;
   (l) Uncontrollable violence; or
   (m) Suicidal or homicidal ideations.

Source: Miss. Code Ann. § 41-4-7

Rule 50.2 Staffing and Observation

A. Agency providers providing Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring is withdrawal management combined with a PHP program in which the person must first be evaluated by a physician before admission. The physician creates a set of standing orders based on objective and subjective signs and symptoms by which a nurse administers medication, if required, to manage withdrawal symptoms. The person must see the nurse each day prior to the start of the PHP program until withdrawal is completed. Risks and benefits of this level of WM:

1. Risks for this level of withdrawal management are more psychosocial, related ASAM Dimension 4 Readiness to change, ASAM Dimension 5 Relapse, Continued Use and Continued Problem Potential, Dimension 6, Recovery Environment.
   (a) Benefits for this level of withdrawal cost-savings over inpatient detox; and
   (b) Many people who complete detoxification do not enter continued treatment for their SUD. They are likely to return to drinking or using again, require detoxification again, and repeat the cycle; escalating costs and reduce opportunity for recovery.

B. Agency providers providing Level 3.2-WM: Clinically Managed Residential Withdrawal Management Services must provide a level of services designed to assist people in a safe manner 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. Employees must:
   (a) Observe and supervise the person;
   (b) Determine the person's appropriate level of care; and
   (c) Facilitate the person's transition to continuing care.
2. Twenty-four (24) hours a day medical evaluation and consultation.
3. A written agreement or contract with a local hospital able to provide Medically Managed Withdrawal Management Services as defined by the ASAM.
4. The employee supervising self-administered medications must be appropriately licensed or credentialed by the State of Mississippi.

C. Agency providers providing Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management Services. This level of Withdrawal Management most commonly occurs in conjunction with Level 3.7 Medically Monitored High Intensive Inpatient (Residential) Services. This service provides care to people whose withdrawal signs and symptoms are sufficiently severe to require 24-hour care delivered by medical professionals and RN coverage. Services must include the following:

1. Services staffed by a physician or appropriately licensed 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 24 hours a day by telephone.
3. People must be assessed by a physician or licensed designee within 24 hours of admission or earlier if medically necessary.
4. A RN or other licensed and credentialed nurse is available to conduct a nursing assessment on admission.
5. Documentation of hourly observation of the people receiving services during the first 24 hours of the withdrawal management. Agency providers providing this service must have a written plan describing the handling of medical emergencies, which includes the roles of employees and physicians.
6. Must have an interdisciplinary team of appropriately trained employees available to assess and treat the person's needs.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 51: Substance Use Prevention Services

Rule 51.1 Prevention Services – General Information

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. Prevention Services should not be provided to people who are actively engaged in any substance use treatment services. This prohibition includes people detained for drug-related offenses.

C. All Prevention Services must implement at least one (1) 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;
3. Alternative services;
4. Problem/Identification and Referral;
5. Community-based process (community development); and
6. Environmental services.

D. On a monthly basis and in a manner as prescribed for by DMH, all DMH-certified providers of Prevention Services must document all prevention activities on the designated internet-based tool or other required tool. Additionally, a DMH Prevention Services evidenced-based practices inventory form must accompany each monthly report and must be completed accurately, according to the form's directions.

E. All prevention services providers must have a full-time employee designated as a Prevention Specialist, as outlined in Chapter 11, to implement prevention services. In addition to this employee, providers certified to provide prevention services, must also designate a back-up prevention services employee who meets the qualifications of Prevention Specialist, as outlined in Chapter 11, to ensure that there is no break in the provision of prevention services, in the absence of the primary-designated Prevention Specialist. Noncompliance may result in loss of prevention services funding and/or DMH certification as a provider of prevention services, including, but not limited to the following:

1. Failure to render prevention services for 90 consecutive days may result in any applicable DMH funds being withheld until rectification of the noncompliance.
2. Failure to render prevention services for 120 consecutive days may result in a reduction of DMH prevention services funding allocation.

F. All Prevention Services must show evidence of ongoing use of at least one (1) model, evidence-based curriculum recommended by the Center for Substance Abuse Prevention. All services are required to provide an evidenced-based curriculum schedule upon request. The percentage of evidence-based curriculum implementation must be noted on the required inventory tool, as outlined above, and must adhere to DMH requirements.

Source: Miss. Code Ann. § 41-4-7

Rule 51.2 Prevention Services – Additional Provider Requirements

A. Each agency provider must 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 must 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, as outlined in the above rule, and 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.

B. Other Prevention Funding Continuation Requirements

1. Synar Amendment
   Each full-time Prevention Specialist should conduct a minimum of 25 merchant education activities and document each activity in the DMH data submission system as an environmental strategy.

2. Quarterly Coalition Meetings
   Prevention Services must meet, at a minimum, quarterly with all other DMH-funded and/or certified Prevention Services within their mental health region/catchment/service area. Each agency provider or approved designee is responsible for submitting the agenda and minutes to DMH 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] Coordinators, corrections, health department, etc.) may participate in the coalition 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 Specialist
   (a) At a minimum, the Prevention Specialist must attend the 40-hour prevention course Substance Abuse Prevention Specialist Training (SAPST) designated by DMH within six (6) months of hire.
   (b) For Prevention Specialists that have already completed the 40-hour prevention training, an additional 15 hours of continuing education training is required for each year. Evidence of training should be attached to the progress report and available for review in the personnel or separate employee training file.

(c) Employees providing Prevention Services who are listed on the prevention grant must attend the eight (8)-hour Prevention - 101 training within three (3) months of hire.
(d) Prevention Specialists must acquire their Prevention Certification designation, as prescribed for by DMH, within two (2) years of their hire date.
(e) All prevention staff must complete Substance Abuse and Mental Health Services Administration's Online Course on Primary Prevention on an annual basis.

4. Health Fairs
No more than ten percent (10%) of DMH-allocated prevention services funds may be used to fund Prevention Services at health fairs or similar information dissemination activities.

5. National Outcome Measures (NOMs)
DMH Prevention Services: funded programs must adhere to all requirements regarding the collection and submission of National Outcome Measures. This information should be documented in the DMH data submission system.

Prevention Services providers must address the following priority outcome measures areas:
(a) Prescription Drug Use (Adults and Youth/Young Adults);
(b) Alcohol Use (Adults and Youth/Young Adults);
(c) Marijuana Use (Adults and Youth/Young Adults); and
(d) Drug Use Perception of Harm (Adults and Youth/Young Adults).

C. Prevention Services providers may request Technical Assistance from DMH on prevention services data submission requirements.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 52: DUI Diagnostic Assessment Services for Second and Subsequent Offenders

Rule 52.1 General

A. The DUI Diagnostic Assessment is a process by which a diagnostic assessment (such as, Substance Abuse Subtle Screening Inventory, or other DMH-approved tool) is administered and the result is combined with other required information to determine the offender's appropriate treatment environment.

B. All DMH-certified agency providers which conduct DUI assessments must have a designated employee(s) responsible, accountable, and trained to administer the assessment and implement the agency provider's procedures.

C. The agency provider 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 is admitted into substance use treatment following completion of the DUI Diagnostic Assessment.

D. The DUI Diagnostic Assessment must consist of the following components and be documented in the person's case file:

1. Motor Vehicle Report from an official governmental source such as the Mississippi Department of Public Safety.
2. Results and interpretation of the Substance Abuse Subtle Screening Inventory, or another DMH-approved tool. In order to administer the diagnostic tool, at least one (1) employee must be certified.
3. An initial assessment.

E. People receiving DUI treatment services through DUI Outpatient Services must receive a minimum of 20 hours of direct service (individual and/or group therapy), in no less than 10 separate therapeutic sessions or as otherwise specified by DMH before receiving the DMH Certification of DUI In-Depth Diagnostic Assessment and Treatment Form. Documentation of treatment will be maintained in the person's record.

F. All DUI Diagnostic Assessment/Treatment agency providers must submit the DMH Certification of DUI In-Depth Diagnostic Assessment and Treatment Form and a release of information to DMH when a person has successfully completed the treatment.

G. All DUI Diagnostic Assessment services must be equipped to provide each person the type of substance use treatment services indicated by the results and interpretation of the assessment (components listed in this section above). Substance use treatment may be

offered through the assessment service and/or through an affiliation agreement with a DMH-certified substance use treatment service. The assessment service must be able to provide, at a minimum, outpatient and primary residential or inpatient chemical dependency substance use treatment.

Source: Miss. Code Ann. § 41-4-7

Part 2: Chapter 53: Opioid Treatment Services

Rule 53.1 General Related to Opioid Treatment Programs (OTPs)

A. DMH will serve as the State Authority for Opioid Treatment Programs (OTP) under the authority provided under state statute (Miss. Code Ann. § 41-4-7). Such OTPs shall provide withdrawal management services to people suffering from chronic addiction to opioids/opioid derivatives. The services support the person by utilizing a federal FDA approved agonist, while the person participates in a spectrum of counseling and other recovery support services intended to assist the person with successful recovery from opioid addiction.

B. Agency providers of OTPs shall comply with all applicable federal, 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), the Substance Abuse and Mental Health Services Administration (SAMHSA), Drug Enforcement Administration (DEA) regulations, and the Controlled Substances Act. Any federal laws, regulations, or guidelines that exceed or conflict with the rules set forth under this chapter will take precedent.

C. An OTP must have a current, valid certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) and permanently display proof of that current certification in public view, available for public inspection. Additionally, OTPs must have a current certification from the Commission on Accreditation of Rehabilitation Facilities (CARF).

D. The operation of each OTP must be in compliance with the Mississippi Pharmacy Practice Act, as well as current rules and regulations promulgated by the Mississippi Board of Pharmacy; and must at a minimum obtain and maintain a "Pharmacy Permit," as defined and authorized by the Mississippi Board of Pharmacy.

E. OTP is NOT a level of care. OTP is a service of employing agonist or antagonist medications at any level of care.

Source: Miss. Code Ann. § 41-4-7

Rule 53.2 Staffing for Opioid Treatment Programs

A. An OTP must employ sufficient and qualified 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 team must include:

1. A licensed physician;
2. A RN;
3. A licensed pharmacist; and

4. A licensed psychologist/counselor/social worker, licensed/certified mental health therapist (or addictions therapist) who must be on-site during all hours of operation. The therapist to person ratio must be set with a limited caseload that supports and meets the needs of the people receiving services, and limits must be addressed in the agency provider's policies and procedures.

B. An OTP must designate a Medical Director who is responsible for administering and supervising all medical services performed by the program. The Medical Director must be a physician licensed in the state of Mississippi. The Medical Director 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 OTP's patients or delegate specific responsibility to authorized program physicians and healthcare professionals functioning under the Medical Director's direct supervision.

C. An OTP must employ at least one (1) full-time RN for the first 100 or fewer people. In addition to the one (1) full-time RN, additional registered nurses must be maintained so as to provide nursing services at least one (1) hour per week per five (5) people enrolled over 100 people. (For example, a service location serving 150 people would have one (1) full-time RN and an additional 10 hours per week of RN time from another RN on staff). Nursing functions may be supplemented by an LPN if a RN or physician is on-duty. All nursing services provided must be in compliance with the scope of practice deemed applicable by the Mississippi Licensure Board.

D. A person may hold more than one (1) 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 OTPs must provide availability of employees seven (7) days a week, 24 hours a day. A record of the on-call schedule must be maintained, and the people must be informed of how to access the on-call employees; therefore, a signed statement by the person must be maintained in the person's record. The on-call employee must be available at all times for emergencies of the people served. The on-call employee must have access to pertinent information, including dosage levels, for a person receiving services.

F. Office-based Opioid Treatment using an agonist such as buprenorphine (usually as Suboxone) in which the prescribing physician must be "waivered" (having gone through eight (8)-hour training program).

G. In addition to the requirement of Rule 2.10.C, entities applying for certification as an OTP must include the following:

1. Service goals and objectives.
2. Service funding (including individual fee schedules).
3. Demonstrated need to establish the service:
   (a) Submit sufficient justification to include:
      (1) Location population data.

(2) Plan for service implementation.
(3) Identified gaps in service.
(4) Expected target population.
(5) Sufficient documentation of support for services in the form of a signed letter from at least one (1) of the following:
  i. Person receiving services;
  ii. Businesses; or
  iii. 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; or
  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; or
  iii. Local judges.

Source: Miss. Code Ann. § 41-4-7

Rule 53.3 Admissions to Opioid Treatment Programs

A. The OTP must have written policies and procedures to describe the total process utilized for admission to the service and must at a minimum include:

1. A face-to-face with each person requesting treatment services.
2. Documentation and identification of the person's immediate/urgent need(s).
3. Admission criteria must include, but not be limited to, the following:
   (a) Current diagnosis of opioid dependence in accordance with the Diagnostic and Statistical Manual of Mental Disorders (Current Edition).
   (b) Person is at least 18 years old, as evidenced by:
      (1) Driver's license; or
      (2) Birth certificate.
   (c) Person meets the federal requirements, including exceptions, regarding determination that the person is currently addicted to opioids.
   (d) Person is not currently enrolled in another OTP.
   (e) Person has signed a statement to evidence their understanding of the risks and side effects of available treatments.
   (f) Person has signed a statement to evidence their understanding of the options concerning all treatment procedures in Opioid Replacement Management.
   (g) Person has signed a statement evidencing that admission is voluntary.
   (h) Person has been informed of and received a copy of rights of people receiving services, including confidentiality (a signed copy must be maintained in the person's record) as outlined in Chapter 14.

(i) Person has been informed of and received a copy of service rules (signed documentation of receipt of service rules must be maintained in the person's record).
(j) Person has received counseling, testing, and education regarding HIV, Hepatitis B, Hepatitis C, TB, and sexually transmitted diseases (documentation must be maintained in the person's record).
(k) 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).
5. Any specific conditions/situations that would exclude a person from being eligible for admission. Provisions for and documentation of recommendations for alternate services must be included.

B. Each 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 person's record which proves the person acknowledges receipt of a service handbook. The 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, including potential risks, benefits, side effects, and drug interactions;
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 must be reviewed prior to admission and annually thereafter from the date of admission on the Prescription Drug Monitoring Program (PDMP) in Mississippi and nearby states for which access is available to assess for appropriateness of Opioid Treatment Services. No person is eligible for admission or continued services/treatment whose review indicates the potential for diversion. Each PDMP access shall confirm the person is not seeking prescription medication from multiple sources. The service shall access the PDMP:

1. Upon admission;
2. Before initial administration of methadone or other treatment in an OTP;
3. Prior to requesting any take-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;
5. Every six (6) months to determine if controlled substances other than methadone are being prescribed for the person. The person's record shall include documentation of the results of the 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 shall provide any form of consideration, including, but not limited to, free or discounted services or medication, for referral of potential people to the service.

Source: Miss. Code Ann. § 41-4-7

Rule 53.4 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. Be American Society of Addiction Medicine or American Board of Addiction Medicine (ABAM) certified, or hold a comparable accreditation approved by DMH;
   (a) Hold a Drug Enforcement Administration license for prescribing opioid treatment medication; and
   (b) Have completed an employee training plan to include appropriate components as determined by DMH.

3. Be available to the program on a continual basis, seven (7) days per week, 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 50 people enrolled.

5. Complete a full physical evaluation for each person annually to re-confirm the need for continued participation in the OTP.

6. Ensure that a pharmacist licensed by the state of Mississippi is present and overseeing the dispensing of medication at each service location. Based on the Mississippi 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 sufficient time in the service to complete these tasks should be allowed.

B. Services must include, but are not limited to, the following:

1. Medical Services under the direction of the Medical Director will include an initial history and physical evaluation to determine diagnosis and if the person meets criteria for medication-assisted treatment, unless the person can provide documentation of a medical examination (including laboratory test results) that was conducted within 14 days prior to admission. The admission activities outlined in this requirement can be completed by a licensed medical professional, in accordance with their scope of practice, as per their licensure board. 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 that includes at a minimum, testing for any drug known to be frequently used in the locality of the OTP, including cutoff concentrations;
   (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 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 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 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 each related to the medical treatment of opioid addiction;

4. Determine the adequate treatment dose of 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 OTP is closed;

6. Establish hours of operations for at least six (6) days each week (except on federal holidays), which are flexible to accommodate the majority of a person's school, work, and family responsibility schedules;

7. Maintain physical plant that is adequate in size to accommodate the proposed number of people, required program activities, and provide a safe, therapeutic environment that supports enhancement of each person'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.

C. Nursing Services provided must be in compliance with the applicable scope of practice and licensure board. These duties and responsibilities are in addition to requirements of the *DMH Operational Standards* and must include the following:

1. Administration of all medications as prescribed by the licensed Medical Director;
2. Documentation of all medication administered and countersigning of all changes in dosage schedule;
3. Provision of general nursing care in addition to substance use services when ordered by the program's licensed Medical Director;
4. Supervision of functions that may be supplemented by an LPN; and
5. Participation in treatment team meetings.

D. Therapy and Recovery Support Services are a part of a holistic approach to treating a person with an opioid addiction. Therapy 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 screen, inappropriate behavior, criminal activity, and withdrawal management procedures.
2. Therapy must be provided individually or in small groups of people (not to exceed 12 people) with similar treatment needs.
3. Each person must be assigned to a primary therapist and the therapist must be familiar with all people on their caseload and document all contacts in the person’s record.
4. Specialized information and therapy approaches for people who have special problems, (e.g., terminal illness) must be provided and documented.
5. Therapists must assess the psychological and sociological backgrounds of people, contribute to the treatment team, and monitor individual treatment programs.
6. Therapist to person ratio cannot exceed 1:40 (one [1] therapist to every 40 people receiving services).

E. Through the provision of Therapy Services, therapeutic interventions must be available as needed but at a minimum consist of the following:

1. Evidence-based therapeutic services/practices, stress/anxiety management, and relapse prevention must be included as a schedule of therapeutic interventions.
2. Individual, group, or family therapy sessions must be provided for one (1) hour per week for the first 90 days of treatment.

3. Individual, group, or family therapy sessions must be provided for two (2) hours per month for days 91 through 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:

1. Give priority to pregnant women in its admission policy:
   (a) Cannot deny admission solely on the basis of the pregnancy; and
   (b) If a program is unable to provide services for a pregnant woman, the State Opioid Treatment Authority must be notified as to how the program will assist the pregnant woman in locating services.

2. Arrange for and document medical care during pregnancy by appropriate referral and written and recorded verification that the woman receives prenatal care as planned.

3. Implement informed consent procedures for women who refuse prenatal care to ensure the woman acknowledges in writing that she was offered prenatal treatment but refused.

4. Ensure that the pregnant woman 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 woman is fully informed of the possible risks and benefits to her unborn child from participating in the OTP.

6. Implement a process to provide pregnant women with access to or referral for prenatal care, pregnancy/parenting education, and postpartum follow-up.
7. Obtain written consent to reciprocally share a woman's information with existing medical providers or future medical providers that have been or will be treating the pregnant woman.

8. For pregnant women who refuse appropriate referral for prenatal services, the program shall:

(a) Utilize informed consent procedures to have the woman formally acknowledge, in writing, that the OTP offered a referral to prenatal services that was refused by the woman; and
(b) Provide the woman with the basic prenatal instruction on maternal, physical, and dietary care as part of the OTP therapy services and document service delivery in the woman's record.

9. Implement the following procedures to care for pregnant women:
   (a) Women 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 women if effective, as determined by the Medical Director; and
   (c) Methadone dosage shall be monitored more intensely during the third (3rd) trimester.

10. The program shall describe in writing and document in the woman's record the decision by and process utilized if a pregnant woman elects to withdraw from methadone or buprenorphine which shall, at the minimum, include the following 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 child.
   (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.
   (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 women.

Source: Miss. Code Ann. § 41-4-7

Rule 53.5 Medication Management for Opioid Treatment Programs

A. The medication used in the treatment of opioid addiction must at a minimum:

1. Be approved by the Food and Drug Administration;

2. Be administered only as authorized and directed by orders signed by the Medical 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 must be included as one (1) source of information in making programmatic decisions, monitoring drug use, and making decisions regarding people's capability to receive take-home medication. These screens must NOT be used as the sole criterion to discharge a person from treatment.

C. The 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 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 30 days and a minimum of eight (8) times in any 12-month period;
6. People have signed a statement that they have 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 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 to facilitate rapid intervention with any drug that was disclosed or with possible diversion of methadone (or other treatment) as evidenced by lack thereof 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 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 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 and documentation of this discussion recorded as a progress note in the person's record.

2. For new people who are within the first 90 days of treatment, a failed urine drug screen will be discussed by the therapist and the person during the next clinic visit to review the treatment plan and modify services as needed.
3. For people with take-home privileges:
   (a) The first failed urine drug test will result in the following:
      (1) Person will be placed on probation for 90 days;
      (2) Person will receive a minimum of two (2) random drug screens per month during the probationary period; and
      (3) Person must be required to meet with their primary therapist to discuss toxicology results and individual service plan.
   (b) The second failed urine drug test will result in the following:
      (1) Person will be transferred to a lower dosing phase;
      (2) Person will receive a minimum of two (2) random drug screens per month during the probationary period; and
      (3) 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 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.
   (d) The sixth consecutive failed urine drug test will result in the person 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 and the treatment team to detoxify from any substance not prescribed by the 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 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 50 mg, and the total daily dose for the first day may not exceed 60 mg, unless the Medical Director documents in the person's record that 60 mg did not suppress 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.
2. Reviewed and updated according to the person'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 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 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.
2. Accurately reflect that split dosing is guided by outcome criteria that shall include:
   (a) The person complains that the dosage level is not holding.
   (b) The person 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 involving the Medical Director and the treatment team.
3. Include provisions for education of the person on the rationale for split dosing and take-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 "Guest Dosing." The Guest Dosing policies shall at a minimum specify:

1. The person must be enrolled in their home OTP for a minimum of 30 days before being eligible for a guest dose at another OTP unless approval is obtained by the State Opioid Treatment Authority prior to enrollment as a guest.

2. The receiving program must have evidence of two (2) consecutive successful urine drug screens within a 30-day period prior to a person being enrolled for guest dosing unless approval is obtained by the State Opioid Treatment Authority 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 and dosing information to the receiving program to request guest dosing privileges;
   (b) Forward this document to the receiving program;
   (c) Provide the person with a copy of the document that was sent to the receiving program;
   (d) Verify receipt of the information sent to the receiving program;
   (e) Verify that the person 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 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 record.

4. The receiving program's responsibilities include, at a minimum:
   (a) Verify receipt of the sending service's request for guest dosing privileges and acceptance or rejection of the person for guest medication within 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 record.

5. If guest dosing exceeds 14 days, a drug screen shall be obtained.

6. Guest dosing shall not exceed 28 days.

J. No dose of methadone in excess of 120 mg per day may be ordered or administered without the prior approval of the State Opioid Treatment Authority.

K. Take-home privileges. The service 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 take-home privileges. All information utilized to determine take-home privileges must be documented in the person's record, with documentation to include at a minimum, the following:

1. Absence of recent use of drugs and/or failed urine drug screens;
2. Regularity of clinic attendance;
3. No observed, reported, or otherwise known serious behavioral problems;
4. Absence of known recent criminal activity;
5. Stability of the person's home environment and social relationships;
6. Length of time in treatment;
7. Assurance that take-home medication can be safely stored within the person's home;
8. Personal possession of a secure locking storage device in order to receive the medication from the clinic (NO exceptions); and
9. Decisions and rationale for the approval of take-home 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 served. The quantity of take-home medication and frequency of urine drug screens must not be less restrictive than the following:

1. Phase 1 – During the first 90 days of treatment, people will successfully complete a minimum of two (2) urine drug screens per month but will NOT be eligible for any take-home medication.
2. Phase 2 – During days 91-180 of treatment, people will successfully complete one (1) urine drug screen 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 will successfully complete one (1) 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 will successfully complete one (1) urine drug screen 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 will successfully complete one (1) urine drug screen per month to be eligible for 13 doses of take-home medication.
6. Phase 6 – During the third and subsequent continuous years of treatment, people will successfully complete one (1) urine drug screen per month to be eligible for a one (1) month supply of take-home medication.

M. Temporary take-home 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 person's record;

2. The person must meet the minimum requirements for take-home privileges outlined in Rule 53.5.K;
3. Take-home medication may be assessed and authorized, as appropriate, for a Sunday, or legal holiday as identified by Miss. Code § 3-3-7.
4. Take-home medication will not be allowed in short-term detoxification (i.e., withdrawal management up to 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.

N. Temporary take-home medication for 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 emergency take-home medication shall be clearly documented with verifiable information in the person's record.
2. Requests for emergency take-home medication shall be approved in writing by the 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 prior to dispensing to the person.
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 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 Medical Director and the treatment team must make every attempt to ensure that the take-home medication is given only to people who will benefit from it and who have demonstrated responsibility in handling their medication(s). The program must have in writing and utilize a "call-back" procedure that requires a randomly scheduled drug test, or, with reasonable cause, the patient returns to the program with the amount of medication that should be remaining based upon prescribed dosing.

Source: Miss. Code Ann. § 41-4-7

Rule 53.6 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 OTP. 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 OTP is voluntary and that the person is free to leave treatment at any time;
   (b) Identify the steps to be taken by the program when a person and program employee agree on a need to initiate the withdrawal procedures;
   (c) Identify the steps to be taken by the program when a person requests withdrawal against the medical advice of the program employee; 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 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 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 OTP.

4. The Medical Director shall establish a person's withdrawal dosage schedule in accordance with sound medical treatment and ethical considerations and based on an objective assessment of each person's unique needs.

5. Each person's withdrawal schedule shall be for a time period of not less than 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 for supervised withdrawal.

8. People who have two (2) or more unsuccessful detoxification episodes within a 12-month period shall be assessed by the program Medical Director for other forms of treatment.

9. A service shall not admit a person 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.

12. Therapy 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.

14. Provisions for the continuance of care after the completion of withdrawal.

B. Documentation must be maintained regarding the 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 served.

Source: Miss. Code Ann. § 41-4-7

Rule 53.7 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;
2. Problem identification and correction, including for prevention of related diversion problems;
3. Specific assignment of diversion control measures to 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;
7. Loitering by people being served around the building and surrounding area(s) is not permitted;

8. Procedures for people who are dispensed three (3) or more take-home doses are 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 at a time at the medication window.

B. The OTPs must have written procedures utilized for handling biohazardous medical waste material, which provide at a minimum the following:

1. Safe handling;
2. Safe storage; and
3. Safe disposal.

Source: Miss. Code Ann. § 41-4-7

Rule 53.8 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 who is enrolled in another OTP.

B. The State Opioid Treatment Authority shall establish written guidelines, incorporated herein by reference, for participation in a central registry process to aid in the prevention of enrollment of a person in more than one (1) OTP at the same time. Each OTP shall provide written documentation of adherence to the State Opioid Treatment Authority guidelines that shall, at a minimum, include the following:

1. The program shall make a disclosure to the central registry at each of the following occurrences:
   (a) A person is admitted for opioid treatment;
   (b) A person is transferred to another agency provider for opioid treatment; and
   (c) A person is discharged from opioid treatment.
2. The program shall make disclosures in the format and within the time frames established by the State Opioid Treatment Authority.
3. The program shall limit disclosures of personal identifying information and the dates of admission, transfer, and discharge.
4. The program shall obtain the person'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 of the required written consent for participation in the central registry before services are initiated.
6. The program shall deny admission to people who refuse to provide written consent for disclosures to the central registry and shall document these denials in the person's record.

C. The program shall obtain the person'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 record.

D. The program shall require that all people 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 person's record.

Source: Miss. Code Ann. § 41-4-7

Rule 53.9 General Information Related to Office Based Opioid Treatment (OBOT)

A. The purpose of Office Based Opioid Treatment (OBOT) services is to address the opioid crisis by increasing access to Medication Assisted Treatment (MAT), reducing unmet treatment needs, reducing opioid overdose-related deaths, and supporting the substance use treatment continuum. This purpose is accomplished through supporting prevention, treatment, and recovery activities for Opioid Use Disorder (OUD).

B. OBOT refers to providing medication and other nonpharmacologic modalities to treat OUD in outpatient medical settings other than certified Opioid Treatment Programs (OTPs).

C. OBOT certification is only available to Mississippi state agencies.

D. Connections with more intensive levels of care such as Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP), and/or Residential Treatment that unstable persons can be referred to when clinically indicated.

Source: Miss. Code Ann. § 41-4-7

Rule 53.10 Staffing for Office Based Opioid Treatment (OBOT)

A. Licensed physician must have completed the eight (8)-hour training course approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) and obtained a waiver to prescribe buprenorphine for OUD from the Drug Enforcement Administration (DEA).

B. Licensed Nurse Practitioner or Physician's Assistant must have completed the 24 hours of training required by SAMHSA and obtained a waiver to prescribe buprenorphine for OUD from the Drug Enforcement Administration. The Nurse Practitioner must have collaborative practice agreement with a buprenorphine-waivered physician. The Physician Assistant must be supervised by a buprenorphine-waivered physician.

C. Licensed behavioral health provider (licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, licensed psychiatric nurse practitioner, licensed marriage and family therapist, licensed substance abuse treatment practitioner, or DMH Addictions Therapist under supervision of a licensed provider) must be co-located at the same practice site and provide counseling during clinic sessions when the buprenorphine-waivered practitioner is prescribing buprenorphine or naltrexone to persons with an OUD.

D. Treatment can be provided via telemedicine in rural areas if the nearest behavioral health provider is located more than 60 miles away from the buprenorphine-waivered provider. The behavioral health provider must develop a shared care plan with the buprenorphine-waivered practitioner and the person and take extra steps to ensure that care coordination and interdisciplinary care planning are occurring.

E. Pharmacists can serve as a member of the interprofessional team. Pharmacists can advise buprenorphine-waivered practitioners on the selection of buprenorphine vs naltrexone as treatment options, assist with buprenorphine induction and dose adjustments, contribute to the development of the interdisciplinary treatment plan, and assist with monitoring, communicating with, and educating people.

F. Licensed behavioral health provider can be employed by or have a contractual relationship with the buprenorphine-waivered practitioner or the organization employing the practitioner.

Source: Miss. Code Ann. § 41-4-7

Rule 53.11 Requirements Office Based Opioid Treatment (OBOT) Providers

A. Office Based Opioid Treatment (OBOT) Services must meet the following requirements:

1. Individualized, patient-centered assessment and treatment.

2. Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the person; supervising withdrawal management from opioid analgesics; overseeing and facilitating access to appropriate treatment for OUD and other substance use disorders (SUD).

3. Buprenorphine mono product shall only be prescribed to pregnant women.

4. Maximum daily buprenorphine/naloxone dose of 16 mg unless there is documentation of an ongoing compelling clinical rationale for a higher maintenance dose up to maximum of 24 mg.

5. Programs should require all persons to be benzodiazepine free after 90 days of admission unless strict monitoring is taking place by a licensed professional and treatment team.

6. Medication for other physical and mental health disorders is provided as needed either on-site or through collaboration with or referral to other providers.

7. Cognitive, behavioral, and other SUD-focused therapies, reflecting a variety of treatment approaches, provided to the patient on an individual, group, and/or family basis.
8. Care coordination provided including interdisciplinary care planning between buprenorphine-waivered practitioner and the licensed behavioral health provider to develop and monitor individualized and personalized treatment plans that are focused

on the best outcomes for the patient, monitoring patient progress and tracking patient outcomes, linking patients with community resources (including recovery support services) to facilitate referrals and respond to social service needs, and tracking and supporting patients when they obtain medical, behavioral health, or social services outside the practice.

9. Provision of or referral for screening for HIV, Hepatitis B and C, and Tuberculosis (TB) at treatment initiation and then annually. Risk management and adherence monitoring if they test positive.

10. Routine and/or random urine drug screens conducted a minimum of eight (8) times per year for all patients with at least some tests unannounced or random.

11. Mississippi Prescription Monitoring Program checked at least quarterly for all patients.

12. Opioid overdose prevention education including the prescribing of naloxone for all patients.

13. Patients seen at least weekly during the first month when initiating treatment. Patient must have been seen for at least three (3) months with documented clinical stability before spacing out to a minimum of monthly visits with buprenorphine-waivered practitioner or licensed behavioral health provider.

14. Periodic monitoring of unused medication and opened medication wrapper counts when clinically indicated.

Source: Miss. Code Ann. § 41-4-7

Rule 53.12 Substance Use Care Coordinator Provider Qualifications

A. The Substance Use Care Coordinator Provider must meet the following qualifications:

1. At least a bachelor's degree in one (1) of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least one (1) year of substance abuse related clinical experience providing direct services to persons with a diagnosis of mental illness or substance abuse; or

2. Licensure by the governing body/regulatory authority as a RN with at least one (1) year of clinical experience; or

3. An individual with certification as a substance abuse counselor (CSAC) or CSAC-Assistant under supervision.

B. All providers must be under the supervision of a waivered physician prescribing MAT to the patient.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 54: Certified Community Behavioral Health Clinic (CCBHC)

Program Requirement One (1): Staffing
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- Licensure and Credentialing of Providers
- Cultural Competence and Other Training
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- Screening, Assessment, and Diagnosis
- Person-Centered and Family Centered Treatment Planning
- Outpatient Mental Health and Substance Use Services
- Outpatient Clinic Primary Care Screening and Monitoring
- Targeted Case Management Services
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- Peer Supports, Peer Counseling, and Family/Caregiver Supports
- Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

Program Requirement Five (5): Quality and Other Reporting
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- Governance
- Accreditation

Part 2: Chapter 54 - Certified Community Behavioral Health Clinics (CCBHCs)

This chapter outlines the certification criteria for Certified Community Behavioral Health Clinics (CCBHCs).

Rule 54.1 Certified Community Behavioral Health Clinics (CCBHCs) - Introduction

A. DMH used the Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral Health Center (CCBHC) Certification Criteria published in February 2023, the data from the 2023 Mississippi Statewide Community Needs Assessment, and input from the CCBHC Planning Grant Steering Committee to inform certification criteria for Mississippi's CCBHCs. The certification criteria use the six (6) program requirements from the Protecting Access to Medicare Act of 2014 (PAMA, P.L. 113-93) as the basis for organizing structure.

B. A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. CCBHCs are responsible for providing the following nine (9) services, which can be provided directly or through formal relationships with Designated Collaborating Organizations (DCOs):

1. Crisis Services.
2. Treatment Planning.
3. Screening, Assessment, Diagnosis, and Risk Assessment.
4. Outpatient Mental Health and Substance Use Services.
5. Targeted Case Management.
6. Outpatient Primary Care Screening and Monitoring.
7. Community-Based Mental Health Care for Veterans.
8. Peer, Family Support and Counselor Services.
9. Psychiatric Rehabilitation Services.

C. The CCBHC certification criteria rules and requirements include the following six (6) Program Requirement categories:
1. Staffing.
2. Availability and Accessibility of Services.
3. Care Coordination.
4. Scope of Services.
5. Quality and Other Reporting.
6. Organizational Authority, Governance, and Accreditation.

Source: Miss. Code Ann. § 41-4-7

Rule 54.2 Program Requirement One (1): Staffing – General Staffing Requirements

A. As part of the process leading to certification and recertification, and before certification or attestation, a community needs assessment and a staffing plan that is responsive to the community needs assessment are completed and documented. The needs assessment and staffing plan will be updated every two (2) years.

B. The staff (both clinical and non-clinical) is appropriate for the population receiving services, as determined by the community needs assessment, in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. *Note: See criteria relating to required staffing of services for veterans.*

C. For CCBHC providers, the staffing plan should be predicated on the community needs assessment. For all DMH-certified providers, staffing must be appropriate to address the needs of people receiving services at the agency, as reflected in their plans of care, and as required to meet program requirements.

D. Staffing plans should include clinical, peer and other staff and the provider's service(s)/supports and program(s). Staffing plans must meet the requirements of DMH, as outlined in the DMH Operational Standards and as may be further issued via provider communications (with timely notice) and with addition of such herein, according to customary rules making practice.

E. The Chief Executive Officer (CEO) of the CCBHC, or equivalent, maintains a fully staffed management team as appropriate for the size and needs of the clinic, as determined by the current community needs assessment and staffing plan. The management team will include, at a minimum, a CEO or equivalent/Project Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee of the CCBHC.

F. Depending on the size of the CCBHC, both positions (CEO or equivalent and the Medical Director) may be held by the same person. The Medical Director will provide guidance regarding behavioral health clinical service delivery, ensure the quality of the medical component of care, and provide guidance to foster the integration and coordination of behavioral health and primary care.

G. If a CCBHC is unable, after reasonable efforts, to employ or contract with a psychiatrist as Medical Director, a medically trained behavioral health care professional with prescriptive authority and appropriate education, licensure, and experience in psychopharmacology, and who can prescribe and manage medications independently, pursuant to state law, may serve as the Medical Director. In addition, if a CCBHC is unable to hire a psychiatrist and hires another prescriber instead, psychiatric consultation will be obtained regarding behavioral health clinical service delivery, quality of the medical component of care, and integration and coordination of behavioral health and primary care.

H. The CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided.

Source: Miss. Code Ann. § 41-4-7

Rule 54.3 Program Requirement One (1): Staffing – Licensure and Credentialing of Providers

A. All CCBHC providers who furnish services directly, and any Designated Collaborating Organization (DCO) providers that furnish services under arrangement with the CCBHC, are legally authorized in accordance with federal, state, and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations. This includes any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the PAMA statute, CCBHC providers must have and maintain all necessary state-required licenses, certifications, or other credentialing. When CCBHC providers are working toward licensure, appropriate supervision must be provided in accordance with applicable state laws.

B. The CCBHC staffing plan meets the requirements of the state behavioral health authority (i.e., DMH) and any accreditation standards required by the state. The staffing plan is informed by the community needs assessment and includes clinical, peer, and other staff. In accordance with the staffing plan, the CCBHC maintains a core workforce comprised of employed and contracted staff. Staffing shall be appropriate to address the needs of people receiving services at the CCBHC, as reflected in their treatment plans, and as required to meet program requirements of these criteria.

C. CCBHC staff must include a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine and other FDA-approved medications used to treat opioid, alcohol, and tobacco use disorders. This rule would not include methadone, unless the CCBHC is also an Opioid Treatment Program (OTP). If the CCBHC does not have the ability to prescribe methadone for the treatment of opioid use disorder directly, it shall refer to an OTP (if any exist in the CCBHC service area) and provide care coordination to ensure access to methadone. The CCBHC must have staff, either employed or under contract, who are licensed or certified substance use treatment counselors or specialists. If the Medical Director is not experienced with the treatment of substance use disorders, the CCBHC must have experienced addiction medicine physicians or specialists on staff, or arrangements that ensure access to consultation on addiction medicine for the Medical Director and clinical staff. The CCBHC must include staff with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI). Examples of staff include a combination of the following: (1) psychiatrists (including general adult psychiatrists and subspecialists), (2) nurses, (3) licensed independent clinical social workers, (4) licensed mental health counselors/therapists, (5) licensed psychologists, (6) licensed marriage and family therapists, (7) licensed occupational therapists, (8) staff trained to provide case management, (9) certified/trained peer specialist(s)/recovery coaches, (10) licensed addiction counselors/therapists, (11) certified/trained family peer specialists, (12) medical assistants, and (13) community health workers.

D. CCBHCs should seek practitioners with experience in the assessment and diagnosis of SUD, substance intoxication and withdrawal; pharmacological management of intoxication, withdrawal, and SUDs; ambulatory withdrawal management; outpatient addiction treatment; toxicology testing; and pharmacodynamics of commonly used substances.

E. The CCBHC supplements its core staff as necessary to adhere to Program Requirements Three (3) and Four (4) and individual treatment plans, through arrangements with and referrals to other providers.

Source: Miss. Code Ann. § 41-4-7

Rule 54.4 Program Requirement One (1): Staffing – Cultural Competence and Other Training

A. The CCBHC has a training plan for all CCBHC employees and contract staff who have direct contact with people receiving services or their families. The training plan satisfies and includes requirements of the state behavioral health authority (DMH) and any accreditation standards on training required by the state. At orientation and at reasonable intervals thereafter, the CCBHC must provide training on:

1. Evidence-based practices (EBP).
2. Cultural competency.
3. Person-centered and family-centered, recovery-oriented planning and services.
4. Trauma-informed care.
5. The clinic's policy and procedures for continuity of operations/disasters.
6. The clinic's policy and procedures for integration and coordination with primary care.
7. Care for co-occurring mental health and substance use disorders.

B. At orientation and annually thereafter, the CCBHC must provide training on risk assessment; suicide and overdose prevention and response; and the roles of family and peer staff. Training may be provided online.

C. Training shall be aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities. To the extent active-duty military or veterans are being served, such training must also include information related to military culture. Examples of training and materials that further the ability of the clinic to provide tailored training for a diverse population include, but are not limited to, those available through the Department of Health and Human Services (HHS) website, the SAMHSA website, the HHS Office of Minority Health, or through the website of the Health Resources and Services Administration. *(Reference Source: Access standards at, what is CLAS? - Think Cultural Health (hhs.gov) and Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at National Minority Mental Health Awareness Month — New CLAS Implementation Guide (hhs.gov). Suggested resources include the African American Behavioral Health Center of*

Excellence, LGBTQ+ Behavioral Health Equity Center of Excellence, Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging, and Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence.) Note: See cultural competency requirements in services for veterans.

D. The CCBHC regularly assesses the skills and competence of each individual furnishing services and, as necessary, provides in-service training and education programs. The CCBHC has written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided for the duration of employment of each employee who has direct contact with people receiving services.

E. The CCBHC documents in the staff personnel record that the training and demonstration of competency are successfully completed. CCBHCs are encouraged to provide ongoing coaching and supervision to ensure initial and ongoing compliance with, or fidelity to, evidence-based, evidence-informed, and promising practices.

F. Individuals providing staff training are qualified, as evidenced by their education, training, and experience.

Source: Miss. Code Ann. § 41-4-7

Rule 54.5 Program Requirement One (1): Staffing – Linguistic Competence

A. The CCBHC takes reasonable steps to provide meaningful access to services, such as language assistance, for those with Limited English Proficiency (LEP) and/or language-based disabilities.

B. Interpretation/translation service(s) are readily available and appropriate for the size/needs of the LEP CCBHC population (e.g., bilingual providers, onsite interpreters, language video or telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting.

C. Auxiliary aids and services are readily available, Americans with Disabilities Act (ADA) compliant, and responsive to the needs of people receiving services with physical, cognitive, and/or developmental disabilities (e.g., sign language interpreters, teletypewriter [TTY] lines).

D. Documents or information vital to the ability of a person receiving services to access CCBHC services (e.g., registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper format, in languages commonly spoken within the community served, taking account of literacy levels and the need for alternative formats. Such materials are provided in a timely manner at intake and throughout the time a person is served by the CCBHC. Prior to certification, the needs assessment will inform which languages require language assistance, to be updated as needed.

E. The CCBHC's policies have explicit provisions for ensuring all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider. These include, but are not limited to, the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws, including patient privacy requirements specific to the care of minors.

Source: Miss. Code Ann. § 41-4-7

Rule 54.6 Program Requirement Two (2): Availability and Accessibility of Services – General Requirements

A. The CCBHC provides a safe, functional, clean, sanitary, and welcoming environment for people receiving services and staff, conducive to the provision of services identified in Program Requirement Four (4). CCBHCs are encouraged to operate tobacco-free campuses.

B. Informed by the community needs assessment, the CCBHC ensures that services are provided during times that facilitate accessibility and meet the needs of the population served by the CCBHC, including some evening and weekend hours.

C. Informed by the community needs assessment, the CCBHC provides services at locations that ensure accessibility and meet the needs of the population to be served, such as settings in the community (e.g., schools, social service agencies, partner organizations, community centers) and, as appropriate and feasible, in the homes of people receiving services.

D. The CCBHC provides transportation or transportation vouchers for people receiving services to the extent possible with relevant funding or programs in order to facilitate access to services in alignment with the person-centered and family-centered treatment plan.

E. The CCBHC uses telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies, to the extent possible, in alignment with the preferences of the person receiving services to support access to all required services.

Informed by the community needs assessment, the CCBHC conducts outreach, engagement, and retention activities to support inclusion and access for underserved people and populations.

F. Services are subject to all state standards for the provision of both voluntary and court ordered services.

G. The CCBHC has a continuity of operations/disaster plan. The plan will ensure the CCBHC is able to effectively notify staff, people receiving services, and healthcare and community partners when a disaster/emergency occurs, or services are disrupted. The CCBHC, to the

extent feasible, has identified alternative locations and methods to sustain service delivery and access to behavioral health medications during emergencies and disasters. The plan also addresses health information technology (IT) systems security/ransomware protection and backup and access to these IT systems, including health records, in case of disaster.

Source: Miss. Code Ann. § 41-4-7

Rule 54.7 Program Requirement Two (2): Availability and Accessibility of Services – General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation

A. All people new to receiving services, whether requesting or being referred for behavioral health services at the CCBHC, will, at the time of first contact, whether that contact is in person, by telephone, or using other remote communication, receive a preliminary triage, including risk assessment, to determine acuity of needs. The preliminary triage may occur telephonically. If the triage identifies an emergency/crisis need, appropriate action is taken immediately. *Note: Refer to crisis response timelines and details about required services, including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up.*

1. If the triage identifies an urgent need, clinical services are provided, including an initial evaluation within one (1) business day of the time the request is made.
2. If the triage identifies routine needs, services will be provided, and the initial evaluation completed within 10 business days.
3. For those presenting with emergency or urgent needs, the initial evaluation may be conducted by phone or through use of technologies for telehealth/telemedicine and video conferencing, but an in-person evaluation is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved, the person receiving services must be seen in person at the next subsequent encounter and the initial evaluation reviewed.

B. The preliminary triage and risk assessment will be followed by: (1) an initial evaluation and (2) a comprehensive evaluation, with the components of each specified in Program Requirement Four (4). At the CCBHC's discretion, recent information may be reviewed with the person receiving services and incorporated into the CCBHC health records from outside providers to help fulfill these requirements. Each evaluation must build upon what came before it. Subject to more stringent state, federal, or applicable accreditation standards, all new people receiving services will receive a comprehensive evaluation to be completed within 60 calendar days of the first request for services. If the state has established independent screening and assessment processes for certain child and youth populations or other populations, the CCBHC should establish partnerships to incorporate findings and avoid duplication of effort. This requirement does not preclude the initiation or completion of the comprehensive evaluation, or the provision of treatment during the 60-day period.

C. The person-centered and family-centered treatment plan is reviewed and updated as needed by the treatment team, in agreement with and endorsed by the person receiving services. The treatment plan will be updated when changes occur with the status of the person receiving services, based on responses to treatment or when there are changes in treatment goals. The treatment plan must be reviewed and updated no less frequently than every six (6) months, unless the state, federal, or applicable accreditation standards are more stringent.

D. People who are already receiving services from the CCBHC who are seeking routine outpatient clinical services must be provided an appointment within 10 business days of the request for an appointment, unless the state, federal, or applicable accreditation standards are more stringent. If a person receiving services presents with an emergency/crisis need, appropriate action is taken immediately based on the needs of the person receiving services, including immediate crisis response if necessary. If a person already receiving services presents with an urgent, non-emergency need, clinical services are generally provided within one (1) business day of the time the request is made or at a later time if that is the preference of the person receiving services. Same-day and open access scheduling are encouraged.

Source: Miss. Code Ann. § 41-4-7

Rule 54.8 Program Requirement Two (2): Availability and Accessibility of Services – Access to Crisis Management Services

A. In accordance with Program Requirement Four (4), the CCBHC provides crisis management services that are available and accessible 24 hours a day, seven (7) days a week.

B. A description of the methods for providing a continuum of crisis prevention, response, and postvention services shall be included in the policies and procedures of the CCBHC and made available to the public.

C. People who are served by the CCBHC are educated about crisis planning, psychiatric advanced directives, and how to access crisis services, including the 988 Suicide and Crisis Hotline (by call, chat, or text) and other area hotlines and warmlines, and overdose prevention, if risk is indicated, at the time of the initial evaluation meeting following the preliminary triage. *Note: Refer to requirement for crisis planning for further information. This includes people with LEP or disabilities (i.e., CCBHC provides instructions on how to access services in the appropriate methods, language(s), and literacy levels in accordance with Program Requirement One (1)).*

D. In accordance with Program Requirement Three (3), the CCBHC maintains a working relationship with local hospital emergency departments (EDs). Protocols are established for CCBHC staff to address the needs of CCBHC people receiving services in psychiatric crisis who come to those EDs.

E. Protocols, including those for the involvement of law enforcement, are in place to reduce delays for initiating services during and following a behavioral health crisis. Shared protocols are designed to maximize the delivery of recovery-oriented treatment and services. The protocols should minimize contact with law enforcement and the criminal justice system, while promoting individual and public safety, and complying with applicable state and local laws and regulations. *Note: Refer to criterion regarding specific care coordination requirements related to discharge from hospital or ED following a psychiatric crisis.*

F. Following a psychiatric emergency or crisis, in conjunction with the person receiving services, the CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises. *Note: Refer to criterion where precautionary crisis planning is addressed.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.9 Program Requirement Two (2): Availability and Accessibility of Services – No Refusal of Services due to Inability to Pay

A. The CCBHC ensures: (1) no persons are denied behavioral health care services, including but not limited to crisis management services, because of a person's inability to pay for such services and (2) any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance, as described in this chapter.

B. The CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC offers pursuant to these criteria. Such fee schedules will be included on the CCBHC website, posted in the CCBHC waiting room and readily accessible to people receiving services and families. The sliding fee discount schedule is communicated in languages/formats appropriate for people seeking services who have LEP, literacy barriers, or disabilities.

C. The fee schedules, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics; absent applicable state or federal requirements, the schedule is based on locally prevailing rates or charges and includes reasonable costs of operation.

D. The CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. Those policies are applied equally to all people seeking services.

Source: Miss. Code Ann. § 41-4-7

Rule 54.10 Program Requirement Two (2): Availability and Accessibility of Services – Provision of Services Regardless of Residence

A. The CCBHC ensures no person is denied behavioral health care services, including but not limited to crisis management services, because of place of residence, homelessness, or lack of a permanent address.

B. The CCBHC has protocols addressing the needs of people who do not live close to the CCBHC or within the CCBHC service area. The CCBHC is responsible for providing, at a minimum, crisis response, evaluation, and stabilization services in the CCBHC service area regardless of place of residence. The required protocols should address management of the person's on-going treatment needs beyond that. Protocols may provide for agreements with clinics in other localities, allowing the CCBHC to refer and track people seeking non crisis services to the CCBHC or other clinics serving the person's area of residence. For people and families who live within the CCBHC's service area but live a long distance from CCBHC clinic(s), the CCBHC should consider use of technologies for telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies in alignment with the preferences of the person receiving services, and to the extent practical. These criteria do not require the CCBHC to provide continuous services including telehealth to people who live outside of the CCBHC service area. CCBHCs may consider developing protocols for populations that may transition frequently in and out of the service area such as children who experience out-of-home placements and adults who are displaced by incarceration or housing instability.

Source: Miss. Code Ann. § 41-4-7

Rule 54.11 Program Requirement Three (3): Care Coordination – General Requirements

A. Based on a person-centered and family-centered treatment plan aligned with the requirements of the applicable section of the Affordable Care Act and aligned with state regulations and consistent with best practices, the CCBHC coordinates care across the spectrum of health services. This coordination includes access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. The CCBHC also coordinates with other systems to meet the needs of the people they serve, including criminal and juvenile justice and child welfare. *Note: Refer to criteria relating to care coordination requirements for veterans. (Reference Source: For additional information on care coordination, see Care Coordination - Agency for Healthcare Research and Quality.)*

B. The CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA and other federal and state privacy laws, including patient privacy requirements specific to the care of minors. To promote coordination of care, the CCBHC will obtain necessary consents for sharing information with community partners where information is not able to be shared under HIPAA and other federal and state laws and regulations. If the CCBHC is unable, after reasonable attempts, to obtain consent for any care coordination activity

specified in Program Requirement Three (3), such attempts must be documented and revisited periodically. *Note: CCBHCs are encouraged to explore options for electronic documentation of consent where feasible and responsive to the needs and capabilities of the person receiving services. (Reference Source: The Interoperability Standards Advisory (ISA) process represents the model by which the Office of the National Coordinator for Health Information Technology (ONC) coordinates the identification, assessment, and determination of "recognized" interoperability standards and implementation specifications for industry use to fulfill specific clinical health IT interoperability needs.)*

C. Consistent with requirements of privacy, confidentiality, and the preferences and needs of people receiving services, the CCBHC assists people receiving services and the families of children and youth referred to external providers or resources in obtaining an appointment and tracking participation in services to ensure coordination and receipt of supports.

D. The CCBHC shall coordinate care in keeping with the preferences of the person receiving services and their care needs. To the extent possible, care coordination should be provided, as appropriate, in collaboration with the family/caregiver of the person receiving services and other supports identified by the person. To identify the preferences of the person in the event of psychiatric or substance use crisis, the CCBHC develops a crisis plan with each person receiving services. At a minimum, people receiving services should be counseled about the use of the National Suicide and Crisis Lifeline, local hotlines, warmlines, mobile crisis, and stabilization services should a crisis arise when providers are not in their office. Crisis plans may support the development of a Psychiatric Advance Directive, if desired by the person receiving services. Psychiatric Advance Directives, if developed, are entered in the electronic health record of the person receiving services so that the information is available to providers in emergency care settings where those electronic health records are accessible. Psychiatric Advance Directives are legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric Advance Directives can be used to plan for the possibility that someone may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. *(Reference Source: For more information visit NRC PAD - National Resource Center on Psychiatric Advance Directives.)*

E. Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers. To the extent that state laws allow, the state Prescription Drug Monitoring Program (PDMP) must be consulted before prescribing medications. The PDMP should also be consulted during the comprehensive evaluation. Upon appropriate consent to release information, the CCBHC is also required to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.

F. Nothing about a CCBHC's agreements for care coordination should limit the freedom of a person receiving services to choose their provider within the CCBHC, with its DCOs, or with any other provider.

G. The CCBHC assists people receiving services and families to access benefits, including Medicaid, and enroll in programs or supports that may benefit them.

Source: Miss. Code Ann. § 41-4-7

Rule 54.12 Program Requirement Three (3): Care Coordination – Care Coordination and Other Health Information Systems

A. The CCBHC establishes or maintains a health information technology (IT) system that includes, but is not limited to, electronic health records.

B. The CCBHC uses its secure health IT system(s) and related technology tools, ensuring appropriate protections are in place, to conduct activities such as population health management, quality improvement, quality measurement and reporting, reducing disparities, outreach, and for research. When CCBHCs use federal funding to acquire, upgrade, or implement technology to support these activities, systems should utilize nationally recognized, HHS-adopted standards, where available, to enable health information exchange (HIE). For example, this effort may include simply using common terminology mapped to standards adopted by HHS to represent a concept such as race, ethnicity, or other demographic information. *Note: Pursuant to the HHS Health IT Alignment policy and the HITECH Act, recipients and subrecipients of award funding which involves acquiring, upgrading, and implementing health IT must utilize health IT that meets standards and implementation.* While this requirement does not apply to incidental use of existing IT systems to support these activities when there is no targeted use of program funding, CCBHCs are encouraged to explore ways to support alignment with standards across data-driven activities.

C. The CCBHC uses technology that has been certified to current criteria under the ONC Health IT Certification Program for the following required core set of certified health IT capabilities that align with key clinical practice and care delivery requirements for CCBHCs. *(Reference Source: As of February 2023, current criteria are the 2015 Edition of health IT certification criteria, as updated according to the 2015 Edition Cures Update. Additional information about health IT products certified to these criteria is available on the Certified Health IT Product List (CHPL)).*

1. Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible). *(Reference Source: United States Core Data for Interoperability (USCDI) standard at § 45 CFR 170.213 and "Demographics" criterion at § CFR 170.315(a)(5)).*

2. At a minimum, support care coordination by sending and receiving summary of care records, as noted in *Transitions of care criterion at § 170.315(b)(1).*

3. Provide people receiving services with timely electronic access to view, download, or transmit their health information or to access their health information via an API using a personal health app of their choice. *(Reference Source: Clinical decision support).*

4. Provide evidence-based clinical decision support. *(Reference Source: Application access – all data request" criterion at § 170.315(g)(9) and "Standardized API for patient and population services" criterion at § 170.315(g)(10)).*

5. Conduct electronic prescribing *(Reference Source: Electronic prescribing" criterion at § 170.215(b)(3)).*

D. The CCBHC will work with DCOs to ensure all steps are taken, including obtaining consent from people receiving services, to comply with privacy and confidentiality requirements. These include, but are not limited to, those of HIPAA and other federal and state laws, including patient privacy requirements specific to the care of minors, existing IT systems to support these activities when there is no targeted use of program funding, CCBHCs are encouraged to explore ways to support alignment with standards across data-driven activities.

E. The CCBHC develops and implements a plan within two (2) years from CCBHC certification or submission of attestation to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan includes information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care. To support integrated evaluation planning, treatment, and care coordination, the CCBHC works with DCOs to integrate clinically relevant treatment records generated by the DCO for people receiving CCBHC services and incorporates them into the CCBHC health record. Further, all clinically relevant treatment records maintained by the CCBHC are available to DCOs within the confines of federal and/or state laws governing sharing of health records.

F. The CCBHC must participate with the MHA's HIE (HIE) and be capable of exchanging protected health information, connecting to inpatient and ambulatory electronic health records (EHRs), connecting to care coordination information technology system records, and supporting secure messaging or electronic querying between providers, and patients. This requirement must include but is not limited to using the HIEs for admission, discharge, and transfer (ADT) data and closing referral loops for social determinants of health (SDOH).

1. The CCBHC must support and facilitate its subcontractors or DCOs exchange of data with the MHA's HIE.
2. The Contractor must require its subcontractors or DCOs to provide ADT data to the MHA's HIE.
3. The CCBHC must submit annually, the following:
   (a) A HIE Participation Report to Department of Mental Health providing the number and percentage of subcontractors or DCOs connected to the HIE and the type of participation.
   (b) CCBHC's plan to support use of HIEs (HIE Subcontractor/DCO Support Plan), including, but not limited to, collaborative CCBHC's efforts that facilitate and

support consistent and accurate data submission from subcontractors/DCOs to the HIEs.

G. The CCBHC's information system must support the use of HIEs and EHRs necessary for near real-time understanding of member needs and reporting metrics, such as electronic clinical quality measures (eCQMs).

Source: Miss. Code Ann. § 41-4-7

Rule 54.13 Program Requirement Three (3): Care Coordination – Care Coordination Partnerships

A. The CCBHC has a partnership establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) (and, as applicable, Rural Health Clinics (RHCs)) to provide health care services, to the extent the services are not provided directly through the CCBHC. For people receiving services who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers, the CCBHC has established protocols to ensure adequate care coordination. *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.*

B. The CCBHC has partnerships that establish care coordination expectations with programs that can provide inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, and residential substance use disorder treatment programs (if any exist within the CCBHC service area). These include tribally operated mental health and substance use services including crisis services that are in the service area. The clinic tracks when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non-CCBHC entity. The CCBHC has established protocols and procedures for transitioning people from EDs, inpatient psychiatric programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children and youth such as Psychiatric Residential Treatment Facilities and other residential treatment facilities, to a safe community setting. This includes transfer of health records of services received (e.g., prescriptions), active follow-up after discharge, and, as appropriate, a plan for suicide prevention and safety, overdose prevention, and provision for peer services. *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum,*

the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.

C. CCBHCs are encouraged to partner with inpatient treatment facilities to establish protocols and procedures for transitioning people, including real time notification of discharge and record transfers that support the seamless delivery of care, maintain recovery, and reduce the risk of relapse and injury during transitions. These resources are contingent on the availability of funding.

D. The CCBHC has partnerships with a variety of community or regional services, supports, and providers. Partnerships support joint planning for care and services, provide opportunities to identify people in need of services, enable the CCBHC to provide services in community settings, enable the CCBHC to provide support and consultation with a community partner, and support CCBHC outreach and engagement efforts. CCBHCs are required by statute to develop partnerships with the following organizations that operate within the service area:

1. 988 Crisis Call Centers.
2. Child welfare agencies.
3. CHOICE housing voucher program.
4. Employment Services systems.
5. Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts).
6. Indian Health Service or other tribal programs.
7. Mississippi Department of Rehabilitation Services.
8. Peer Support programs.
9. Other social and human services organizations.
10. Schools.
11. State licensed and nationally accredited child placing agencies for therapeutic foster care service.
12. Transportation options.

E. CCBHCs may develop partnerships with the following entities based on the population served, the needs and preferences of people receiving services, and/or needs identified in the community needs assessment. Examples of such partnerships include (but are not limited to) the following:

1. Specialty providers including those who prescribe medications for the treatment of opioid and alcohol use disorders.
2. Homeless shelters.
3. Services for older adults, such as Area Agencies on Aging.
4. Aging and Disability Resource Centers.
5. State and local health departments and behavioral health and developmental disabilities agencies.

6. Substance use prevention and harm reduction programs.
7. Criminal and juvenile justice, including law enforcement, courts, jails, prisons, and detention centers.
8. Legal aid.
9. Immigrant and refugee services.
10. SUD Recovery/Transitional housing.
11. Programs and services for families with young children, including: infants and toddlers, WIC, Home Visiting Programs, Early Head Start/Head Start, and Infant and Early Childhood Mental Health Consultation programs.
12. Coordinated Specialty Care programs for first episode psychosis.
13. Other social and human services (e.g., intimate partner violence centers, religious services and supports, grief counseling, Affordable Care Act Navigators, food, and transportation programs).

Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party or unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.

F. The CCBHC has partnerships with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department. To the extent multiple Department facilities of different types are located nearby, the CCBHC should work to establish care coordination agreements with facilities of each type. *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.*

G. The CCBHC has care coordination partnerships establishing expectations with inpatient acute-care hospitals in the area served by the CCBHC and their associated services/facilities, including emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings. This effort includes procedures and services, such as peer recovery specialist/coaches, to help people successfully transition from an ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow up. Ideally, the CCBHC should work with the discharging facility ahead of discharge to assure a seamless transition. These partnerships shall support tracking when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged. The partnerships shall also support the transfer of health records of services received (e.g., prescriptions)

and active follow-up after discharge. CCBHCs should request of relevant inpatient and outpatient facilities, for people receiving CCBHC services, that notification be provided through the Admission-Discharge-Transfer (ADT) system.

H. The CCBHC will make and document reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge. For all people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination agreement between these facilities and the CCBHC includes a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge and continues until the person is linked to services or assessed to be no longer at risk. *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.14 Program Requirement Three (3): Care Coordination – Care Treatment Team, Treatment Planning, and Care Coordination Activities

A. The CCBHC treatment team includes the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, and any other people the person receiving services desires to be involved in their care. All treatment planning and care coordination activities are person- and family-centered and align with the requirements of the applicable section of the Affordable Care Act. All treatment planning and care coordination activities are subject to HIPAA and other federal and state laws, including patient privacy requirements specific to the care of minors.

B. The CCBHC designates an interdisciplinary treatment team that is responsible, with the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, for directing, coordinating, and managing care and services. The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the people receiving services, including, as appropriate and desired by the person receiving services, traditional approaches to care for people receiving services who are American Indian or Alaska Native or from other cultural and ethnic groups. *Note: Refer to criteria relating to required treatment planning services for veterans.*

C. The CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan. *Note: Refer to the program requirement related to scope of service and person-centered and family-centered treatment planning.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.15 Program Requirement Four (4): Scope of Services

These nine (9) services will be delivered by the CCBHC director or through its DCOs, in a manner reflecting person-centered and family-centered care:

A. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

B. Screening, assessment, and diagnosis, including risk assessment.

C. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.

D. Outpatient mental health and substance use services.

E. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.

F. Targeted case management.

G. Psychiatric rehabilitation services.

H. Peer support and counselor services and family support.

I. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

Source: Miss. Code Ann. § 41-4-7

Rule 54.16 Program Requirement Four (4): Scope of Services – General Service Provisions

A. Whether delivered directly or through a DCO agreement, the CCBHC is responsible for ensuring access to all care specified in PAMA. This includes, as more explicitly provided and more clearly defined below in the following required services: crisis services; screening, assessment and diagnosis; person-centered and family-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and

monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the U.S. Armed Forces and veterans. The CCBHC organization will directly deliver the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs.

B. The CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the freedom of the person receiving services to choose providers within the CCBHC and its DCOs. This requirement does not preclude the use of referrals outside the CCBHC or DCO if a needed specialty service is unavailable through the CCBHC or DCO entities.

C. Regarding either CCBHC or DCO services, people receiving services will be informed of and have access to the CCBHC's existing grievance procedures, which must satisfy the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities or state authorities.

D. DCO-provided services for people receiving CCBHC services must meet the same quality standards as those provided by the CCBHC. The entities with which the CCBHC coordinates care and all DCOs, taken in conjunction with the CCBHC itself, satisfy the mandatory aspects of these criteria.

Source: Miss. Code Ann. § 41-4-7

Rule 54.17 Program Requirement Four (4): Scope of Services – Requirement of Person-Centered and Family-Centered Care

A. The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner aligned with the requirements of the applicable section of the Affordable Care Act. These reflect person-centered and family-centered, recovery-oriented care; being respectful of the needs, preferences, and values of the person receiving services; and ensuring both involvement of the person receiving services and self-direction of services received. Services for children and youth are family-centered, youth-guided, and developmentally appropriate. A shared decision-making model for engagement is the recommended approach. *Note: Refer to the program requirement regarding coordination of services and treatment planning and criteria relating specifically to requirements for services for veterans.*

B. Person-centered and family-centered care is responsive to the race, ethnicity, sexual orientation, and gender identity of the person receiving services and includes care which recognizes the particular cultural and other needs of the person. This care includes, but is not limited to, services for people who are American Indian or Alaska Native (AI/AN) or other cultural or ethnic groups, for whom access to traditional approaches or medicines may be part of CCBHC services. For people receiving services who are AI/AN, these services may be provided either directly or by arrangement with tribal organizations.

Source: Miss. Code Ann. § 41-4-7

Rule 54.18 Program Requirement Four (4): Scope of Services – Crisis Behavioral Health Services

A. The CCBHC shall provide crisis services directly or through a DCO agreement with existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. HHS recognizes that state-sanctioned crisis systems may operate under different standards than those identified in these criteria. If a CCBHC would like to have a DCO relationship with a state-sanctioned crisis system that operates under less stringent standards, they must request approval from DMH to do so. DMH will review and submit this request to HHS for approval.

B. PAMA requires provision of these three (3) crises behavioral health services, whether provided directly by the CCBHC or by a DCO:

1. *Emergency crisis intervention services:* The CCBHC provides or coordinates with telephonic, text, and chat crisis intervention call centers that meet 988 Suicide and Crisis Hotline standards for risk assessment and engagement of people at imminent risk of suicide. The CCBHC should participate in any state, regional, or local air traffic control (ATC) systems which provide quality coordination of crisis care in real-time as well as any service capacity registries as appropriate. It may involve real-time connection to GPS-enabled mobile teams, true system-wide access to available beds, and outpatient appointment scheduling through the integrated crisis call center. Quality coordination means that protocols have been established to track referrals made from the call center to the CCBHC or its DCO crisis care provider to ensure the timely delivery of mobile crisis team response, crisis stabilization, and post crisis follow-up care.

2. *Twenty-Four (24)-hour mobile crisis teams*: The CCBHC provides community-based behavioral health crisis intervention services using mobile crisis teams 24 hours per day, seven (7) days per week to adults, children, youth, and families anywhere within the service area including at home, work, or anywhere else where the crisis is experienced. Mobile crisis teams are expected to arrive in-person within one (1) hour (two [2] hours in rural settings) from the time that they are dispatched, with response time not to exceed three (3) hours. Telehealth/telemedicine may be used to connect people in crisis to qualified mental health providers during the interim travel time. Technologies also may be used to provide crisis care to people when remote travel distances make the two (2)-hour response time unachievable, but the ability to provide an in-person response must be available when it is necessary to assure safety. The CCBHC should consider aligning their programs with the CMS Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services.

3. *Crisis receiving/stabilization*: The CCBHC provides crisis receiving/stabilization services that must include at minimum, urgent care/walk-in mental health and

substance use disorder services for voluntary persons. Urgent care/walk-in services that identify the person's immediate needs, de-escalate the crisis, and connect them to a safe and least-restrictive setting for ongoing care (including care provided by the CCBHC). Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted. The CCBHC should have a goal of expanding the hours of operation as much as possible. Ideally, these services are available to people of any level of acuity; however, the facility need not manage the highest acuity people in this ambulatory setting. Crisis stabilization services should ideally be available 24 hours per day, seven (7) days a week, whether people present on their own, with a concerned person, such as a family member, or with a human service worker, and/or law enforcement, in accordance with state and local laws. In addition to these activities, the CCBHC may consider supporting or coordinating with peer-run crisis respite programs. The CCBHC is encouraged to provide crisis receiving/stabilization services in accordance with the SAMHSA National Guidelines for Behavioral Health Crisis Care. *(Reference Source: Air traffic control (ATC) serves as a conceptual model for real-time coordination of crisis care and linkage to crisis response services. It may involve real-time connection to GPS-enabled mobile teams, true system-wide access to available beds, and outpatient appointment scheduling through the integrated crisis call center. For more information, refer to National Guidelines for Behavioral Health Crisis Care - SAMHSA.)*

C. Services provided must include suicide prevention and intervention, and services capable of addressing crises related to substance use including the risk of drug and alcohol related overdose and support following a non-fatal overdose after the person is medically stable. Overdose prevention activities must include ensuring access to naloxone for overdose reversal to people who are at risk of opioid overdose, and as appropriate, to their family members. The CCBHC or its DCO crisis care provider should offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed. The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services. As a part of the requirement to provide training related to trauma-informed care, the CCBHC shall specifically focus on the application of trauma-informed approaches during crises. *Note: Refer to the program requirement regarding access to crisis services and criterion regarding coordination of services and treatment planning, including after discharge from a hospital inpatient or emergency department following a behavioral health crisis. (Reference Source: For information on crisis services for children and youth, refer to SAMHSA's National Guidelines for Child and Youth Behavioral Health Crisis Care and A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth)*

Source: Miss. Code Ann. § 41-4-7

Rule 54.19 Program Requirement Four (4): Scope of Services – Screening, Assessment, and Diagnosis

A. The CCBHC directly, or through a DCO, provides screening, assessment, and diagnosis, including risk assessment for behavioral health conditions. In the event specialized services

outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis (e.g., neuropsychological testing or developmental testing and assessment), the CCBHC refers the person to an appropriate provider. When necessary and appropriate screening, assessment and diagnosis can be provided through telehealth/telemedicine services. *Note: Refer to the program requirement regarding coordination of services and treatment planning.*

B. Screening, assessment, and diagnosis are conducted in a time frame responsive to the needs and preferences of the person receiving services and are of sufficient scope to assess the need for all services required to be provided by the CCBHC.

C. The initial evaluation (including information gathered as part of the preliminary triage and risk assessment, with information releases obtained as needed), as required in Program Requirement Two (2), includes at a minimum:

1. Preliminary diagnoses.
2. The source of referral.
3. The reason for seeking care, as stated by the person receiving services or other people who are significantly involved.
4. Identification of the immediate clinical care needs related to the diagnosis for mental and substance use disorders of the person receiving services.
5. A list of all current prescriptions and over-the counter medications, herbal remedies, and dietary supplements and the indication for any medications.
6. A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful.
7. The use of any alcohol and/or other drugs the person receiving services may be taking and indication for any current medications.
8. An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors.
9. An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence.
10. Assessment of need for medical care (with referral and follow-up as required).
11. A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services.
12. For children and youth, whether they have system involvement (such as child welfare and juvenile justice).

D. A comprehensive evaluation is required for all people receiving CCBHC services. Subject to applicable state, federal, or other accreditation standards, clinicians should use their clinical judgment with respect to the depth of questioning within the assessment so that the assessment actively engages the person receiving services around their presenting concern(s). The evaluation should gather the amount of information that is commensurate with the complexity of their specific needs and prioritize preferences of people receiving services with respect to the depth of evaluation and their treatment goals. The evaluation shall include:

1. Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services.
2. An overview of relevant social supports; social determinants of health; and health related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status.
3. A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP.
4. Pregnancy and/or parenting status.
5. Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments.
6. Relevant medical history and major health conditions that impact current psychological status.
7. A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies, should be included.
8. An examination that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs).
9. Basic cognitive screening for cognitive impairment.
10. Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person.
11. The strengths, goals, preferences, needs, and other factors to be considered in treatment and recovery planning of the person receiving services.
12. Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services).
13. Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate.
14. An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services.
15. The preferences of the person receiving services regarding the use of technologies such as telehealth/telemedicine, video conferencing, remote patient monitoring, and asynchronous interventions.

E. Screening and assessment conducted by the CCBHC related to behavioral health include those for which the CCBHC will be accountable pursuant to Program Requirement Five (5) and Rule 54.33 of these criteria. The CCBHC should not take non-inclusion of a specific

metric in Rule 54.33 as a reason not to provide clinically indicated behavioral health screening or assessment.

F. The CCBHC uses standardized and validated and developmentally appropriate screening and assessment tools appropriate for the person and, where warranted, brief motivational interviewing techniques to facilitate engagement.

G. The CCBHC uses culturally and linguistically appropriate screening tools and approaches that accommodate all literacy levels and disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

H. If screening identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the person receiving services is provided a full assessment and treatment, if appropriate within the level of care of the CCBHC or referred to a more appropriate level of care. If the screening identifies more immediate threats to the safety of the person receiving services, the CCBHC will take appropriate action as described in Program Requirement Two (2).

Source: Miss. Code Ann. § 41-4-7

Rule 54.20 Program Requirement Four (4): Scope of Services – Person-Centered and Family-Centered Treatment Planning

A. The CCBHC directly, or through a DCO, provides person-centered and family-centered treatment planning, including but not limited to, risk assessment and crisis planning (CCBHCs may work collaboratively with DCOs to complete these activities). Person-centered and family-centered treatment planning satisfies the requirements below and is aligned with the requirements of the applicable section of the Affordable Care Act, including person receiving services involvement and self-direction. *Note: Refer to the program requirement related to coordination of care and treatment planning.*

B. The CCBHC develops an individualized treatment plan based on information obtained through the comprehensive evaluation and the person receiving services' goals and preferences. The plan shall address the person's prevention, medical, and behavioral health needs. The plan shall be developed in collaboration with and be endorsed by the person receiving services; their family (to the extent the person receiving services so wishes); and family/caregivers of youth and children or legal guardians. Treatment plan development shall be coordinated with staff or programs necessary to carry out the plan. The plan shall support care in the least restrictive setting possible. Shared decision-making is the preferred model for the establishment of treatment planning goals. All necessary releases of information shall be obtained and included in the health record as a part of the development of the initial treatment plan.

C. The CCBHC uses the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of the person receiving services to inform the treatment plan and services provided.

D. Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the person receiving services and, when appropriate, those of the family/caregiver of the person receiving services.

E. The treatment plan is comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress towards goals. The treatment plan is built upon a shared decision-making approach.

F. Where appropriate, consultation is sought during treatment planning as needed (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities, interpersonal violence and human trafficking).

G. The person's health record documents any advance directives related to treatment and crisis planning. If the person receiving services does not wish to share their preferences, that decision is documented. *Note: Refer to Program Requirement Three (3) requiring the development of a crisis plan with each person receiving services.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.21 Program Requirement Four (4): Scope of Services – Outpatient Mental Health and Substance Use Services

A. The CCBHC directly, or through a DCO, provides outpatient behavioral health care, including psychopharmacological treatment. The CCBHC or the DCO must provide evidence-based services using best practices for treating mental health and substance use disorders across the lifespan with tailored approaches for adults, children, and families. SUD treatment and services shall be provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders. In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental, and substance use disorder treatment the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine, in alignment with state and federal laws and regulations. The CCBHC also provides or makes available through a formal arrangement traditional practices/treatment as appropriate for the people receiving services served in the CCBHC area. Where specialist providers are not available to provide direct care to a particular person receiving CCBHC services, or specialist care is not practically available, the CCBHC professional staff may consult with specialized services providers for highly specialized treatment needs. For people receiving services with potentially harmful substance use, the CCBHC is strongly encouraged to engage the person receiving services with motivational techniques and harm reduction strategies to promote safety and/or reduce substance use. *Note: Refer to the program requirement regarding coordination of services and treatment planning.*

B. Based upon the findings of the community needs assessment, input from the CCBHC Planning Grant Steering Committee, and research from all CCBHC Demonstration States,

DMH has identified the following minimum set of evidence-based practices required and recommended of the CCBHCs.

1. Required EBPs:
   (a) CBT-Cognitive Behavioral Therapy.
   (b) IMR-Illness Management Recovery.
   (c) MI-Motivational Interviewing.
   (d) SBIRT-Screening Brief Intervention and Referral.
   (e) WHAM-Whole Health Action Management or WRAP-Wellness Recovery Action Planning.

2. Recommended EBPs:
   (a) ACT-Assertive Community Treatment.
   (b) CPT-Cognitive Processing Theory.
   (c) DBT-Dialectical Behavior Therapy.
   (d) EMDR-Eye Movement Desensitization and Reprocessing.
   (e) IPS-Individual Placement and Support.
   (f) TF-CBT-Trauma Focused Cognitive Behavioral Therapy.
   (g) 12 Step Facilitation Therapy.

C. Treatments are provided that are appropriate for the phase of life and development of the person receiving services, specifically considering what is appropriate for children, adolescents, transition-age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment. When treating children and adolescents, CCBHCs must provide evidenced-based services that are developmentally appropriate, youth guided, and family/caregiver-driven. When treating older adults, the desires and functioning of the person receiving services is considered, and appropriate evidence-based treatments are provided. When treating people with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided. These treatments are delivered by staff with specific training in treating the segment of the population being served. CCBHCs are encouraged to use evidence-based strategies such as measurement-based care (MBC) to improve service outcomes.

D. Supports for children and adolescents must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.

Source: Miss. Code Ann. § 41-4-7

Rule 54.22 Program Requirement Four (4): Scope of Services – Outpatient Clinic Primary Care Screening and Monitoring

A. The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CCBHC or through a DCO, the CCBHC is responsible for ensuring these services are received in a timely fashion. Prevention is a key component of primary care screening and monitoring services provided by the CCBHC. The Medical Director establishes protocols that conform to

screening recommendations with scores of A and B, of the United States Preventive Services Task Force Recommendations (these recommendations specify for which populations screening is appropriate) for the following conditions:

1. HIV and viral hepatitis – primary care screening pursuant to CCBHC Program Requirement 5 Quality and Other Reporting and Rule 54.33.

2. Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC Medical Director, and based on environmental factors, social determinants of health, and common physical health conditions experienced by the CCBHC person receiving services population. *(Reference Source: Measurement-based care (MBC) is the systematic use of patient-reported information to inform clinical care and shared decision-making among clinicians and patients and to individualize ongoing treatment plans; Veterans Affairs.)*

B. The Medical Director will develop organizational protocols to ensure that screening for people receiving services who are at risk for common physical health conditions experienced by CCBHC populations across the lifespan. Protocols will include:

1. Identifying people receiving services with chronic diseases;
2. Ensuring that people receiving services are asked about physical health symptoms; and establishing systems for collection and analysis of laboratory samples.

C. To fulfill the requirements above, the CCBHC should have the ability to collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab organization. Laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC. The CCBHC must also coordinate with the primary care provider to ensure that screenings occur for the identified conditions. If the person receiving services' primary care provider conducts the necessary screening and monitoring, the CCBHC is not required to do so if it has a record of the screening and monitoring and the results of any tests that address the health conditions included in the CCBHCs screening and monitoring protocols.

D. The CCBHC will provide ongoing primary care monitoring of health conditions as identified above, and as clinically indicated for the person. Monitoring includes the following:

1. Ensuring people have access to primary care services.
2. Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions.
3. Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments.
4. Promoting a healthy behavior lifestyle.

Note: The provision of primary care services, outside of primary care screening and monitoring, is not within the scope of the nine (9) required CCBHC services. CCBHC organizations may provide primary care services outside the nine (9) required services, but these primary care services cannot be reimbursed through the Section 223 CCBHC demonstration PPS. Note: Refer to the program requirement regarding coordination of services and treatment planning.

Source: Miss. Code Ann. § 41-4-7

Rule 54.23 Program Requirement Four (4): Scope of Services – Targeted Case Management Services

A. The CCBHC is responsible for providing directly, or through a DCO, targeted case management services that will assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports. CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC.

B. CCBHC targeted case management should include supports for people deemed at high risk of suicide or overdose, particularly during times of transitions such as from a residential treatment, hospital emergency department, or psychiatric hospitalization. CCBHC targeted case management should also be accessible during other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons. CCBHC targeted case management should be used for people with complex or serious mental health or substance use conditions and for people who have a short-term need for support in a critical period, such as an acute episode or care transition. Intensive case management and team-based intensive services such as through Assertive Community Treatment (ACT) are strongly encouraged but not required as a component of CCBHC services.

Source: Miss. Code Ann. § 41-4-7

Rule 54.24 Program Requirement Four (4): Scope of Services – Psychiatric Rehabilitation Services

A. The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and substance use disorders. Rehabilitative services include services and recovery supports that help people develop skills and functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community. These skills are important to addressing social determinants of health (*Reference Source: For more information, refer to the Social Determinants of Health (SDOH) State Health Official (SHO) Letter – Medicaid.)* and navigating the complexity of finding housing or employment, filling out paperwork, securing identification documents, developing social networks, negotiating with property owners or property managers, paying bills, and interacting with neighbors or coworkers. Psychiatric

rehabilitation services must include supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports run in coordination with the CCBHC). Targeted case management services are separate from and do not follow state targeted case management rules under the Medicaid state plan or waivers.

B. Vocational Rehabilitation or Career One-Stop services. Psychiatric rehabilitation services must also support people receiving services to:

1. Participate in supported education and other educational services;
2. Achieve social inclusion and community connectedness;
3. Participate in medication education, self-management, and/or individual and family/caregiver psychoeducation; and
4. Find and maintain safe and stable housing.

C. Other psychiatric rehabilitation services that might be considered include training in personal care skills; community integration services; cognitive remediation; facilitated engagement in substance use disorder mutual help groups and community supports; assistance for navigating healthcare systems; and other recovery support services including Illness Management and Recovery, financial management, and dietary and wellness education. These services may be provided or enhanced by peer providers. *Note: Refer to the program requirement regarding coordination of services and treatment planning.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.25 Program Requirement Four (4): Scope of Services – Peer Supports, Peer Counseling, and Family/Caregiver Supports

A. The CCBHC is responsible for directly providing, or through a DCO, peer supports, including peer bridgers; peer specialist and recovery coaches; peer counseling; and family/caregiver supports.

B. Peer services may include peer-run wellness and recovery centers; youth/young adult peer support; recovery coaching; peer-run crisis respites; warmlines; peer-led crisis planning; peer navigators to assist people transitioning between different treatment programs and especially between different levels of care; mutual support and self-help groups; peer support for older adults; peer education and leadership development; and peer recovery services. Potential family/caregiver support services that might be considered include: community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support. *Note: Refer to the program requirement regarding coordination of services and treatment planning.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.26 Program Requirement Four (4): Scope of Services – Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

A. The CCBHC is responsible for providing directly, or through a DCO, intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one (1) hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration. The provisions of these criteria are designed to assist the CCBHC in providing quality clinical behavioral health services consistent with the Uniform Mental Health Services Handbook. *Note: Refer to the program requirement regarding coordination of services and treatment planning.*

B. All people inquiring about services are asked whether they have ever served in the U.S. military. Current Military Personnel: Persons affirming current military service will be helped in the following manner:

1. Active-Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF.
2. ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one (1) hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care they cannot provide and works with the regional managed care support contractor for referrals/authorizations.
3. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.

Veterans: Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical mental health guidelines promulgated by the VHA. These include clinical guidelines contained in the Uniform Mental Health Services Handbook as excerpted below. *Note: Refer to the program requirement requiring coordination of care across settings and providers, including facilities of the Department of Veterans Affairs.*

C. The CCBHC ensures there is integration or coordination between the care of substance use disorders and other mental health conditions for those veterans who experience both, and for integration or coordination between care for behavioral health conditions and other components of health care for all veterans.

D. Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider. When veterans are seeing more than one (1) behavioral health provider and when they are involved in more than one (1) program, the identity of the Principal Behavioral Health Provider is made clear to the veteran and identified in the health record. The Principal Behavioral Health Provider is identified on a tracking database for those veterans who need case management. The Principal Behavioral Health Provider ensures the following requirements are fulfilled:

1. Regular contact is maintained with the veteran as clinically indicated if ongoing care is required.
2. A psychiatrist or such other independent prescriber as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook reviews and reconciles each veteran's psychiatric medications on a regular basis.
3. Coordination and development of the veteran's treatment plan incorporates input from the veteran (and, when appropriate, the family with the veteran's consent when the veteran possesses adequate decision-making capacity or with the veteran's surrogate decision-maker's consent when the veteran does not have adequate decision-making capacity).
4. Implementation of the treatment plan is monitored and documented. This activity must include tracking progress in the care delivered, the outcomes achieved, and the goals attained.
5. The treatment plan is revised, when necessary.
6. The principal therapist or Principal Behavioral Health Provider communicates with the veteran (and the veteran's authorized surrogate or family or friends when appropriate and when veterans with adequate decision-making capacity consent) about the treatment plan, and for addressing any of the veteran's problems or concerns about their care. For veterans who are at high risk of losing decision-making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment *(Reference Source: Refer to information regarding Advance Care Planning Documents - VHA Handbook).*
7. The treatment plan reflects the veteran's goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with the VHA Handbook - Informed Consent for Clinical Treatments and Procedures. If the Principal Behavioral Health Provider suspects the veteran lacks the capacity to make a decision about the mental health treatment plan, the provider must ensure the veteran's decision-making capacity is formally assessed and documented. For veterans who are determined to lack capacity, the provider must identify the authorized surrogate and document the surrogate's verbal consent to the treatment plan.

E. Behavioral health services are recovery oriented. The VHA adopted the National Consensus Statement on Mental Health Recovery in its Uniform Mental Health Services Handbook. SAMHSA has since developed a working definition and set of principles for recovery updating the Consensus Statement. Recovery is defined as "a process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential." The following are the 10 guiding principles of recovery:

1. Hope.
2. Person-driven.
3. Many pathways.
4. Holistic.
5. Peer support.
6. Relational.
7. Culture.
8. Addresses trauma.
9. Strengths/responsibility.
10. Respect *(Reference Source: SAMHSA's Recovery Definition).*

As implemented in VHA recovery, the recovery principles also include the following:
1. Privacy;
2. Security; and
3. Honor.

Veteran care must conform to that definition and those principles to satisfy the statutory requirement of veteran care adhering to the guidelines promulgated by the VHA.

F. All behavioral health care is provided with cultural competence.

1. Any staff who is not a veteran has training about military and veterans' culture to be able to understand the unique experiences and contributions of those who have served their country.
2. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.

G. There is a behavioral health treatment plan for all veterans receiving behavioral health services.

1. The treatment plan includes the veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.
2. The treatment plan includes approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.
3. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.
4. The plan is recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments.
5. The treatment plan is developed with input from the veteran and, when the veteran consents, appropriate family members. The veteran's verbal consent to the treatment plan is required pursuant to the VHA Handbook.

Source: Miss. Code Ann. § 41-4-7

Rule 54.27 Program Requirement Five (5): Data Collection, Reporting, and Tracking – General Information

A. The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing:

1. Characteristics of people receiving services;
2. Staffing;
3. Access to services;
4. Use of services;
5. Screening, prevention, and treatment;
6. Care coordination;
7. Other processes of care;
8. Costs; and
9. Outcomes of people receiving services.

Data collection and reporting requirements are elaborated below and in Rule 54.33. Where feasible, information about people receiving services and care delivery should be captured electronically, using widely available standards. *Note: Refer to the requirements regarding health information systems.*

B. Both Section 223 Demonstration CCBHCs, and CCBHC-Es awarded SAMHSA discretionary CCBHC-Expansion grants beginning in 2022, must collect and report the Clinic-Collected quality measures identified as required in Rule 54.33. Reporting is annual and, for Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services. CCBHCs are to report quality measures nine (9) months after the end of the measurement year as that term is defined in the technical specifications. Section 223 Demonstration CCBHCs report the data to their states and CCBHC-Es that are required to report quality measure data report it directly to SAMHSA.

CCBHCs are required to report on quality measures through DCOs because of participating in a state CCBHC program separate from the Section 223 Demonstration, such as a program to support the CCBHC model through the state Medicaid plan.

C. In addition to data specified in this program requirement and in Rule 54.33, the CCBHC is to provide, other data as may be required for the evaluation to HHS and the national evaluation contractor annually. To the extent CCBHCs participating in the Section 223 Demonstration program are responsible for the provision of data, the data will be provided to the state and as may be required, to HHS and the evaluator. CCBHCs participating in the Section 223 Demonstration program will participate in discussions with the national evaluation team and participate in other evaluation-related data collection activities as requested.

D. CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within six (6) months after the end of each Section 223 Demonstration year to the state. The Section 223 Demonstration state will review the

submission for completeness and submit the report and any additional clarifying information within nine (9) months after the end of each Section 223 Demonstration year to CMS. *Note: For a clinic participating in the Section 223 Demonstration Program to receive payment using the CCBHC PPS, it must be certified by a Section 223 Demonstration state as a CCBHC.*

Source: Miss. Code Ann. § 41-4-7

Rule 54.28 Program Requirement Five (5): Data Collection, Reporting, and Tracking – Continuous Quality Improvement (CQI) Plan

A. To maintain a continuous focus on quality improvement, the CCBHC develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided. The CCBHC establishes a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance. The CQI plan should also focus on improved patterns of care delivery, such as reductions in emergency department use, rehospitalization, and repeated crisis episodes. The Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care.

B. The CQI plan is to be developed by the CCBHC and addresses how the CCBHC will review known significant events including, at a minimum: (1) deaths by suicide or suicide attempts of people receiving services; (2) fatal and non-fatal overdoses; (3) all-cause mortality among people receiving CCBHC services; (4) 30 day hospital readmissions for psychiatric or substance use reasons; and (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.

C. The CQI plan is data-driven and the CCBHC considers use of quantitative and qualitative data in their CQI activities. At a minimum, the plan addresses the data resulting from the CCBHC-collected and, as applicable for the Section 223 Demonstration, State-Collected, quality measures that may be required as part of the Demonstration. The CQI plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and addresses how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.

Source: Miss. Code Ann. § 41-4-7

Rule 54.29 Program Requirement Six (6): Organizational Authority, Governance, and Accreditation – Organizational Authority

A. The CCBHC is considered part of a local government behavioral health authority when a locality, county, region, or state maintains authority to oversee behavioral health services

at the local level and utilizes the clinic to provide those services. The CCBHC maintains documentation establishing the CCBHC conforms to at least one (1) of the following statutorily established criteria:

1. Is a non-profit organization, exempt from tax under the applicable section of the United States Internal Revenue Code.
2. Is part of a local government behavioral health authority.
3. Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act.
4. Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act.

B. To the extent CCBHCs are not operated under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, CCBHCs shall reach out to such entities within their geographic service area and enter arrangements with those entities to assist in the provision of services to tribal members and to inform the provision of services to tribal members. To the extent the CCBHC and such entities jointly provide services, the CCBHC and those collaborating entities shall satisfy the requirements of these criteria.

C. An independent financial audit is performed annually by an independent auditor (Certified Public Accountant) for the duration that the clinic is designated as a CCBHC in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report.

D. CCBHCs must publish and distribute the Office of the Attorney General Medicaid Fraud Control Unit's informational brochure on the CCBHC's website, at CCBHC facilities, and to all CCBHC engaged clients.

E. Establish written policies, procedures, and standards of conduct that articulate the CCBHC's commitment to comply with all applicable federal and state rules and laws subject to approval by DMH.

F. Comply with all federal and state requirements regarding Fraud, Waste, and Abuse including but not limited to the applicable section(s) of the Social Security Act and applicable federal laws.

G. Not knowingly be owned by, hire or contract with an individual who has been debarred, suspended, or otherwise excluded from participating in federal procurement activities or has an employment, consulting, or other Agreement with a debarred individual for the provision of items and services that are related to the entity's contractual obligation with the State, in accordance with 42 C.F.R. § 438.610.

H. The CCBHC shall assign a staff member who reports directly to the Chief Executive Officer and/or the board of directors, to:

1. Be responsible for all fraud and abuse detection activities, including the fraud and abuse compliance plan.

2. Participate in meetings of the DOM Office of Program Integrity.

3. Notify the DOM Office of Program Integrity in writing within 30 days of the discovery of any overpayments made by Medicaid caused by billing errors, system errors, human error, etc.

4. Serve as contact for CCBHC staff who want to report any concerns with fraud, waste, and abuse.

5. Be available for onsite DMH and DOM reviews, investigations related to suspected provider Fraud, Waste, and Abuse cases, and comply with requests from DOM to supply documentation and record.

I. Annually review and submit an updated Fraud, Waste, and Abuse compliance plan to DMH for approval. The CCBHC must submit its compliance plan, including Fraud, Waste, and Abuse policies and procedures to the Medicaid Office of Program Integrity for written approval within 30 days before those plans and procedures are implemented. The compliance plan must include:

1. Policies and procedures for completing annual Fraud, Waste, and Abuse training and education for the CCBHC staff.
2. Designated compliance staff and reporting procedures.
3. Procedures that the CCBHC will take to monitor, audit and respond to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements.
4. Effective annual training and ongoing education. *(Reference Source: Medicaid Program Integrity Educational Resources - CMS.)*
5. Lines of communication and reporting.
6. Internal monitoring and auditing procedures, including service verification letters issued, collected, and analyzed for 5% of Medicaid and non-Medicaid clients served.
7. Enforcement of standards through well-publicized disciplinary guidelines.
8. Prompt response to detected problems through corrective actions.

Source: Miss. Code Ann. § 41-4-7

Rule 54.30 Program Requirement Six (6): Organizational Authority, Governance, and Accreditation – Governance

A. CCBHC governance must be informed by representatives of the person being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and in terms of health and behavioral health needs. The CCBHC will incorporate meaningful participation from people with lived experience of mental and/or substance use disorders and their families, including

youth. This participation is designed to assure that the perspectives of people receiving services, families, and people with lived experience of mental health and substance use conditions are integrated in leadership and decision-making.

B. CCBHCs are required to submit their CCBHC governance plan to DMH annually for approval. CCBHCs will also be required to submit quarterly reporting to DMH on outcomes and results of their governance plan. DMH will evaluate the CCBHC's plan on the following criteria to ensure meaningful participation in the CCBHC's governance involving people with lived experience. The governance plan must include at a minimum:

1. A formal advisory committee/working group made up of a majority of people with lived experiences, including two (2) youth members.
2. The CCBHC provides dedicated staff to support the formal advisory committee/working group that is equivalent to the support given to the governing board.
3. The formal advisory committee/working group gathers input on:
   (a) Community needs and goals and objectives of the CCBHC.
   (b) Service development, quality improvement, and the activities of the CCBHC.
   (c) Fiscal and budgetary decisions.
   (d) Governance (human resource planning, leadership recruitment and selection, etc.).
4. Protocols exist for incorporating input from the formal advisory committee/working group to the CCBHC governance, including making the results of its efforts in terms of outcomes and resulting changes available.
5. Governing board meeting summaries are shared with those participating and are entered into the formal CCBHC governance board record.
6. Members must be invited to board meetings; and representatives of the formal advisory committee/working group must have the opportunity to regularly address the board directly, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes.
7. Meeting notices, recommendations, and an annual summary of the recommendations from the formal advisory committee/working group on the CCBHC's website.
8. Meaningful participation means involving a substantial number of people with lived experience and family members of people receiving services or people with lived experience in developing initiatives; identifying community needs, goals, and objectives; providing input on service development and CQI processes; and budget development and fiscal decision-making.

C. To the extent the CCBHC is comprised of a governmental or tribal organization, subsidiary, or part of a larger corporate organization that cannot meet these requirements for board membership, the CCBHC will specify the reasons why it cannot meet these requirements. The CCBHC will have or develop an advisory structure and describe other methods for people with lived experience and families to provide meaningful participation as defined above.

D. Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health

services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served. No more than one half (50%) of the governing board members may derive more than 10% of their annual income from the health care industry.

Source: Miss. Code Ann. § 41-4-7

Rule 54.31 Program Requirement Six (6): Organizational Authority, Governance, and Accreditation – Accreditation

A. The CCBHC enrolled as a Medicaid provider and licensed, certified, or accredited provider of both mental health and substance use disorder services including developmentally appropriate services to children, youth, and their families, unless there is a state or federal administrative, statutory, or regulatory framework that substantially prevents the CCBHC organization provider type from obtaining the necessary licensure, certification, or accreditation to provide these services. The CCBHC will adhere to any applicable state accreditation, certification, and/or licensing requirements. Further, the CCBHC is required to participate in SAMHSA Behavioral Health Treatment Locator.

B. CCBHCs must be certified by DMH as a CCBHC or have submitted an attestation to SAMHSA as a part of participation in the SAMHSA CCBHC Expansion grant program. Clinics that have submitted an attestation to SAMHSA as a part of participation in the SAMHSA CCBHC Expansion grant program are designated as CCBHCs only during the period for which they are authorized to receive federal funding to provide CCBHC services. CCBHC expansion grant recipients are encouraged to seek state certification. State-certified clinics are designated as CCBHCs for a period of three (3) years before recertification. DMH will decertify CCBHCs if they fail to meet the criteria, if there are changes in the state CCBHC program, or for other reasons identified by the state. DMH can use an independent accrediting body as a part of their certification process if it meets state rules and requirements for the certification process and assures adherence to the CCBHC Certification Criteria.

C. CCBHCs are encouraged to obtain accreditation by an appropriate independent accrediting body (e.g., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities [CARF], the Council on Accreditation [COA], the Accreditation Association for Ambulatory Health Care [AAAHC]). Accreditation does not mean “deemed” status.

Source: Miss. Code Ann. § 41-4-7

Rule 54.32 CCBHC Terms and Definitions

Terms and definitions listed below are meant to provide guidance in understanding the CCBHC certification criteria. These terms and definitions are not intended to replace DMH definitions which are more specific, or, conversely which are more broadly defined.

A. **Agreement:** As used in the context of CCBHC, care coordination is an arrangement between the CCBHC and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.

B. **Behavioral health:** Behavioral health is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders. *(Reference Source: Glossary of Terms and Acronyms for SAMHSA Grants – SAMHSA.)*

C. **Care coordination:** CCBHCs establish activities within their organization and with care coordination partners that promote clear and timely communication, deliberate coordination, and seamless transition. This may include (but is not limited to):

1. Establishing accountability and agreeing on responsibilities between care coordination partners.
2. Engaging and supporting people receiving services in, and subject to, appropriate consent, their family, and caregivers, to participate in care planning and delivery and ensuring that the supports and services that the person and family receive are provided in the most seamless manner that is practical.
3. Communicating and sharing knowledge and information, including the transfer of health records and prescriptions, within care teams and other care coordination partners, as allowable and agreed upon with the person being served.
4. Coordinating and supporting transitions of care that include tracking of admission and discharge and coordination of specific services if the person receiving services presents as a potential suicide or overdose risk.
5. Assessment of the needs and goals of the person receiving services to create a proactive treatment plan and linkage to community resources.
6. Monitoring and follow-up, including adapting supports and treatment plans as needed to respond to changes in the needs and preferences of people being served.
7. Coordinating directly with external providers for appointment scheduling and follow up after appointment for any prescription changes or care needs (i.e., "closing the loop").
8. Communicating and sharing knowledge and information to the full extent permissible under HIPAA and ONC and CMS interoperability regulations on information blocking without additional requirements unless based on state law.

As utilized in this context, care coordination applies to activities by CCBHCs that have the purpose of coordinating and managing the care and services furnished to each person receiving services as required by PAMA (including both behavioral and physical health care), regardless of whether the care and services are provided directly by the CCBHC or through referral or other affiliation with care providers and facilities outside the CCBHC. Care coordination is regarded as an activity rather than a service.

D. **Case management:** Case management may be defined in many ways and can encompass services ranging from basic to intensive. The National Association of State Mental Health Program Directors (NASMHPD) defines case management as "a range of services provided to assist and support people in developing skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services; linkages and training for people served in the use of basic community resources; and monitoring of overall service delivery."

E. **Certified Community Behavioral Health Clinic (CCBHC) or Clinic:** A CCBHC is a qualifying clinic that is responsible for providing all nine (9) services in a manner that meets or exceeds CCBHC criteria described in the CCBHC standards. The qualifying clinic may deliver the nine (9) required services directly or through formal agreements with DCOs.

F. **CCBHC directly provides:** When the term, "CCBHC directly provides" is used within these criteria, it means employees or contract employees within the management structure and, under the direct supervision of the CCBHC, deliver the service.

G. **Community Needs Assessment:** A systematic approach to identifying community needs and determining program capacity to address the needs of the population being served. DMH requires CCBHCs to conduct a county-level Community Needs Assessment survey every two (2) years. DMH will secure a third-party vendor to develop a survey tool with input from the Community Stakeholder Engagement Committee and the Community Mental Health Center (CMHC) Association. The survey will be sent to CCBHCs for distribution according to the DMH CCBHC Community Needs Assessment distribution guidelines. The results will be gathered and distributed to the CCBHCs to meet their Community Needs Assessment Requirements.

1. The CCBHC community needs assessment is comprised of the following elements:

   (a) A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs.
   (b) Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose.
   (c) Economic factors and social determinants of health affecting the population's access to health services, such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing.
   (d) Cultures and languages of the populations residing in the service area.
   (e) The identification of the underserved population(s) within the service area.
   (f) A description of how the staffing plan does and/or will address findings.
   (g) Plans to update the community needs assessment every two (2) years.

2. CCBHC Community Needs Assessments gather input regarding:

   (a) Cultural, linguistic, physical health, and behavioral health treatment needs.

(b) Evidence-based practices and behavioral health crisis services.
(c) Access and availability of CCBHC services including days, times, and locations, and telehealth options.
(d) Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages.

3. Community Needs Assessment input should come from the following entities if they are in the CCBHC service area:

(a) People with lived experience of mental and substance use conditions and people who have received/are receiving services from the clinic conducting the needs assessment.
(b) Health centers (including FQHCs in the service area).
(c) Local health departments (Note: these departments also develop community needs assessments that may be helpful).
(d) Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics.
(e) One or more Department of Veterans Affairs facilities.
(f) Representatives from local K-12 school systems.
(g) Crisis response partners such as hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers and warmlines.

4. CCBHCs must engage with other community partners, especially those who also work with people receiving services from the CCBHC and populations that historically are not engaging with health services, such as:

(a) Organizations operated by people with lived experience of mental health and substance use conditions.
(b) Other mental health and SUD treatment providers in the community.
(c) Residential programs.
(d) Juvenile justice agencies and facilities.
(e) Criminal justice agencies and facilities.
(f) Indian Health Service or other tribal programs such as Indian Health Service youth regional treatment centers as applicable.
(g) Child welfare agencies and state licensed and nationally accredited child placing agencies for therapeutic foster care service.
(h) Crisis response partners such as hospital emergency departments, crisis stabilization settings, crisis call centers and warmlines.
(i) Specialty providers of medications for treatment of opioid and alcohol use disorders.
(j) Peer-run and operated service providers.
(k) Homeless shelters and housing agencies.
(l) Employment services systems.
(m) Services for older adults, such as Area Agencies on Aging.
(n) Aging and Disability Resource Centers.

(o) Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food, and transportation programs).

H. **Cultural and linguistic competency:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers. *(Reference Source: Cultural Competency - The Office of Minority Health).*

I. **Designated Collaborating Organization (DCO):** A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one (1) or more (or elements of) of the required services. CCBHC services provided through a DCO must conform to the relevant applicable CCBHC criteria. The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. The formal relationship between CCBHCs and DCOs creates the platform for seamlessly integrated services delivered across providers under the umbrella of a CCBHC. DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the CCBHC certification criteria. To this end, DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.

From the perspective of the person receiving services and their family members, services received through a DCO should be part of a coordinated package with other CCBHC services and not simply accessing services through another provider organization. To this end, the DCO agreement shall take active steps to reduce administrative burden on people receiving services and their family members when accessing DCO services through measures such as coordinating intake process, coordinated treatment planning, information sharing, and direct communication between the CCBHC and DCO to prevent the person receiving services or their family from having to relay information between the CCBHC and DCO. CCBHCs and their DCOs are further directed to work towards inclusion of additional integrated care elements (e.g., including DCO providers on CCBHC treatment teams, collocating services). Regardless of DCO relationships developed, the CCBHC maintains responsibility for assuring that people receiving services from the CCBHC receive all nine (9) services as needed in a manner that meets the requirements of the CCBHC certification criteria.

To the extent that services are needed by a person receiving services or their family that cannot be provided by either the CCBHC directly or by a DCO, referrals may be made to other providers or entities. The CCBHC retains responsibility for care coordination

including services to which it refers consumers. Payment for those referred services is not through the PPS but is made through traditional mechanisms within Medicaid or other funding sources.

J. **Engagement:** Engagement includes a set of activities connecting people receiving services with needed services and supporting their retention services. This involves the process of making sure people receiving services and families are informed about and can access needed services. Activities such as outreach and education can serve the objective of engagement. Conditions such as accessibility, provider responsiveness, availability of culturally and linguistically competent care, and the provision of quality care also promote persons receiving services engagement.

K. **Family:** Involvement of families of both adults and children receiving services is important to treatment planning, treatment, and recovery. Families come in different forms and, to the extent possible, the CCBHC should respect the person's view of what constitutes their family. Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, extended family members, care givers, friends, and others as defined by the person. The CCBHC respects the view of what constitutes the family of the person receiving services.

L. **Family-centered:** The Health Resources and Services Administration defines family-centered care, sometimes referred to as "family-focused care," as "an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves as developmentally appropriate. When care is family-centered, services not only meet the physical, emotional, developmental, and social needs of children, but also support the family's relationship with the child's health care providers and recognize the family's customs and values." Family-centered services should be both developmentally appropriate and youth guided.

M. **Formal relationships:** As used in the context of scope of services and the relationships between the CCBHC and DCOs, a formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and payment to be sought and utilized. This formal relationship does not extend to referrals for services outside either the CCBHC or DCO, which are not encompassed within the reimbursement provided by the PPS.

N. **Health Information Exchange (HIE)**: The electronic movement of health-related information among organizations according to nationally recognized standards. The Mississippi Hospital Association (MHA) implements the statewide Mississippi HIE.

O. **Home and Community Based Services (HCBS):** Provide opportunities for Medicaid beneficiaries to receive services in their own home or a community setting rather than moving to a facility for care or other isolated settings. These programs provide person-centered services to people with intellectual or developmental disabilities.

P. **Limited English Proficiency (LEP):** LEP describes a characteristic of people who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English and who may be eligible to receive language assistance with respect to the service, benefit, or encounter.

Q. **Lived Experience:** People with lived experience are persons directly impacted by a social issue or combination of issues who share similar experiences or backgrounds and can bring the insights of their experience to inform and enhance systems, research, policies, practices, and programs that aim to address the issue(s).

R. **Measurement-Based Care:** For purposes of these criteria, measurement-based care (MBC) is the systematic use of patient-reported information to inform clinical care and shared decision-making among clinicians and patients and to individualize ongoing treatment plans.

S. **Peer Support Provider**: A self-identified person (or family member of a person) is a person who uses their lived experience of recovery from mental or substance use disorders or as a family member/caregiver of such a person, plus skills learned in formal training, to deliver services to promote recovery and resiliency.

T. **Peer Support Service**: Peer Support Services are non-clinical activities with a rehabilitation and resiliency/recovery focus that allow people receiving 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 may be provided in behavioral health, health, and community settings (e.g., mobile crisis outreach, psychiatric rehabilitation, outpatient mental health/substance use treatment, emergency rooms, wellness programs, peer-operated programs). Peer Support is a helping relationship between peers and/or family member(s) that is directed toward the achievement of specific goals defined by the person. Peer Support Services are provided by a Certified Peer Support Specialist Professional.

U. **Person or People Receiving Services:** Within the CCBHC standards, person or people receiving services refers to people of all ages (i.e., children, adolescents, transition age youth, adults, and older adults) who are receiving services. In many places in the Certification Criteria, the person receiving services has a role in directing, expressing preferences, planning, and coordinating services. In these situations, when there is a legal guardian for the person receiving services, these roles shall also be filled by the legal guardian.

V. **Person-Centered Care:** Person-Centered Care is aligned with the requirements of the applicable section of the Patient Protection and Affordable Care Act, as implemented by the Department of Health and Human Services. This guidance defines "person-centered planning" as a process directed by the person with service needs which identifies recovery goals, objectives, and strategies. If the person receiving services wishes, this process may include a representative whom the person has freely chosen, or who is otherwise authorized to make personal or health decisions for the person. Person-centered planning also includes family members, legal guardians, friends, caregivers, and others whom the person wishes to include. Person-centered planning involves the person receiving services to the maximum extent possible. Person-centered planning also involves self-direction, which means the person receiving services has control over selecting and using services and supports, including control over the amount, duration, and scope of services and supports, as well as choice of providers.

W. **Practitioner or Provider:** Any individual (practitioner) or entity (provider) engaged in the delivery of health care services and who is legally authorized to do so by the state in which the individual or entity delivers the services.

X. **Recovery:** A process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Y. **Recovery-oriented care:** Recovery-oriented care is oriented toward promoting and sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon everyone's assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community.

Z. **Required services:** The nine (9) service areas identified in PAMA, which CCBHCs must provide to people receiving services based on their needs: (1) Crisis Services; (2) Screening, Assessment, and Diagnosis; (3) Person-Centered and Family-Centered Treatment Planning; (4) Outpatient Mental Health and Substance Use Services; (5) Primary Care Screening and Monitoring; (6) Targeted Case Management Services; (7) Psychiatric Rehabilitation Services; (8) Peer Supports and Family/Caregiver Supports; and (9) Community Care for Uniformed Service Members and Veterans.

AA. **Satellite Facility:** A satellite facility of a CCBHC is a facility that is established by the CCBHC, operated under the governance and financial control of that CCBHC, and provides the following services: crisis services; screening, diagnosis, and risk assessment; person and family-centered treatment planning; and outpatient mental health and substance use services as specified in CCBHC certification criteria. For CCBHCs participating in the Section 223 Demonstration only, the Protecting Access to Medicare Act of 2014 stipulates that "no payment shall be made to a satellite facility of a CCBHC established after April 1, 2014, under this Demonstration." This definition does not limit the provision of services in non-clinic settings such as shelters and schools or at other locations managed by the CCBHC that do not meet the definition of a satellite facility.

BB. **Shared Decision-Making (SDM):** Shared decision-making is a best practice in behavioral and physical health that aims to help people in treatment and recovery have informed, meaningful, and collaborative discussions with providers about their health care services. It involves tools and resources that offer objective information upon which people in treatment and recovery incorporate their personal preferences and values. Shared decision-making tools empower people who are seeking treatment or in recovery to work together with their service providers and be active in their own treatment. *(Reference Source: Substance Abuse and Mental Health Services Administration. Shared Decision-Making Tools - SAMHSA).*

CC. **Sliding Fee Scale:** Sliding scale fees are fees for services that are adjusted depending on a person's income to allow for fairness and to address income inequality.

DD. **Trauma-informed:** A trauma-informed approach to care realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in people receiving services, their families, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. The six (6) key principles of a trauma-informed approach include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues.

EE. **Underserved people and populations**: This group includes communities as defined in the Federal Register: as well as people or populations that have unmet needs for mental health and substance use disorder treatment and supports.

Source: Miss. Code Ann. § 41-4-7

Rule 54.33 CCBHC Quality Measures

A. CCBHCs are required to report on quality measures. Data specifications are provided by DMH.

B. The required Quality Measures for CCBHC Clinics are as follows:

1. Adult Maior Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C).
2. CAHMI: Follow-up for children at risk for delays: proportion of children who were determined to be at significant risk for development, behavioral, or social delays who received some level of follow-up care.
3. Child and Adolescent Major Depressive Disorder (MOD): Suicide Risk Assessment (SRA) (SRA-A).
4. Depression Remission at Six Months (DEP-REM-6).
5. MEASURE DEV-CH: DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE.

(a) Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.
(b) Data Collection Method: Administrative or Hybrid.

6. Prenatal and Postpartum Care: The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
7. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (TSC).
8. Screening for Clinical Depression and Follow-Up Plan (CF-CH and CDF-AD).
9. Weight Assessment and Counseling for Nutrition and Physical Activity for children/adolescents (WCC-CH).
10. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC).
11. Screening for Social Drivers of Health (SDOH).
12. Time to Services (I-SERV).

Source: Miss. Code Ann. § 41-4-7

Rule 54.34 CCBHC State Collected Measures

A. CCBHCs are required to report on state collected measures. Data specifications are provided by DMH.

B. The required State Collected Measures for CCBHC Clinics are as follows:

1. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD).
2. Antidepressant Medication Management (AMM-BH).
3. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD).
4. Follow-Up After Emergency Department Visit for Mental Illness (FUM-Ch and FUM-AD).
5. Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD).
6. Follow-Up After Hospitalization for Mental Illness, ages 6-17 (child/adolescent) (FUH-CH).
7. Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH).
8. Hemoglobin A1c Control for Patients with Diabetes (HBD-AD).
9. Initiative and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD).
10. Metabolic Monitoring for Children and Adolescents on Antipsychotic (APM-CH).
11. Patient Experience of Care Survey.
12. Plan All-Cause Readmissions Rate (PCR-AD).

13. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH).
14. Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD).
15. Youth/Family Experience of Care Survey.
16. Mental Health Utilization (MPT). Number and percentage of people receiving mental health services by service type (e.g., any service inpatient, intensive outpatient/partial hospitalization, outpatient or Emergency Department). For people receiving Behavioral Health Services and enrolled in high-risk Care Management: Treatment plan: number and percentage of people receiving Behavioral Health/Substance Use Disorder Services with a treatment plan (therapy, medication, etc.) Number of emergency department visits for people receiving Behavioral health/Substance Use Disorder Services.

Source: Miss. Code Ann. § 41-4-7

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Part 2: Chapter 55: Glossary

A. **Agency Provider:** The overall agency provider/entity. Agency provider does not refer to an individual employee or service location. Agency provider may refer to an overall agency which is interested in obtaining DMH certification (i.e., Interested Agency Provider) or an existing DMH-certified agency provider.

B. **Approved Educational Institution:** A degree-granting institution of higher learning which is accredited by a Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body.

C. **Assertive Engagement:** The use of interpersonal skills, continuity of care strategies, and inventiveness by providers to engage people, connect them with appropriate subsequent care as needed, and initiate such care. Assertive engagement utilizes techniques such as a "warm handoff" to the person's next level of care provider and promotes people staying connected to treatment.

D. **Care Coordination:** Providers establish activities within their organization and with care coordination partners that promote clear and timely communication, deliberate coordination, and seamless transition. This may include (but is not limited to):

1. Establishing accountability and agreeing on responsibilities between care coordination partners.
2. Engaging and supporting people receiving services in, and subject to, appropriate consent, their family, and caregivers, to participate in care planning and delivery and ensuring that the supports and services that the person receiving services and family receive are provided in the most seamless manner that is practical.
3. Communicating and sharing knowledge and information, including the transfer of health records and prescriptions, within care teams and other care coordination partners, as allowable and agreed upon with the individual person being served.
4. Coordinating and supporting transitions of care that include tracking of admission and discharge and coordination of specific services if the person receiving services presents as a potential suicide or overdose risk.
5. Assessment of the needs and goals of the person receiving services to create a proactive treatment plan and linkage to community resources.
6. Monitoring and follow-up, including adapting supports and treatment plans as needed to respond to changes in the needs and preferences of people being served.
7. Coordinating directly with external providers for appointment scheduling and follow-up after appointment for any prescription changes or care needs (i.e., "closing the loop").
8. Communicating and sharing knowledge and information to the full extent permissible under HIPAA and CMS interoperability regulations on information blocking without additional requirements unless based on state law.

As utilized in this context, care coordination applies to activities by providers that have the purpose of coordinating and managing the care and services furnished to each person receiving services (including both behavioral and physical health care), regardless of whether the care and services are provided directly by the provider or through referral or other affiliation with care providers and facilities outside the provider. Care coordination is regarded as an activity rather than a service.

E. **Certified Community Behavioral Health Clinic (CCBHC) or Clinic:** A CCBHC is a qualifying clinic that is responsible for providing all nine (9) services in a manner that meets or exceeds CCBHC criteria as outlined in this manual. CCBHCs deliver the nine (9) required services directly or through formal agreements with DCOs. CCBHCs have the capacity to provide directly mental health and substance use services to people with serious mental illness and serious emotional disorders as well as developmentally appropriate mental health and substance use care for children and youth separate from any DCO relationship, unless substantially prohibited because of their provider type.

F. **Certified Peer Support Specialist Professional (CPSSP):** A person who has obtained and maintains the Certified Peer Support Specialist Professional (CPSSP) credential through the Mississippi Department of Mental Health. The CPSSP credentialing program includes competency-based training and testing. There are six (6) Certified Peer Support Specialist Professional credential designations: Mental Health, Substance Use, Youth/Young Adult, Parent/Caregiver, Forensics, and Peer Bridger. A Certified Peer Support Specialist Professional is a person who self-identifies as a peer and uses their lived experiences to support people receiving behavioral health services.

G. **Chemical restraint:** A chemical restraint is a medication used to control behavior or to restrict the person's freedom of movement and is not standard treatment of the person's medical or psychiatric condition. A chemical restraint incapacitates a person, rendering them unable to function because of the medication.

H. **Community-based:** Services and supports are located in, or strongly linked to, the community, and in the least restrictive setting supportive of a person's safety and treatment needs. Services and supports should be delivered responsibly and seamlessly where the person lives, works, learns, and interacts. "Community-based" further refers to the services/supports and/or programs which the Mississippi State Board of Mental Health or the Mississippi Department of Mental Health designates as being required to be delivered in the community and may be related to provider type.

I. **Community Needs Assessment:** A systematic approach to identifying community needs and determining program capacity to address the needs of the population being served. These assessments identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders.

J. **Complaint:** A written allegation of misconduct or rules violation filed with DMH by any party in the manner for complaints filing, as prescribed for by DMH.

K. **Controlled Setting:** Components for a "controlled" setting for IDD Services is defined as an agency with a lease or agreement with a property owner, and the property owner maintains control of the physical setting/environment.

L. **Cultural competency:** Cultural competency describes the ability of an agency provider to provide services to people with diverse values, beliefs, and behaviors, including tailoring service delivery to meet the person's social, cultural, and linguistic needs. Cultural competency is 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 diverse and minority populations. Cultural and linguistic competence further refers to providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices, and needs of diverse people.

M. **Days:** A measurement of counting prescribed timelines; "days" may refer to calendar days or business days, as outlined in this document. When this distinction is not made, then "days" refers to calendar days.

N. **De-escalation:** Verbal and non-verbal communication skills aimed at reducing another person's agitation and aggression. De-escalation reduces the intensity of the conflict or a potential violent situation.

O. **DMH Credentials:** 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), and DMH Certified Addictions Therapist (CAT).

P. **Face-to-Face Service Provision:** When used within the context of the *DMH Operational Standards,* "face-to-face" provision of services, refers to live, in-person service provision.

Q. **Family/Family Members:** Family/Family members include spouse, parent, stepparent, sibling, child, or stepchild.

R. **Grievance:** A written, electronically submitted, or verbal statement made by a person receiving services (and/or parent(s)/legal representative(s)) alleging a violation of rights or policy or provider certification rule.

S. **Imminent Danger:** 1) A strong probability that certain behaviors will occur (e.g., continued alcohol or drug use or relapse, or noncompliance with psychiatric medications); 2) The likelihood that these behaviors will present a significant risk of serious adverse consequences to the person and/or others (as in a consistent pattern of driving while intoxicated, or a re-emergence of psychiatric symptoms in a person with a

psychosis); and 3) the likelihood that such adverse events will occur in the very near future.

T. **Indigent:** People seeking substance use prevention, treatment, and/or recovery support services who are underserved, uninsured, underinsured, and/or have no ability to pay for services. A person's indigent status is determined by the completion of an Eligibility Determination Application in accordance with Federal Poverty Guidelines (200% Threshold). Poverty Guidelines | (hhs.gov).

U. **Legal representative:** The legal guardian or conservator for a person as determined in a court of competent jurisdiction.

V. **Limited English Proficiency (LEP):** LEP describes a characteristic of people who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English and who may be eligible to receive language assistance with respect to the service, benefit, or encounter.

W. **Lived Experience:** People with lived experience are people directly impacted by a social issue or combination of issues who share similar experiences or backgrounds and can bring the insights of their experience to inform and enhance systems, research, policies, practices, and programs that aim to address the issue(s).

X. **Local Mental Health Authority:** Another term for a community mental health center (CMHC).

Y. **Mechanical restraint:** The use of a mechanical device, material, or equipment attached or adjacent to the person's body that they cannot easily remove that restricts freedom of movement or normal access to one's body.

Z. **Medical Screening:** Components of medical screening include patient's personal information, doctor's information (name, etc.), exam information, blood pressure, pulse, height, weight, current diagnosis, current medications, statement of freedom from communicable disease, physical and dietary limitations, and allergies. Must be signed by a licensed physician/nurse practitioner.

AA. **Mississippi Nurse Practice Act/Mississippi Board of Nursing:** The Mississippi Nurse Practice Act is a set of laws which govern the practice of nursing in the State of Mississippi and outlines the scope of practice for certain categories of licensed nurses. The Mississippi Board of Nursing is the Mississippi state agency responsible for regulating the practice of nursing in Mississippi. Within this document, when nurses are referred to as performing in accordance with their applicable licensure entity, board, and/or scope of practice, they should do so in accordance with this act and with this board, as appropriate.

BB. **Peer:** A self-identified person (or family member of a person) who has or is receiving mental health or substance use services.

CC. **Peer Support Service:** Peer Support Services are non-clinical activities with a rehabilitation and resiliency/recovery focus that allow people receiving 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 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 member(s) that is directed toward the achievement of specific goals defined by the person. Peer Support Services are provided by a Certified Peer Support Specialist Professional.

DD. **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. Person-Centered principles are used to gather information with and from participants of the person's choosing. The person and 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.

EE. **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 a person's needs, be self-directed, and should work with the strengths unique to each person's natural and community supports. Services and supports should be designed to help the person served identify and achieve their own recovery goals. This system of care is designed to recognize, respect, and accommodate differences relating to culture/ethnicity/race, religion, gender identity, and sexual orientation. An individualized/person-centered process also recognizes the importance of the family.

FF. **Physical intervention:** Procedures used in conditions where the safety of the person with challenging behaviors, or others is in imminent danger. An evidence-based physical intervention training focuses on de-escalation skills and strategies first, with physical intervention used only as last resort.

GG. **Physical restraint:** Any manual method, physical or mechanical device, or equipment that immobilized or reduces the ability of a person to move their arms, legs, or head freely when used as a restriction to manage a person's behavior. Chapter 12 covers employees who are required to 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. DMH does not consider the proper implementation of this training by employees currently certified accordingly as being classified as use of physical restraint for the prevention or mitigation of harm to self or others.

HH. **Professional License:** A license which is required by law and/or regulations to practice a certain profession or discipline. Professional licenses are typically governed by licensing/credentialing entities, which administer the professional licensing program and with promulgated scopes of practice. A professional license typically signifies that the license holder has met specific education, experience, and training requirements to obtain

and maintain the license. Examples include Licensed Professional Counselor (LPC)/Provisional Licensed Professional Counselor (P-LPC), Licensed Psychologist, Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Marriage, and Family Therapist (LMFT), and Medical Doctor (MD).

II. **Psychiatric Services:** Include interventions of a medical nature provided by medically trained personnel to address medical conditions related to the person's mental illness or emotional disturbance. Medical services include medication evaluation and monitoring, nurse assessment, and medication injection.

JJ. **Recovery:** A process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

KK. **Recovery-oriented services:** Services that focus on peoples' strengths, resources, skills, and assets to promote their wellbeing and build their confidence and resilience. Recovery-oriented services are dedicated to and organized around actively helping people served to achieve full personal recovery in their real life and service environment.

LL. **Relapse:** A state of resuming any substance use, practices, or behaviors detrimental to the person's quality of life, or a deterioration of a previous level of improvement.

MM. **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.

NN. **Rural Setting:** A Mississippi county that has a population of less than 50,000 people or an area that has fewer than 500 people per square mile or a municipality of fewer than 15,000 people (Data Source: Mississippi State Department of Health).

OO. **Seclusion:** A behavior control technique involving locked isolation. Such term does not include a time-out.

PP. **Service location:** A DMH-certified physical site (i.e., premises, building, or facility) where services/supports and/or programs are provided by the provider to people with SMI, SED, SUD, and/or IDD.

QQ. **Time-Out:** A behavior management technique which involves temporarily removing a child/adolescent 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. The purpose of Time Out is to provide the child/adolescent the opportunity to calm down, regain self-control, and learn from their actions.

Source: Miss. Code Ann. § 41-4-7