**Section:** Intellectual/Developmental Disabilities

**Policy:** Intellectual/Developmental Disabilities Services/Eligibility

**Policy No:** IDD 01

**Effective:** 01/01/1997

**Revised/Approved:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to make services available to people who have intellectual/developmental disabilities.

**PURPOSE:** To ensure that all people who have intellectual/developmental disabilities and are eligible for services from CCS have every opportunity to live in the least restrictive environment and to optimize their potential as productive members of the community.

**PROCEDURE:** It is the responsibility of the Director of IDD Services to ensure that all programs for people with intellectual/developmental disabilities use the record system and time lines as established in all appropriate sections of the Department of Mental Health (DMH) Record Guide, as well as, comply with DMH Operational Standards. In accordance with Policy MR 08: Maintaining Signatures on ISP, people with a diagnosis of intellectual/developmental disability who receive non-waiver services through CCS must be seen with 30 days of services and recertified for treatment every twelve (12) months by an approved provider as outlined in MR 08. Recertification must contain documentation stating that the service is medically necessary and be maintained in the person’s record.

IDD Services daily operations/hours include the following:

* Supervised Living 24 hours a day/7 days per week
* Supported Living 24 hours a day/7 days per week
* Work Activity 7:30 a.m.-- 4:00 p.m., Monday -- Friday
* Day Services - Adults 7:30 a.m. -- 4:00 p.m., Monday – Friday
* Prevocational Services 7:30 a.m. – 4:00 p.m., Monday – Friday
* Home and Community Supports
* IDD Supported Employment
* IDD Customized Employment/Job Discovery
* Community Respite
* In-Home Respite
* Waiver Transition Assistance

Specific policies related to the above mentioned IDD Services are identified below:

* Supervised Living - RS 06: Supervised Living for People with Intellectual/ Developmental Disabilities.
* Supported Living - RS 09: Supported Living for People with Intellectual/ Developmental Disabilities
* Work Activity - IDD 04: Work Activity
* Day Services-Adults - IDD 03: Day Services - Adults
* Prevocational Services - IDD 05: Prevocational Services
* Home & Community Supports - IDD 09: Home and Community Supports
* IDD Supported Employment Program - IDD 06: Supported Employment – IDD
* IDD Customized Employment/Job Discovery Services - IDD 07: Customized Employment/Job Discovery Services
* Community Respite - IDD 10: ID/DD Community Respite
* IDD In-Home Respite - IDD 11: ID/DD In-Home Respite
* IDD Wavier Transition Assistance: IDD 12: ID/DD Waiver Transition Assistance

Staffing: It shall be the responsibility of the Director of IDD Services to ensure that the day to day provision of IDD services is under the supervision of staff members who meet the minimum requirements set forth in DMH Operational Standards and CCS’ Policy HR 14: Minimum Qualifications of Staff and HR 34: Training of Staff Members/Staff Development. All programs will provide the level of staffing needed to ensure the health, safety, and welfare of the people served. Specified programs/services shall maintain the following staffing ratio:

* Day Services – Adult ratio: Staffing patterns will be determined based on ICAP scores of people participating in the program.
* Prevocational Services ratio - 2 staff members for every 16 people served or as determined by the ICAP scores of the people served
* Transportation ratio - When transporting people with intellectual/developmental disabilities, there must be adequate staff to meet the needs of people being transported (See Policy ES 09 for further information on transportation.)

Eligibility for people with Intellectual/Developmental Disabilities (IDD): All people interested in IDD Services must first be determined eligible through an evaluation by the Diagnostic and Evaluation Team at one of the state’s ICF/IID Regional Programs. CCS will not refuse to admit/serve a person who has chosen CCS as the provider solely on the basis of his/her support needs if an appropriate placement is available. If an appropriate placement is not available and CCS is unable to admit/serve the person, written justification will be submitted to the appropriate Support Coordinator.

ID/DD Waiver Services: The person a) meets the criteria for the level of care found in an intermediate care facility for people with intellectual disabilities (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 of the categories specified in the federally approved ID/DD Waiver application.

IDD Community Support Program (CSP): The person a) has an intellectual disability, developmental disability, and/or Autism Spectrum Disorder and b) meets the Needs-Based Criteria established in the 1915(i) Medicaid State Plan Amendment, c) has full Medicaid benefits, and d) is 18 years of age or older and no longer attends school.

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

Admission for people with Intellectual/Developmental Disabilities (IDD): A request for admission to intellectual/developmental disabilities services may be completed by the person, his/her parent/guardian, or by referral from another agency/entity. The person desiring services must have a diagnosis which is included as an intellectual/developmental disability in the current version of the Diagnostic and Statistical Manual (DSM). For those people seeking services, CCS must provide/be certified for the level of care/services needed for the person seeking services and the person must meet eligibility criteria as identified above.

Intake process for Intellectual/Developmental Disabilities Services: The referral source is expected to provide history of problem, results of psychological testing, results of reports/assessments which have been performed, medical information, and other pertinent information. This is accomplished through the Plan of Services and Supports. For non-waiver/IDD Community Support Program services, the provider is responsible for completion of the Plan of Services and Supports. The evaluation to determine the need for or eligibility for the IDD Community Support Program and/or a Certificate of Developmental Disability must also be provided as applicable for specific IDD programs. A program staff member will meet with the person desiring services and/or his/her parent/legal guardian to complete appropriate intake paperwork in accordance with DMH Record Guide and DMH Operational Standards. As reflected on the initial assessment, guardianship information is gathered at the beginning of the initial assessment. If it is determined that there is no legal representative (i.e., legal guardian or conservator for a person as determined in a court of competent jurisdiction), the person conducting the intake will review the IDD Legal Representative Information Brochure with the family member/identified caregiver. The brochure will be signed by the person and the staff member conducting the intake with documentation in the clinical record that this information was reviewed. (See Policy GS 01: Initial Assessment/Eligibility.) For those people enrolled in a specific IDD service or program, an IDD Activity Support Plan must be completed within 30 days of receipt of the Plan of Services and Supports.

Mississippi Operational Standards addressed: Rule 16.1C, 16.2C, 16.9G

**Section:** Intellectual/Developmental Disabilities

**Policy:**

**Policy No.:** IDD 02

**Effective:**

**Revised/Approved:**

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Reserved for future use

**Section:** Intellectual/Developmental Disabilities

**Policy:** Day Services – Adult

**Policy No.:** IDD 03

**Effective:** 09/30/1998

**Revised/Approved:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services to provide day services - adult to eligible adult people with intellectual/developmental disabilities and to comply with DMH Operational Standards related to this service.

**PURPOSE:** To ensure that all people who are eligible for day services - adults have every opportunity to live in the least restrictive environment and to optimize their potential as productive members of the community

**PROCEDURE:** Day Services – Adult is the provision of regularly scheduled activities in a non-residential setting, separate from the participant’s private residence or other residential living arrangements. Activities such as assistance and acquisition, retention, or improvement in social, self-help, socialization and other adaptive skills that enhance social development and skills in performing activities of daily living and other skills that enhance community participation and meaningful days for each person. Personal choice (i.e., activities, food, and community participation) is required and must be documented and maintained in the medical record. Activities and environments are designed to foster meaningful day activities for the person to include the acquisition and maintenance of skills, building positive interpersonal skills, greater independence and personal choice. Programs must support and enhance opportunities for personal choice, autonomy, and independence in making informed life choices including what he/she does during the day and with whom they interact. A person’s dignity, respect, privacy and freedom from coercion and restraint must be protected at all times. Opportunities to seek employment, work in competitive integrated settings, and control personal resources must be offered. The program must be located in the community as to provide access to community participation activities to the same degree of access as someone not receiving services under the ID/DD Waiver (1915(c)) or the Community Support Program (1915(i)).

Accessibility: Day Services-Adult must be physically accessible to the person and must:

* Be integrated in and support full access of people receiving Home and Community-Based Services to the greater community, to the same degree of access as people not receiving Home and Community-Based Services;
* Be selected by the person from among setting options including non-disability specific settings. The options are identified and documented in the person-centered service plan and are based on the person’s needs and preferences;
* Ensure a person’s rights of privacy, dignity and respect, and freedom from coercion and restraint;
* Optimize, but not regiment, person initiative, autonomy, and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;
* Facilitate individual choice regarding services and supports, and who provides them;
* Allow person to have visitors of their choosing at any time they are receiving Day Services-Adult.

Community Participation: The Director of IDD Services/IDD Program Coordinator will ensure that the Day Services – Adult program has a community participation component that meets each person’s need and is based upon the choices of each person. People have the freedom to control their own schedules and activities occur at times and places of a person’s choosing. Activities are based on choices/requests of the person served and documentation of the choices offered and the chosen activities will be maintained in each person’s record. Community participation opportunities are offered at least weekly and address activities which address daily living skills and/or leisure/social/other community activities and events. Community participation can be provided individually or in groups of up to three (3) people. People who may require one-on-one assistance are offered the opportunity to participate in all activities. Transportation will be provided to and from the program and for community outings.

Transportation: Transportation of people receiving services will be facilitated by the program, including handicapped accessible transportation as needed for those people with physical disabilities. This will include transportation to and from program and for community outings.

Activities/Supplies: Supplies and equipment are appropriate for adults, in good repair, clean and adequate enough in number to meet all needs. People participating Day Services – Adult are encouraged to have input into activities and supplies are available to allow participation as desired by each person. The program provides equipment (e.g., adaptive seating, adaptive feeding supplies, safety equipment, etc.) to allow people to participate fully in all program activities and events, both at the certified site and in the community. Day Services - Adults are designed to meet each person’s needs and may include, but are not limited to the following: a) provision of personal care services and activities of daily living, b) assistance in the areas of personal hygiene, eating, toileting, and dressing, c) communication and development of interpersonal relationships that are safe and wanted by the person d) activities that promote personal growth and enhance self-image, e) development of independent living skills and participation in activities that promote independence, f) improvement of physical and emotional wellbeing, and g) exposure to and involvement in community activities and cultural enrichment activities.

Assistance: Day Services-Adult includes assistance for people who cannot manage their personal toileting and hygiene needs during the day. A private changing/dressing area is provided as indicated in Policy ES 04: Facilities. People are assisted in using communication and mobility devices, personal toileting/hygiene, and eating/drinking when indicated in the individualized Plan of Services and Supports. Each person has an individualized IDD Activity Support Plan that is developed based on his/her Plan of Services and Supports.

Meals: CCS is responsible for providing one (1) mid-morning snack, a noon meal, and an afternoon snack. Each person is offered choices about what they eat and drink, while taking into consideration medical conditions that may need to be taken into consideration. Each person is also offered choices about when, where and with whom they would like to eat their snack/meal.

General Information: The program operates at least five (5) days per week, six (6) hours per day. Hours of service provision must be based on the person’s approved Plan of Services and Supports. There is a minimum of fifty (50) square feet of usable space per every person in the program. Additional square footage may be required based on the needs of a person. Participants receiving Day Services – Adult may also receive Prevocational, Supported Employment, or Job Discovery services, but not at the same time of the day; however, Day Service – Adult must be distinct from Prevocational Services activities. Day Services – Adult does not include services funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Staffing: Day-to-day service will be under the supervision of the Day Services – Adult Program Manager. This person will meet the requirements as outlined in DMH Operational Standards and be under the supervision of the IDD Program Coordinator. The amount of staff supervision someone receives is based on tiered levels of support determined by a person’s score on the Inventory for Client and Agency Planning (ICAP) and risk reflected in the Plan of Services and Supports and the Activity Support Plan. It shall be the joint responsibility of the Department of Human Resources and the Director of IDD Services to ensure staff has received training as outlined in the CCS Policy HR 34: Training of Staff /Staff Development.

The Program Manager will be responsible for ensuring that recommendations from the person, his/her parent(s)/legal guardian(s), the interdisciplinary team, the Support Coordinator {1915(c)}/Targeted Case Manager{1915(i)}, and treatment team members are to be the basis for the objectives/activities addressed on each Plan of Services and Supports. It will also be the Program Managers responsibility to ensure the program has received the service authorization indicating the amount of service that each person is approved to receive. Services approved on a person’s Plan of Services and Supports cannot be rendered simultaneously unless the services are distinct in nature and have prior approval by the Support Coordinator or the Targeted Case Manager.

Supervision: The treatment team will assess each person’s abilities, skills, support needs, and risks associated in being left unattended or without direct supervision. Any restriction or limitation to a requirement in the HCBS Final Rule must be based on the person’s specific assessed needs and documented in the person’s Plan of Services and Supports. Employees invited to attend the Plan of Services and Support meeting will be allowed to attend. Employees working with a person will be trained regarding the person’s Plan of Services and Supports and Activity Support Plan. Staff must ensure the person’s health and safety at all times during service provision. The team should work with all persons to gain maximum independence and opportunity for inclusion in the greater community.

Eligibility: In addition to other eligibility requirements reflected in Policy IDD 01, each person is at least eighteen (18) years of age and has documentation in his/her record to indicate he/she has received either a diploma, certificate of completion or are no longer receiving educational services if they are under the age of 22.

Referral: Any interested agency or person may refer a person to the Day Services – Adults program. Upon receipt of a referral, the Program Manager gathers existing information regarding the person desiring services and his/her status/needs. This information is sent to the appropriate Regional Center for diagnosis and evaluation. The Regional Center will schedule and conduct necessary diagnostic and evaluation services. These services may be performed at the Regional Center or on site in counties with Day Services - Adults. The Regional Center Diagnostic and Evaluation staff will determine whether or not the person desiring services is eligible for services under the 1915(c) HCBS IDD Waiver or the 1915(i) Community Support Program. If the person desiring services is eligible, he/she is placed on the Waiting List. While on the waiting list, other available support services will be explored. If the person desiring services is ruled ineligible he/she is referred for other appropriate services.

Admission Process: Before a person can be admitted to the program, the Program Manager must receive from the HCBS-ID/DD Waiver Support Coordinator or the 1915(i) CSP Targeted Case Manager the Plan for Services and Professional Supports, Service Authorization, and eligibility as determined by Policy IDD 01: IDD Services/Eligibility. The Service Authorization must be signed and returned to the Support Coordinator/Targeted Case Manager (as applicable). After this is received, the program manager will contact the person and his/her parent(s)/legal guardian(s) regarding a start date. The IDD Activity Support Plan will be completed with 30 days of having received the IDD Plan of Services and Supports and the Service Authorization. Upon enrollment, program staff will discuss with the person and his/her parent(s)/legal guardian(s) regarding program schedule, hours of operation, and days/holidays when the program will not be in operation.

Mississippi Operational Standards addressed: 27.1 and DMH Record Guide

**Section:** Intellectual/Developmental Disabilities

**Policy:** Work Activity Services

**Policy No.:** IDD 04

**Effective:** 01/01/1997

**Revised/Approved:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to make Work Activity services available to eligible people who have intellectual/developmental disabilities in the service area.

**PURPOSE:** To ensure that all people with intellectual/developmental disabilities who are eligible for Work Activity services have every opportunity to live in the least restrictive environment and to optimize their potential as productive members of the community.

**PROCEDURE:** Work Activity Services for persons with intellectual/developmental disabilities provide opportunities for the acquisition of necessary work and living skills. A person must be at least sixteen (16) years old to participate in Work Activity Services. (Accepting people younger than eighteen [18] is optional for the provider).It is the responsibility of the Director of IDD Services to ensure that each program is certified by the U.S. Department of Labor. The appropriate Department of Labor certificate is posted in a public area at each Work Activity service site. A minimum of fifty (50) square feet of usable space per person receiving services is maintained in the work area. The program has adequate floor space for a lounge/break/dining area separate from the work area.

General: Work Activity Services include work, which is real, remunerative, productive, and satisfying for the person served and planned and adequate to keep all people productively and appropriately occupied and non-work which is intended to increase and enhance activities which allow the person to be more self-sufficient and to increase community employment and integration and takes place when work is reduced and/or when the person chooses. Each person will identify optional work and/or community integration or community employment activities, based on personal choice, to be addressed when available work is reduced or when the person chooses. The program assures reasonable accommodations in assisting the person in increasing his/her productivity. Expected accommodations as, needed, include:

* Modifying equipment, jigs, and fixtures
* Modifying the work site and commonly used surrounding areas
* Purchasing aids and devices to assist person with their work
* Allowing flex time, part-time work, or extended break time

Available work/Non-work activities: It is the responsibility of the Director of IDD Services to document how the program aggressively seeks and provides a variety of work, which represents job opportunities in the community, to fulfill the training needs of the persons served, as well as, keeping people productively occupied while at the center. If there is not adequate work, it is the responsibility of the Director of IDD Services and IDD Employment Services Supervisor to maintain documentation of how the program is seeking a variety of work. Non-work activities are provided which allow the person to be more self-sufficient and to increase community employment opportunities. These non-work activities take place when work is reduced and/or when the person chooses. Non-work activities may include, but are not limited to community employment related activities such as:

* Interviewing skills
* Visiting community job sites (job exploration)
* Relationships/communication at work
* Providing information about employment services
* Following directions
* Adapting to work routines
* Carrying out of assigned duties in an effective and efficient manner
* Adjustment to the productive and social demands of the workplace
* Familiarization with job production and performance requirements

Application to or utilization of community resources such as:

* Banking
* Transportation/mobility training
* Recreational/Leisure activities/places
* Community living options
* Medical services

Daily living skills such as:

* + Shopping at the grocery store/ supermarket
  + Using the telephone
  + Preparing meals
  + Grooming and appearance
  + Making appointments with physicians
  + Toileting skills
  + Eating/feeding skills
  + Socially appropriate behaviors on and off job sites

Safety: Preventive measures are utilized at all times to ensure the safety of the people and staff members, which include, at a minimum:

* The safe use of equipment
* The use of protective clothing, shoes, and eyewear
* The proper storage of flammable liquids or other harmful materials in approved containers. If the liquids/harmful materials are not in their original containers, the contents are clearly marked to identify its contents
* The storage and control of raw materials and finished products outside the work area
* The replacement of work electrical cords or machinery
* The maintenance of the site and equipment in a safe manner

The IDD Employment Services Supervisor shall ensure that all possible preventive measures are utilized to provide for the safety of employees and staff members. In addition, the IDD Employment Services Supervisor shall ensure that all new employees receive instructions in the use of equipment and that periodic training on safety issues is made available. Fire and disaster drills are conducted in accordance with CCS policy.

Activity Support Plans: The Activity Support Plan of all participants in Work Activity Services includes a career development plan that addresses a person’s goals for integrated community employment and objectives to support the person in the achievement of those goals. This plan will be based on his/her Plan of Services and Supports. Each year, staff will assess with each person their need and desire for community employment placement and make referrals to Vocational Rehabilitation and other Employment Services as appropriate and desired by the person.

Payments/Community wage rates: Wage payments are to be monetary and not in-kind or barter. Records pertaining to a person’s wages include, at a minimum, the person’s name, hours worked, task(s) performed, wages paid, and method of payment (cash, check, direct deposit). Each person receives a written statement for each pay period (which cannot exceed 31 calendar days) which includes gross pay, net pay, and deductions. The person’s signature indicating he/she received a written statement (even if the person has chosen the option of direct deposit) must be maintained in the person’s record. Work Activities programs completes Time Studies and maintains the documentation in order to demonstrate wage payments are based on a system of personal performance rather than pooled and/or group wage payments. It is the responsibility of the Director of IDD Services and the IDD Employment Services Supervisor to maintain properly completed annual time studies. In addition, the IDD Employment Services Supervisor will maintain community wage rate information which is obtained annually and includes at a minimum the following:

* Prevailing wage for the type or similar type of work being performed
* Dates community wage rate information was obtained
* Source of the information

Communication/Input solicitation: It is the responsibility of the Director of IDD Services and the IDD Employment Services Supervisor to ensure that Work Activity center staff met at least annually with the people participating in the program to discuss matters of mutual concern. The program maintains minutes for the meeting and ensures at least the following are addressed:

* People are informed of any aspects of program operations and plans which affect their wages or welfare
* People are asked for suggestions for changes/improvements they would like to see
* People are afforded the opportunity to ask questions and receive answers

Financial Documentation: The CCS accounting department maintains accounting records of income generated from work contracts. Dollar amounts and fund utilization are included. It is the primary responsibility of the Director of IDD Services to obtain and maintain evidence of prior written authorization from the Bureau of Intellectual/Developmental Disabilities for utilization of generated income for anything other than supplies needed for subcontracts/products and wage payments to people receiving services. The use of generated income must be documented as enhancing or enriching the program and not being used as part of the required match.

Mississippi Operational Standards addressed: Rule 10.9

**Section:** Intellectual/Developmental Disabilities

**Policy:** Prevocational Services

**Policy No.:** IDD 05

**Effective:** 11/30/1998

**Revised/Approved:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to provide prevocational services to eligible people with intellectual/developmental disabilities.

**PURPOSE:** To ensure that all people who are eligible for prevocational services have every opportunity to live in the least restrictive environment and to optimize their potential as productive members of the community

**PROCEDURE:** Prevocational Services provide the 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. Prevocational services are expected to be provided over a defined period of time with specific outcomes to be achieved as determined by the person and his/her team. Prevocational Services shall 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. 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. Programs must support and enhance opportunities for personal choice, autonomy, and independence in making informed life choices. Prevocational Services may be furnished in a variety of locations in the community and are not limited to fixed program locations.

Accessibility: Prevocational Services must be physically accessible to the person and must:

* Be integrated in and support full access of people receiving Home and Community Based Services to the greater community, to the same degree of access as people not receiving Home and Community-Based Services;
* Be selected by the person from among setting options including non-disability specific settings. The options are identified and documented in the person-centered service plan and are based on the person’s needs and preferences;
* Ensure a person’s rights of privacy, dignity and respect, and freedom from coercion and restraint;
* Optimize, but not regiment, person initiative, autonomy, and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;
* Facilitate individual choice regarding services and supports, and who provides them; and,
* Allow person to have visitors of their choosing at any time they are receiving pre-vocational Services.

Services: Services are intended to develop and teach general skills that are associated with building skills necessary to perform work optimally in competitive, integrated employment. Teaching job specific skills is not the intent of Prevocational Services. Examples include but are not limited to:

* Ability to communicate effectively with supervisors, coworkers, and customers
* Generally accepted community workplace conduct and dress
* Ability to follow directions; ability to attend to tasks
* Workplace problem solving skills and strategies
* General workplace safety and mobility training
* Attention span
* Motor skills
* Interpersonal relations

Prevocational Services are designed to meet a person’s needs and may include, but are not limited to: a) supervision to ensure the person’s health and safety, b) activities that promote following directions, adapting to work routines, and carrying out assigned duties in an effective and efficient manner, c) helping the person to acquire appropriate attitudes and work habits, including instruction in socially appropriate behaviors on and off job sites, d) instruction in basic safety principles related to activities he/she is engaged in at the program, e) encouragement and support for good work habits such as punctuality, reliability, promoting pleasant work environment, f) teaching/ demonstration of the proper care and handling of workplace equipment, g) activities that allow opportunities to become familiar with the appropriate use of job-related facilities (e.g., break areas, lunch rooms/cafeterias, and restrooms), and h) teaching/ encouragement of appropriate responses to requests from supervisors and/or co-workers. Activities included in prevocational services are not primarily directed at teaching specific job skills, but underlying skills which are useful in obtaining employment, such as attention span and motor skills.

Plan: The IDD Employment Services Supervisor will be responsible for ensuring that recommendations from the person, his/her parent(s)/legal guardian(s), the interdisciplinary team, the Support Coordinator/Targeted Case Manager, and treatment team members are to be the basis for the objectives/activities addressed on each Plan of Services and Supports. It will also be the IDD Employment Services Supervisor responsibility to ensure the program has received the service authorization indicating the amount of service that each person is approved to receive. An IDD Activity Support Plan must be developed within 30 days of receipt of the Plan of Services and Supports and Service Authorization. Employment related goals should be addressed and reflected in each Plan of Services and Supports. The Activity Support Plan is designed to support such employment goals and should include job exploration, work assessment and work training. The plan must also include a statement of needed services and the duration of work activities.

Supervision: The treatment team will assess each person’s abilities, skills, support needs, and risks associated in being left unattended or without direct supervision. Any restriction or limitation to a requirement in the HCBS Final Rule must be based on the person’s specific assessed needs and documented in the person’s Plan of Services and Supports. Staff must ensure the person’s health and safety at all times during service provision. The team should work with all persons to gain maximum independence and opportunity for inclusion in the greater community.

Job exploration: Community job exploration activities are offered to each person at least one (1) time per week and are provided individually or in groups of up to three (3) people. Job exploration activities will be based on choices/requests of the person served. Documentation of the choice to participate is documented in each person’s record. People who require one-on-one assistance are included in community job exploration activities. Mobile crews, enclaves, and entrepreneurial models that do not meet the definition of Supported Employment and that are provided in groups of up to three (3) people can be included in Prevocational Services away from the program site and be documented as part of the IDD Activity Support plan. It is the responsibility of the IDD Employment Services Supervisor to ensure that appropriate opportunities are provided to facilitate community integration and exposure to work experiences outside the center-based setting. This must be documented in each person’s record. If a person chooses not to participate in such activities, this must also be noted. Even if a person initially declines, the program staff members must continue to offer opportunities and options for community integration and employment.

Transportation: Transportation of people receiving services will be facilitated by the program, including handicapped accessible transportation as needed for those people with physical disabilities. This will include transportation to and from program and community integration/job exploration.

Work Compensation: 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 is paid commensurate with members of the general work force doing similar work per wage and hour regulations of the U.S. Department of Labor. People receiving Prevocational Services may engage in compensable work as a component, but subordinate part, of Prevocational Services through a Work Activity Center. The program operates in a Certified Work Activity Center in accordance with section 14c of the Fair Labor Standards Act.

Orientation: At least annually, providers will ensure an orientation is conducted informing people about Supported Employment and other competitive employment opportunities in the community. Representatives from Vocational Rehabilitation will be invited to participate and documentation will be maintained on site.

Staffing: The day to day provision of services shall be under the supervision of the IDD Employment Services Supervisor who meets the requirements as outlined on DMH Operational Standards and is under the supervision of the Director of IDD Services. The amount of supervision someone receives is based on tiered levels of support determined by a person’s ICAP score, as well as, risk reflected in the Plan of Services and Supports and the Activity Support Plan. It shall be the joint responsibility of the Department of Human Resources and the Director of IDD Services to ensure staff has received training as outlined in the CCS Policy HR 34: Training of Staff/Staff Development.

Assistance: Personal care assistance, including toileting and/or personal hygiene, is available for those that need assistance. A private changing/dressing area is provided as indicated in Policy ES 04: Facilities. People are assisted in using communication and mobility devices, personal toileting/hygiene, and eating/drinking when indicated in the individualized Plan of Services and Supports.

General: There is a minimum of fifty (50) square feet of usable space per person receiving services in the service area. Additional square footage may be required based on the needs of a person. The program is in operation a minimum of five (5) days a week, six (6) hours per day. Service provision is based on a person’s approved Plan of Services and Supports. The Prevocational Services program ensures it will make available lunch and/or snacks for those people who do not bring their own. People receiving Prevocational Services may also receive Day Services – Adult, Job Discovery, and/or Supported Employment, but not at the same time of day. Prevocational Services must be distinct from other service activities. A person must be at least eighteen (18) years of age to participate in Prevocational Services and have documentation in their record to indicate they have received a diploma, certificate of completion or are no longer receiving educational services if they are under the age of 22. People who have completed educational services and are under the age of 22 must be referred to the Dept. of Rehabilitation Services, as well as, exhaust Supported Employment and Job Discovery benefits before being able to enroll in Prevocational Services. People under the age of 24 must be referred to the Dept. of Rehabilitation before they enroll in Prevocational Services in a 14C work setting. Documentation is maintained that the service is not otherwise available under a program funded under Section 110 Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq).

Admission Process: Before a person can be admitted to the program, the IDD Employment Services Supervisor must receive from the HCBS-ID/DD Waiver Support Coordinator or the CSP Targeted Case Manager the Plan for Services and Professional Supports, Service Authorization, and eligibility as determined by Policy IDD 01: IDD Services/Eligibility. After this is received, the program supervisor will contact the person and his/her parent(s)/legal guardian(s) regarding a start date. The IDD Activity Support Plan will be completed with 30 days of having received the IDD Plan of Services and Supports and Service Authorization. Upon enrollment, program staff will discuss with the person and his/her parent(s)/legal guardian(s) regarding program schedule, hours of operation, and days/holidays when the program will not be in operation.

Referral: Any interested agency or person may refer a person for Prevocational Services. Upon receipt of a referral, the IDD Employment Services Supervisor gathers existing information regarding the person desiring services and his/her status/needs. This information is sent to the appropriate Regional Center for diagnosis and evaluation. The Regional Center will schedule and conduct necessary diagnostic and evaluation services. The Regional Center Diagnostic and Evaluation staff will determine whether or not the person desiring services is eligible. If the person desiring services is eligible, he/she is placed on the Waiting List. While on the waiting list, other available support services will be explored. If the person desiring services is ruled ineligible he/she is referred for other appropriate services.

Mississippi Operational Standards addressed: Rule 27.3

**Section:** Intellectual/Developmental Disabilities

**Policy:** Supported Employment Program - IDD

**Policy No.:** IDD 06

**Effective:** 4/28/2015

**Revised/Approved:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to implement a Supported Employment (SE) Program to assist people with intellectual and developmental disabilities that have a desire to work.

**PURPOSE:** The purpose is to provide supported employment to people with intellectual and developmental disabilities that have a desire to work. The goal is to assist people with intellectual and developmental disabilities to find and maintain employment in competitive, customized, or self-employment. The ultimate goal of the program is to assist people with intellectual and developmental disabilities to reach their employment goals.

**PROCEDURE:**

General Information: A person appropriate for participation in the SE program include a person with intellectual and developmental disabilities (IDD) that have a desire to work, are over the age of 18, and reside within the 7 counties covered by Region VII Mental Health/Intellectual Disabilities Commission. The person must first be referred by his/her Support Coordinator or Targeted Case Manager to the Department of Rehabilitation Services to determine his/her eligibility for services from that agency. Documentation must be maintained in the record of each person receiving SE services that verifies the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). 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. Providers must work to reduce the number of hours of staff involvement as the employee becomes more productive and less dependent on paid supports. This is decided on a personalized basis based on the job. The amount of support is decided with the person and all staff involved as well as the employer, the Department of Rehabilitation Services and the person’s team.

Principles of Supported Employment: Supported employment has defined certain values and beliefs that are important in assisting people with IDD find jobs. They include: a) IA person can and want to work; b) People don’t have to be “ready to work”; c) Everyone has a responsibility to work and contribute to society; d) You don’t have to be perfect before entering the workforce; e) A person can learn and grow through experience in paid employment; f) Skills are best learned in the environment where they use that skill; g) Support in job development and worksite training stabilizes employment; h) Person-centered planning contributes to our knowledge of the person; i) Job matching between the worker’s desires and the employer’s needs improves the changes of successful employment.

Values shared by Supported Employment and Customized Employment include: a) Zero Exclusion – All people have the right to live, work and enjoy life in the same places as everyone else in society; b) Partial Participation – It is our job to identify a person’s skills or partial skills (Personal Genius) and help them find real work that allows them to be part of society; c) Zero Instructional Inference – The best place to learn is in the setting were the work skills will be utilized. Segregated settings or training programs to get a person “ready for work” are not necessary; d) Mutuality – A person’s thoughts, feelings, desires, wants must be the guiding force in finding employment regardless of their level of disability; e) Interdependence – Social supports and networks are important to all people. Having the opportunity to work along non-disabled person is important in developing these relationships and creating a support system.

People are not excluded from the Supported Employment (SE) program due to their disability, or past work history. Eligibility is based on individual choice. The philosophy is that all persons with a disability can work in a competitive, integrated work setting. People are “ready” to work when they communicate a desire to work. The goal of the SE program is employment in a competitive, integrated work setting. Wages should be at or above minimum wage, but not less than the customary wage and benefits of non-disabled person. When this occurs, the stigma associated with disabilities is reduced. In addition, self-esteem and confidence improves when the person can work alongside others who do not have a disability. They see that their work is valued and are able to meaningfully contribute to society.

Referrals for Supported Employment

Any person that determines/states employment as a goal is eligible for SE services. Referrals will be accepted from the following: a) service providers who work with eligible person who have communicated a desire to work; b) community agencies who have identified people with intellectual and developmental disabilities who have communicated a desire to work; c) the person who has communicated the desire for employment; and d) families of a person who meet eligibility requirements.

Providers of SE services will meet with local vocational rehabilitation agencies in his/her assigned catchment area on a regular basis to collaborate about supported employment services, make referrals, identify/address training needs, discuss/obtain resources, and work together on job placement and support. As indicated above, Support Coordinators or Targeted Case Managers must refer a person to the Dept. of Rehabilitation Services to determine his/her eligibility before a person can be enrolled in the ID/DD Wavier Supported Employment Services.

Eligibility: In addition to other eligibility requirements reflected in Policy IDD 01, each person is at least eighteen (18) years of age and has documentation in his/her record to indicate he/she has received either a diploma, certificate of completion or are no longer receiving educational services if they are under the age of 22.

Supported Employment Services: Each person receiving supported employment services must have employment goals addressed on his/her Activity Support Plan, as well as, identifying supports needed on the Plan of Services and Supports. The individual service plan will be reviewed with the multi-disciplinary team to ensure that employment is identified as a goal on the individual service plan. If it is determined that employment is not addressed on the plan of care, a modification will be done to include this area. The goal is to reduce the amount of staff hours involved over the first few weeks of employment, allowing the person to become more productive and less dependent on paid supports. When SE services are provided within the worksite, payment is made for the adaptations, supervision, and training required as a result of his/her disability. Payment is not made however, for general supervision provided at the business setting. Other workplace supports may include services not specifically related to job skills training that enable the person to be successful in integrating into the job setting. Transportation is available for the person from his/her residence for job seeking and job coaching, as well as, between the person’s job site or between day program sites as a component of SE; however, transportation cannot be the only SE service being provided.

SE activities are aimed towards helping people sustain paid work and can include supervision and worksite/job skills training. SE activities include, but are not limited to the following: a) assessment; b) job development and placement; c) job training, d) negotiation with prospective employers; e) job analysis, f) systematic instruction, and g) ongoing job support and monitoring. Support services include activities that will assist the person to integrate into his/her job setting and should be identified on the Plan of Services and Supports. These may include, but are not limited to, personal hygiene, workplace attire, and social skill development.

Support can also be provided that assist a person in pursuing self-employment. Such assistance may include, but is not limited to: a) Working with the person to identify potential business interests and opportunities; b) Assisting the person in developing a business plan; c) Determining financial needs and identifying business financing/financial resources; d) Identifying necessary supports to operate the business; e) Continued guidance and consultation once the business has been established, f) Up to fifty-two (52) hours per month of at home assistance by a job coach, including business plan development and assistance with tasks related to producing the product, g) Up to thirty-five (35) hours per month for assistance in the community by a job coach. Funds are not available for costs associated with start-up costs or day-to-day operation of the business. If a person is interested in starting his/her business and needs supplies or equipment, a referral should be made to the MS Department of Rehabilitation Services and documented in the person’s record.

When a person moves from one job to another, it is the responsibility of the SE provider to update the job discovery profile (if applicable) and to use the revised profile in assisting the person in obtaining another job.

Providers must be able to provide all activities that constitute Supported Employment:

Job Seeking

Activities that assist a person in determining the best type of job for him/her and then locating a job in the community that meets those stated desires. Job Seeking is limited to ninety (90) hours per certification year. Additional hours may be approved by BIDD on an individual basis with appropriate documentation. Job seeking includes:

* Completion of IDD Employment Profile
* Person Centered Career Planning, conducted by Supported Employment provider staff, which is a discussion of specific strategies that will be helpful to assist job seekers with disabilities to plan for job searches
* Job Development which includes determining the type of environment in which the person is at his/her best, determining in what environments has the person experienced success, determining what work and social skills does the person bring to the environment, assessing what environments are their skills viewed as an asset, and determining what types of work environments should be avoided
* Employer research
* Employer needs assessment which includes tour the employment site, observe current employees, assess the culture and the potential for natural supports, and determine unmet needs
* Negotiation with prospective employers where employer needs are identified and the job developer can act as a representative for the job seeker

Job Coaching

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 CSP, the maximum amount of Job Coaching a person may receive is 100 hours per month. Job coaching includes:

* Meeting and getting to know co-workers and supervisors
* Learning company policies, dress codes, orientation procedures, and company culture
* Job and task analysis including core and episodic work tasks, job related tasks, physical needs, sensory and communication needs, academic needs, and technology needs
* Systematic instruction including identification and instructional analysis of the goal, analysis of entry behavior and learner characteristics, performance objectives, and instructional strategy
* Identification of natural supports including personal associations and relationships typically developed in the community that enhance the quality and security of life, focus on natural cues, and establishment of support circles
* Ongoing support and monitoring

Customized Employment

The individual providing Customized Employment (CE) will meet with the person and/or the person’s primary support network to explain the CE process, and to confirm their desire for work. During this meeting, answers for Profile 1 of the CE model will be gathered. Following the initial meeting, the individual providing CE services will arrange a meeting with a Certified Work Incentives Counselor (CWIC) and the person to answer any questions regarding how employment may affect their benefits.

After meeting with the CWIC, the person will begin participating in activities related to the Discovery process model. These activities include, but are not limited to, typical every day routines, familiar outings, and unfamiliar experiences. The individual providing CE services is to participate in activities with the person, and their primary support network, as appropriate. This process will take approximately 90 days to complete, with the provider spending 20-24 hours with the person. Upon completion of the Discovery process, Profiles 2 and 3 of the CE model will be completed and submitted for review.

Once Profiles 1-3 have been approved, a planning meeting will be organized to begin the job development process. The planning meeting will consist of the person, the person’s primary support network, the individual providing CE services, and anyone else persons the person wishes to include. Together, this group will put together a plan of action for the person seeking employment.

Following the planning meeting, the individual providing CE services will develop a visual résumé. This visual résumé will contain details about the CE program, information regarding the person’s skills and vocational goals, and photos demonstrating the person’s skills/abilities. This visual résumé will then be used when approaching employers for job needs analyses.

Upon completing development of the visual résumé, the individual providing CE services will begin speaking with employers, to discover unmet needs which might meet with the person’s skills and vocational goals. Once an appropriate match has been made, a job will be negotiated with the employer, which fits both the needs of the person and the employer. Appropriate follow-along supports will be provided which include checking in with the person at least 2 times per month.

Benefits Counseling: Personalized benefits counseling is an important component of the SE program to ensure that people receive accurate information about how employment may or may not affect their benefits. These services will be accessed as follows: a) Local Social Security Administration (SSA) benefit counselors will be utilized to provide information to each person based on their particular set of circumstances; and b) Certified Work Incentive Coordinators (CWIC), employed through Vocational Rehabilitation, and trained by the SSA, will be utilized to educate a person who receive disability income through Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) about benefits and the effect of work on those benefits.

General Exclusions: The following includes general exclusions for the SE program: a) SE does not include facility based or traditional sheltered workshop; b) Supported Employment and Job Discovery cannot be provided at the same time; c) SE does not include volunteer work; d) Providers are prohibited from making incentive payments to or subsidizing an employer in an effort to encourage their participation in the SE program; and e) Supported Employment, Prevocational Services or Day Services-Adult cannot be provided at the same time.

Program Evaluation: The SE program will incorporate a quality assurance system which will identify strengths and weaknesses of the SE program, develop plans for improving the program, and increase the likelihood that a person will reach their employment goals.

Culturally Competent Services: Services are enhanced when provided in a culturally competent and proficient manner. Cultural competence refers to the ability to meet the needs of people from different backgrounds and cultures. Services must be tailored to the needs of the person participating in the program. When this is done, access to care is improved, trusting relationships are established, and people are more engaged in services. In an effort to ensure services are culturally competent, the following steps will take place cultural competency training will be provided to all staff associated with the SE program.

Supervision: The treatment team will assess each person’s abilities, skills, support needs, and risks associated in being left unattended or without direct supervision. Any restriction or limitation to a requirement in the HCBS Final Rule must be based on the person’s specific assessed needs and documented in the person’s Plan of Services and Supports. Staff must ensure the person’s health and safety at all times during service provision. The team should work with all persons to gain maximum independence and opportunity for inclusion in the greater community.

Training Plan: Training for those participating in the SE program will include Relias Learning and College of Direct Support coursework focused on supported employment, customized employment, and cultural diversity/competency. Providers will collaborate with the Social Security Administration (SSA) to educate each person providing SE services about training resources and available education/consultation. On-line resources will also be utilized such as disabilityinfo.gov, ssa.gov, and samhsa.gov.

Other: Additional information regarding customized employment and job discovery can be found in Policy IDD 07.

Mississippi Operational Standards addressed: 27.5

**Section:** Intellectual/Developmental Disabilities

**Policy:** Customized Employment/Job Discovery Services

**Policy No.:** IDD 07

**Effective:** 8/25/ 2015

**Revised/Approved:** 09/24/2019

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**POLICY:** It is the policy of Community Counseling Services to provide customized employment and job discovery services to people with intellectual and developmental disabilities.

**PURPOSE:** The purpose of customized employment is to assist people with intellectual and developmental disabilities pursue positive community employment outcomes. Customized employment is a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. It is based on an individualized determination of the strengths, needs, and interests of the person with a disability, and is also designed to meet the specific needs of the employer.

**PROCEDURE:**

Job Discovery includes numerous types of person-centered services. The following are some, but not all, of these services:

* Interviews that include a review of current and previous supports and services
* Assisting the person with volunteerism, self-determination and self-advocacy
* Identifying wants and support needs
* Developing a plan to achieve integrated employment
* Job exploration
* Job shadowing
* Internships
* Employment seeking skills
* Interviewing skills
* Job and task analyses
* Job negotiation
* Employment preparation (e.g., resume development, mock interviews, etc.)
* Business plan development for self-employment
* Environment and work culture assessments

Specifically, Job Discovery must include:

* Contact with the Community Work Incentives Coordinators at the MS Department of Rehabilitation Services to determine the impact of income on benefits.
* 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.
* Referral to MS Department of Rehabilitation Services.
* 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.
* Observation of the neighborhood/areas/local community near the person’s home to determine nearby employment, services, transportation, sidewalks and other safety concerns.
* Interviews with two (2) to three (3) persons, both paid and not paid to deliver services, who know the person well and are generally active in his/her life.
* Observations of the person as he/she participates in typical life activities outside of their home. At least one (1) observation is required.
* Participation with the person as he/she participates in typical life activities outside the home. At least two (2) activities are required.
* Participation in a familiar activity in which the person is at his/her best and most competent. At least one (1) activity is required.
* 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.
* Review of existing records and documents.
* Development of discovery notes, Discovery Logs, and photos along with collecting other information that will be useful in development of the person’s Discovery Profile.
* Development of a person-centered, strength-based Discovery Profile.
* Development of an employment/career plan which is strength based and person-centered.

Personnel and Training: Job Discovery Services will be delivered by personnel who have at least a Bachelor’s Degree in mental health or developmental/intellectual disabilities, or related field, and will be under the supervision of a person with a Master’s Degree. Personnel delivering Job Discovery Services will have completed training in Customized Employment. Community Counseling Services/Region VII will submit and get approval of its initial and on-going training in Customized Employment by the Department of Mental Health (or other approved agency) prior to implementing the training program. On-going development will be made available, and will be required, to maintain quality in service delivery along with monitoring of services being provided.

Supervision: The treatment team will assess each person’s abilities, skills, support needs, and risks associated in being left unattended or without direct supervision. Any restriction or limitation to a requirement in the HCBS Final Rule must be based on the person’s specific assessed needs and documented in the person’s Plan of Services and Supports. Staff must ensure the person’s health and safety at all times during service provision. The team should work with all persons to gain maximum independence and opportunity for inclusion in the greater community.

Method of Delivery: Discovery, Job Development, and Job Negotiation:

Phase One: Discovery

General Information/Eligibility: Persons eligible for job discovery are as follows:

* Someone who is an adult (age 18) and has never worked
* If less than 22 years of age must have documentation in their record to indicate they have received either a diploma, certificate of completion, or otherwise not receiving school services.
* Someone who has previously had two (2) or more unsuccessful employment placements
* Someone who has had a significant change in life situation/support needs that directly affect his/her ability to maintain a job.
* Someone with multiple disabilities who cannot represent him/herself without assistance and who has previously or never been successful in obtaining community employment.

Job Discovery is intended to be time-limited, and cannot exceed (30) hours of service over a three (3) month period. People cannot receive Prevocational Services or Adult Day Services at the same time as Job Discovery. People who are currently employed or are receiving supported employment services are not eligible to receive Job Discovery services. A person can receive Prevocational Services or Day Services-Adult, but not at the same time of day.

Initial Meeting: A customized employment meeting will be held for the job seeker to initiate the service delivery. The purpose of the initial meeting is to familiarize the job seeker with the process and the desired outcome of securing a job. The person is the focus of the meeting. The question of “Who is this person?” will begin to be discovered via this process. The person will not be evaluated relative to other persons on norm referenced tests on the general public. The entire process is focused on positive aspects of the person. The job seeker can invite team members to attend, as appropriate for them.

Information Gathering: Reading, Document Completion, and Review – All information will be reviewed, and if possible verified, that documents the person’s past activities for the purpose of gaining insight into the person. The purpose is to gather information to develop a complete picture of the person. The process is non-evaluative in nature. The information should be read to gain knowledge of the experiences of the person and environments, where the person has lived, and been involved. The process of discovery must give a positive view of the person. The meeting will occur in the person’s place of residence, with permission given. An explanation will be given that it is to aid in getting to know them better. If a visit to the home is not possible, a second option to discover this information will be discussed with the person. Two to three visits for gaining information will be necessary. During visits, information will be gathered with a focus on routines, hobbies, family supports, activities, and additional information, as needed.

Information Gathering – Interviews: Interviews with people who know the person will occur with an array of people, both paid and non-paid. The purpose will be to determine current and historical routines and environments. The focus will be about the effort of the person becoming employed. At least two (2) interviews will be completed with people who know the person well.

Information Gathering – Observation: Upon visiting the person’s home, observations will made regarding the living arrangement, the community, and the person. Specifically, the following will occur:

* Observe the living arrangement for information about strengths and abilities of the person. What routines are they involved in on a daily/weekly/monthly basis? Who are the people supporting this person? Observations of daily routines and activities will be required to obtain information.
* Observe the community as the next step. The community is the area near the person’s home for possible employment options, services, transportation, and safety concerns. Take a notepad and write descriptive notes, not allowing the note-taking to interfere with your observation. The notes will later be used to complete a profile. This will allow for on-going recording of an organized narrative of our observations and information gathered.
* Observe the person participating in at least one activity outside the home that is typical to their routine. The person should be familiar with this activity, and is probably at their best. A minimum of one (1) observation will be required.

Participation: With the Person – The person delivering job discovery services will participate in several varied activities with the job seeker. There will be at least two (2) activities that are a part of the person’s regular routine, in which the provider will participate. The provider will also participate with the job seeker in at least one (1) activity, in which the job seeker is most competent. This familiar activity will be carefully planned and discussed so that conditions, interests, and competencies can be identified. The provider will participate with the job seeker in one (1) new, or novel, activity that the job seeker has not had an opportunity to previously participate in, but has always had the desire to try. This activity should also be carefully planned and discussed, so that conditions, interests, and competencies can be identified. Care should be taken to assure that the activity chosen is consistent with as many of the person’s strengths, needs, and interests as possible and it must be approved by the person.

Discovery Notes: Development of the discovery notes, photos, and other documents that are available. Review of existing records/documents will also be done to gain insight into the person, and used to develop the Discovery Profile document. This will be one of the last activities, conducted after a relationship is established, and there is a secure knowledge of the skills, strengths, and abilities of the job seeker. All of this information will be compiled to form the Discovery Profile.

Phase Two: Job Development

Planning Meeting: The plan should be facilitated by the person who facilitates discovery and developed the profile documents. The date and time of the meeting will be set by the person, and the invitees will consist of more unpaid than paid staff. This meeting will take place within a month of the development of the profile. The plan will focus on development of the blueprint (instructions) for employment. The person (or designee) will approve each aspect of the plan. The Specific Employer’s List will be prioritized by the person.

There will be a list of businesses that are a part of the Profile. The list of businesses may not reflect the current openings in the job market, and will not of necessity include big businesses. The list *will* reflect those businesses that may have tasks that could be performed by the job seeker that would benefit the business, and thus have a mutual benefit to both the job seeker and the business owner. The list is imperative to the process of a Customized Job for the job seeker. The list must have in mind matching for conditions for success and tasks the job seeker can perform. These would have been identified in the discovery phase, and noted in the job seeker’s Profile.

Utilizing the list, informational interviews will be set up. The purpose of the interviews is to get to know the needs of the business, with an eye to aiding in meeting those needs. The informational interview will be established via community relationships. Identifying tasks that would benefit the business aids in leading to the development of a customized job.

Visual Resume: A visual resume will be developed, including but not limited to, the following informational pieces:

* An introductory photo that represents the job seeker respectfully, and in a capable, qualified manner.
* Images of positive performances that show competence in relation to being an employee.
* Narrative that focuses on contributions to potential employers, which will enhance the job seeker from an employer’s perspective.
* A list of tasks (approx. 12) that could be offered to an employer. This list will be defined by the job seeker’s interests and then matched to the type of business that is being solicited.
* Easy to read, access, positive, and respectful presentation of material.

Phase Three: Job Negotiation

General Information: In businesses that have an informational interview, Human Resources should not be the first contact, but rather the person who has influence in the hiring process. Small businesses are often more receptive to hearing a proposal that would benefit their bottom line. Having a proposal that demonstrates a financial benefit to the business is crucial. Additionally, it is imperative that the provider feel confident in the job seeker’s worth. This provider will need to present all of this to the person of influence in each business.

Due to the fact that a competitive employment job will most likely go to the more “qualified” job seeker, the negotiator has the task of showing how the business will benefit most by hiring their job seeker. This will probably be due to the uniqueness of the tasks needed by the busy, and the ability of the job seeker to complete the needed task in ways that the more qualified person cannot. An employer needs analysis will be offered to employers to identify unmet needs of the business.

Connectivity to Other Services/Supports: Once a Customized Job has been secured for the Job Seeker, then Systematic Instruction will be utilized to support the person in their job. The system will allow for as much independence as possible for the job seeker. The job seeker may acquire more than one customized part-time position. All service/support components and planning for the person (e.g., financial, health, housing) will be collaborated with other services in the overall plan for outcomes for the person.

Mississippi Operational Standards addressed: Rule 27.4

**Section:** Intellectual/Developmental Disabilities

**Policy:**

**Policy No.:** IDD 08

**Effective:**

**Last Revised:**

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Reserved for future use

**Section:** Intellectual/Developmental Disabilities

**Policy:** ID/DD Home and Community Supports (HCS)

**Policy No.:** IDD 09

**Effective:** January 24, 2017

**Last Revised:** 6/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to provide Home and Community Supports (HCS) to people with intellectual and developmental disabilities who live in the family home and need assistance and support to remain in the home environment.

**PURPOSE:** The purpose of Home and Community Supports (HCS) is to assist people with intellectual and developmental disabilities with activities of daily living and other tasks in order to allow them to remain in their home and community. Assistance is focused on activities of daily living (ADLs) and instrumental activities of daily living (IADLs) which are essential to the health, safety, and welfare of the person.

**PROCEDURE:**

**General**: CCS will provide Home and Community Supports (HCS) based on the person’s identified needs. Activities will include a) activities of daily living such as bathing, toileting, dressing, ambulation, meal preparation, and eating; b) instrumental activities of daily living such as laundry, cleaning, and shopping; c) support and assistance in community activities, such as keeping appointments, use of natural supports and typical community services available to all people, social interactions, and participation in leisure activities, and d) responsibility for supervision and monitoring of the person at all times during service provision whether in the person’s home, during transportation, and during community outings. Assistance may range from prompting, teaching, assisting, to total support. HCS providers are responsible for providing transportation to and from community outings within the scope of the service.

Direct care staff will assist people with shopping needs and money management. With written consent from the legal guardian, staff may assist with disbursement of funds on behalf of the person. In these situations, staff must maintain an accurate record/accounting of disbursement in accordance with generally accepted record keeping and CCS policy.

HCS staff may each serve up to three (3) people provided the health and welfare of each person can be assured and agreed upon by the participants.

Services: HCS services are based on the goal of assisting people who wish to remain in the family home. Therefore, these services are not available in schools, any type of staffed residence, nursing home, hospital, other rehabilitation facility, or provider’s home. HCS staff are non-medical staff and are therefore prohibited from providing medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations. They are also prohibited from accompany minors on medical visits without a parent/legal representative present.

Personnel and Training

Home and Community Supports (HCS) services will be provided by personnel who have at least a high school diploma or GED and can demonstrate the ability to relate positively and respectfully to people served through HCS and their families. Staff providing HCS services will have completed training in compliance with CCS’ staff training plan and DMH Operational Standards.

Family members as providers of Home and Community Supports (HCS)

Family members are allowed to be providers of HCS except as 1) anyone who lives in the same home with the person, regardless of relationship, 2) those that are parents/step-parents of the person receiving the services, and 3) those who are a spouse, relative or anyone else who is normally expected to provide care for the person receiving the services. Family members must meet the qualification and training requirements as outlined by CCS policy and DMH Operational Standards and are only authorized to provide a maximum of 172 hours per month (40 hours per week).

In addition to the personnel record requirements, Community Counseling Services will maintain proof of address for the family member seeking to provide services, as well as, evidence the person’s ID/DD Waiver Support Coordinator has been notified the agency is seeking approval of a family member to provide HCS. Community Counseling Services will provide quality assurance checks at a minimum of two (2) times per year and maintain documentation of these visits in the staff members’ personnel record. Documentation must include observation of the family member’s interactions with the person receiving services, a review of the Plan of Services and Supports, service notes to determine if outcomes are being met, and a review of utilization to determine is service notes support the amount of services being provided.

Mississippi Operational Standards addressed: Rule 47.1

**Section:** Intellectual/Developmental Disabilities

**Policy:** ID/DD Community Respite

**Policy No.:** IDD 10

**Effective:** January 23, 2018

**Last Revised:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to provide Community Respite to adults with intellectual and developmental disabilities who live in the home with natural supports and need additional external support for the person to remain in the community/home environment.

**PURPOSE:** The purpose of Community Respite is to provide caregivers support and relief from continuous caregiver responsibilities. These services are provided in the community and include structured activities that reflect personal preferences/choices, while taking into consideration a person’s support needs/abilities.

**PROCEDURE:**

Respite services are provided on a short -term basis and are needed because of the absence or need for relief of those persons who normally provide care for the person. Respite services support caregivers and help to preserve an person’s placement in the community.

General: CCS will provide Community Respite based on the person’s Service Authorization and as outlined on his/her Plan of Services and Supports. Activities will include, but are not limited to, a) activities of daily living such as toileting, eating, and other hygiene needs with assistance from staff as needed based on person’s abilities, b) skill development, such as social interaction and communication, c) program activities based on person’s preferences/choices with necessary staff support to allow participation in activities of interest, and d) assistance with communication and adaptive equipment/technology as indicated in the person’s Plan of Services and Supports. Staff members are responsible for providing supervision and monitoring of the persons at all times during service provision. People may not be left along at any time.

Program setting: These services will be provided in a community setting to allow access to shopping, restaurants, parks, etc. to the same degree as someone not receiving ID/DD Wavier Services. Services are restricted from being provided overnight. A minimum of fifty (50) square feet of usable space is available for every person in the program. Additional square footage may be required based on the needs of an person.

Accessibility: Community Respite must be physically accessible to the person and must:

* Be integrated in and support full access of people receiving Home and Community-Based Services to the greater community, to the same degree of access as people not receiving Home and Community-Based Services;
* Be selected by the person from among setting options including non-disability specific settings. The options are identified and documented in the person-centered service plan and are based on the person’s needs and preferences;
* Ensure a person’s rights of privacy, dignity and respect, and freedom from coercion and restraint;
* Optimize, but not regiment, person initiative, autonomy, and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact;
* Facilitate individual choice regarding services and supports, and who provides them;
* Allow person to have visitors of their choosing at any time they are receiving Community Respite.

Staffing: Two (2) direct care staff will be available for every eight (8) people. For each person an Activity Support Plan will be developed based on the person’s Plan for Services and Supports. Staff members must be actively engaged in activities and provide supports as needed to ensure areas outlined on the Activity Support Plan are being addressed.

Supervision: The amount of supervision someone receives is based on tiered levels of support determined by a person’s ICAP score, as well as, risk reflected in the Plan of Services and Supports and the Activity Support Plan. The treatment team will assess each person’s abilities, skills, support needs, and risks associated in being left unattended or without direct supervision. Any restriction or limitation to a requirement in the HCBS Final Rule must be based on the person’s specific assessed needs and documented in the person’s Plan of Services and Supports. Staff must ensure the person’s health and safety at all times during service provision. The team should work with all persons to gain maximum independence and opportunity for inclusion in the greater community.

Services: Community Respite services are based on the goal of providing support to families/caregivers so people can remain in the community and in a home environment. Therefore, people who receive Host Home Services, Supervised Living, Shared Supported Living or Supported Living cannot receive Community Respite. In addition, Community Respite is not used in place of regularly scheduled day activities such as Supported Employment, Day Services-Adult, Prevocational Service, or services provided through the school system. Waiver staff are non-medical staff and are therefore prohibited from providing medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations.

Activities/Supplies: Supplies and equipment are appropriate for adults, in good repair, clean and adequate enough in number to meet all needs. People participating Community Respite are encouraged to have input into activities and supplies are available to allow participation as desired by each person. The program provides equipment (e.g., adaptive seating, adaptive feeding supplies, safety equipment, etc.) to allow people to participate fully in all program activities and events, both at the certified site and in the community. Community Counseling Services is responsible for providing snacks while allowing choices about snacks and drinks, while taking into consideration medical conditions that need to be taken into consideration. Meals will be available if services are provided during a normal mealtime (i.e., dinner)

Personnel and Training

Community Respite services will be provided by personnel who have at least a high school diploma or GED and can demonstrate the ability to relate positively and respectfully to people served through the program and their families. Staff will have completed training in compliance with CCS’ staff training plan and DMH Operational Standards.

Mississippi Operational Standards addressed: Rule 27.2

**Section:** Intellectual/Developmental Disabilities

**Policy:** ID/DD In-Home Respite

**Policy No.:** IDD 11

**Effective:** July 24, 2018

**Last Revised:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to provide In-Home Respite to adults with intellectual and developmental disabilities who live in the home with natural supports and need additional external support for the person to remain in the community/home environment.

**PURPOSE:** The purpose of In-Home Respite is to provide caregivers support and relief from continuous caregiver responsibilities. These services are provided in the home and ensures the care usually provided by caregivers is provided by In-Home Respite staff. Personal preferences/choices should be given importance, while taking into consideration the person’s support needs/abilities.

**PROCEDURE:**

Respite services are provided on a short-term basis and are needed because of the absence or need for relief of those persons who normally provide care for the person. Respite services support caregivers and help to preserve a person’s placement in the community.

General: CCS will provide In-Home Respite based on the person’s Service Authorization, outcomes identified on his/her Plan of Services and Supports, and reflected on the Activity Support Plan. Assistance with activities of daily living will include, but are not limited to, a) bathing, dressing, toileting, grooming and other hygiene needs with assistance from staff as needed based on the person’s abilities, b) eating and meal preparation for the person receiving services, c) transferring and/or mobility, and d) leisure activities. Staff members are responsible for providing supervision and monitoring of people at all times during service provision. People may not be left along at any time.

Eligibility/Setting/Restrictions: CCS will provide In-Home Respite for a person living in a family home. People who live on their own or with a roommate are not eligible for these services. Services are prohibited from being provided in the provider’s personal residence. Staff providing In-Home Respite can accompany a person on short community outings (less than 2 hours), but this cannot comprise the entirety of the service. Staff is also prohibited from accompanying a person to medical appointments.

Staffing: A staff member will be responsible for working with a person one on one during the provision of In-Home Respite. For each person an Activity Support Plan will be developed based on the person’s Plan for Services and Supports. Staff members must be actively engaged in activities and provide supports as needed to ensure areas outlined on the Activity Support Plan are being addressed.

Services: In-Home Respite services are based on the goal of providing support to families/caregivers so a person can remain in the community and in a home environment. Therefore, people who receive Host Home Services, Supervised Living, Shared Supported Living, Supported Living, or are in a hospital/nursing home facility cannot receive In-Home Respite. In addition, Waiver staff are non-medical staff and are therefore prohibited from providing medical treatment as defined in the Mississippi Nursing Practice Act and Rules and Regulations.

Personnel and Training

In-Home Respite services will be provided by personnel who have at least a high school diploma or GED and can demonstrate the ability to relate positively and respectfully to people served through the program and their families. Staff will have completed training in compliance with CCS’ staff training plan and DMH Operational Standards.

Family members as providers of In-Home Respite: Family members are allowed to be providers of In-Home Respite except as 1) anyone who lives in the same home with the person, regardless of relationship, 2) those that are parents/step-parents of the person receiving the services, and 3) those who are a spouse, relative or anyone else who is normally expected to provide care for the person receiving the services. Family members must meet the qualification and training requirements as outlined by CCS policy and DMH Operational Standards and are only authorized to provide a maximum of 172 hours per month (40 hours per week).

In addition to the personnel record requirements, CCS will maintain proof of address for the family member seeking to provide services, as well as, evidence the person’s ID/DD Waiver Support Coordinator has been notified the agency is seeking approval of a family member to provide In-Home Respite. CCS will provide quality assurance checks at a minimum of two (2) times per year and maintain documentation of these visits in the staff members’ personnel record. Documentation must include observation of the family member’s interactions with the person receiving services, a review of the Plan of Services and Supports, service notes to determine if outcomes are being met, and a review of utilization to determine is service notes support the amount of services being provided.

Mississippi Operational Standards addressed: Rule 45.1, 45.2

**Section:** Intellectual/Developmental Disabilities

**Policy:** Transition Assistance Services

**Policy No.:** IDD 12

**Effective:** August 28, 2018

**Last Revised:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to assist a person transitioning from an institution to a lesser restrictive, community living environment to access transition assistance funds that will aid in setting up there new living arrangement.

**PURPOSE:** The purpose of transition assistance is to assist person in obtaining household and initial food items, making deposits, and moving supports necessary to live in a lesser restrictive, community living environment.

**PROCEDURE:**

General: Transition assistance is available one (1) time, with a life time maximum of $800 per person. These funds must be provided by the community living provider in order to aid in the transition to a lesser restrictive, community living environment such as a house or apartment, with ID/DD Waiver Supports or home with family and receive ID/DD Wavier Supports. Provider staff will assist a person in purchasing items based on decisions made at the Person Center Planning (PCP) meeting. The person, legal guardian, and team members (i.e., provider staff) present at the PCP meeting will have input in determining necessary items, while striving to maximize the available funds to meet the person’s needs. Items purchased with transition assistance funds are to be used for the person and are the property of the person for which these funds are used.

Eligibility: To be eligible for transition assistance, the person a) cannot have another source to fund or attain the items or support, b) must be transitioning from a setting where these items were provided and upon leaving the setting will no longer be provided, c) must be moving to a residence where these items are not normally furnished, and d) cannot be transitioning from an ICF/IID or nursing facility stay which is acute or for rehabilitative purposes.

Expenditures: Appropriate expenditures consists of items/supports necessary to transition to a community living environment. Examples include, but are not limited to, a) moving costs, b) essential furnishings and household items, c) linens and towels, d) cleaning supplies, initial food items, e) health and safety assurances (i.e., cleaning, pest extermination), f) security and utility deposits and g) adaptive equipment. Transition assistance funds cannot be used for monthly rent or mortgage expenses, monthly utilities, household appliances, or recreational electronics. The provider is responsible for storing items purchased until the person is ready to move into his/her living environment.

Recordkeeping/Reimbursement: Provider staff must keep receipts for all items purchased and all transition assistance funds used. Receipts must be maintained in the person’s record and copies must be submitted to the ID/DD Waiver Support Coordinator. Once the person moves, the provider submits a claim to Medicaid for the cost of appropriate expenditures up to the approved maximum reimbursement rate.

Mississippi Operational Standards addressed: Rule 48.1, 48.2

**Section:** Intellectual/Developmental Disabilities

**Policy:** Applied Behavior Analysis

**Policy No.:** IDD 13

**Effective:** 6/22/2021

**Last Revised:**

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**POLICY:** It is the policy of Community Counseling Services (CCS) to establish guidelines and incorporate best practices for the application of Applied Behavior Analysis (ABA).

**PURPOSE:** To apply principles and strategies of ABA to assist people demonstrating significant deficits or excesses in the areas of communication, activities of daily living and self-help skills, social and behavioral challenges, including people with Autism Spectrum Disorder.

**PROCEDURE:**

1. To 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.

* Identification assessments: Prior to the appointment, the LBA or LBaBA reviews the patient’s medical records, previous assessments, and records of any previous or current treatments. During the appointment, the LBA or LBaBA conducts a series of indirect and direct assessments or reassessments to identify potential skills to be strengthened (e.g., social, communication, or self-care skills) and maladaptive behaviors to be reduced by treatment. Indirect assessments include standardized and non-standardized scales and checklists completed by the parents or other caregivers to evaluate the patient’s adaptive skills in several domains. Direct assessments of adaptive skills include direct observation and recording of the patient’s performance of skills in typical everyday situations, including information about the type and amount of assistance (cues, prompts) the patient requires to perform each skill successfully and the types of reinforcers for which the patient responds. Direct assessments of maladaptive behaviors include a functional behavior assessment comprising an interview with the parents about environmental events that may precede and follow occurrences of maladaptive behaviors, and observations of the child in several everyday settings to record occurrences of tantrums, repetitive movements, and other maladaptive behaviors as well as environmental events that precede and follow those occurrences. Information from the functional behavior assessment is used to design functional analyses of tantrums and ritualistic behaviors. These assessments may be conducted over several days of service.
* Treatment and behavior plans: The data from all assessments or reassessments are used to develop or update a treatment plan with goals and objectives, including social, communication, play and leisure, self-care, and other skills to be developed and maladaptive behaviors to be reduced, all defined in observable, measurable terms. The plan also specifies for each treatment target: (a) the current baseline level; (b) procedures for direct observation and measurement; (c) conditions under which the behavior is to occur; (d) a written protocol with instructions for implementing procedures (e.g., materials needed, instructions, prompting and prompt-fading, consequences for correct and incorrect responses, etc.) to change the behavior and promote generalization of behavior changes; and (e) criteria for mastery or attainment of the treatment goal. The plan may also include progress reporting.
* Caregiver involvement: During at least an hour of the session, the LBA, LBaBA, or RBT reviews and models the treatment protocols and behavior plan directly or indirectly (via video) with the caregiver, which involves the use of prompting and reinforcement, as the caregiver observes. Then, the caregiver in turn implements the procedures with the individual as the LBA, LBaBA, or RBT observes, provides feedback, and records data on the patient’s performance.
* Data collection methods: The LBA, LBaBA, and RBT collect data upon and throughout each session to assess behavior change. Behaviors tracked can include behaviors that we want to increase (e.g., communication, reading, etc.) and decrease (pinching, yelling, etc.) through a collection of frequency, duration, permanent product, trials acquisition (or level of prompts used), and interval recording.
* Admission: First, families must complete a comprehensive intake packet application (including consent forms) and submit documents such as insurance card and diagnostic report. Next, our team verifies the families ABA insurance coverage and informs the families about the treatment options, anticipated cost of services, and if there is an existing waiting list. When a spot is available, our team schedules a time for the family to come view the facility and meet the staff. An informal direct observation evaluation occurs at this time to ensure that ABA services are appropriate for the patient and family. Lastly, the family is contacted when the insurance company has authorized the services to set a start date.
* Coordination of care: Both electronic and paper versions of the treatment and behavior plan are given to the caregivers. The caregivers are encouraged to give a copy of each provider and professional working with the individual. Coordination with teachers, caregivers, other therapists, etc. is initiated in order to share effective strategies and offer training on the implementation of a reinforcement system or behavior intervention plan to address problematic behavior.
* Transition and discharge plans: Once the patient meets most similar developmental skills that other typical peers within his age range demonstrate, services are usually faded over a period of a year until the patient functions independently in multiple environments (e.g., school, home, common community locations, etc.) without ABA supports and without instances or episodes of problem behavior. Services are faded to once a week, biweekly, monthly, quarterly, and then yearly. The provider discharge summary form is completed and the patient is officially discharged from services as level of care is transferred to the patient’s primary physician once all follow-up visits conclude that the patient is maintaining independence across a variety of locations.

1. 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.

* Consent forms include: (a) consent to receive services/acknowledgment of grievance/rights of the individual, (b) consent to release/obtain/share information, (c) signature on file, and (d) grievance/compliant notice are completed and updated on an annual basis. Consent to photograph or film are completed and updated on an as needed basis. Additional information can be found in the following policies:
  + RI 04: Grievances of Individuals Receiving Services

It is the policy of CCS to ensure that each person receiving services has the right to initiate a complaint or grievance and to seek resolution of the complaint or grievance without retribution.

* + RI 05: Privacy of Individuals Receiving Services

It is the policy of CCS that every effort be made to protect the right of every person receiving services to confidentiality and privacy.

* + RI 06: Rights of Individuals Receiving Services

It is the policy of CCS to acknowledge individual human dignity and the protection of all people receiving services and their family members. Every effort is made to safeguard the legal and civil rights of people receiving services and to ensure that they are kept well informed of their rights.

* + RI 10: Photographing, Videoing, Recording of IRS

It is the policy of CCS to protect the rights of a person receiving services to refuse to be photographed, videotaped, or have conversations recorded.

* + RI 11: Non-Discrimination Policy

It is the policy of CCS to admit and offer equal access to all persons who meet eligibility criteria without discrimination regarding disability, race, creed, sex, age, or national origin. Persons who are HIV-positive will have equal access to treatment and services for which they may be otherwise eligible.

* + MR 01: Maintenance & Access to Clinical Records

It is the policy of CCS that there will be a single case record for each person receiving services, that clinical records will be maintained in a secure location in each facility, access to clinical records of each person receiving services is restricted to those persons who have a specific need for the record, and an indexing system will be maintained that allows for locating the medical record of a particular person receiving services. For policy purposes, the terms “clinical record”, “medical record”, and “case file” are used interchangeably.

* + MR 03: Service Termination and Provider Termination

It is the policy of CCS that all people receiving services shall be terminated from a program/service when the person no longer wishes to participate or continue in the program/service, ceases attending/participating in a service/program, or can no longer benefit from the program/service. It is also the policy of CCS to discharge all people receiving services from Community Counseling Services when the person no longer wishes to receive any service from CCS and/or there is no longer a need for any service provided by the agency. Should a person receiving services fail to request discharge, but cease participation in any service, the primary service provider shall formally discharge the person in a timely fashion. All cases of all people receiving services shall be reviewed and staffed before provider discharge.

* + MR 05: Confidentiality/Consent to Release/Obtain Information

It is the policy of CCS that all information regarding persons receiving services be considered strictly confidential and privileged unless there is evidence that harm may come to a person receiving services or another person, a person receiving services or his/her legal guardian has signed a release authorizing the release of specified information, upon order of a court of competent jurisdiction, or upon request by medical personnel in a medical emergency.

* + MR 08: Maintaining Signatures on Individual Service Plans

In accordance with DMH Record Guide and Division of Medicaid’s Administrative Rule #206, all services must be included on the individual service plan (ISP) and must be approved by a licensed independent practitioner in accordance with the appropriate scope of practice.

1. Eligibility criteria include a diagnosis of Autism Spectrum Disorder, an eligibility determination for Early and Periodic Screening Diagnosis and Treatment, when medically necessary.

* Potential patients are referred to a licensed psychologist to seek a formal thorough diagnostic evaluation based on screening tools that the caregivers have access to.

1. 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.

* Services will be provided by: Licensed Behavior Analysts, Licensed Assistant Behavior Analysts, and/or Registered Behavior Technicians.

1. A personnel record must be maintained on all employees and include information as indicated in Rule 11.2. Evidence of continuing education hours to maintain current licensing requirements must also be included in the personnel record.

* Personnel and training records are maintained through the Human Resources department. Additional information can be found in the following policies:
  + HR 29: Personnel Record Maintenance

It is the policy of Community Counseling Services to maintain comprehensive personnel records for all employees.

* + HR 30: Personnel Record Storage

It is the policy of Community Counseling Services to ensure the confidentiality and security of all personnel records

1. Applied Behavior Analysis Services include:
2. Problem-Identification Assessment by licensed personnel is to be completed at least every 6 months unless changes to development have occurred. This includes the following processes as deemed appropriate by licensed personnel.
   1. Review of file information about the person’s medical status, prior assessments and prior treatments.
   2. Stakeholder interviews and/or rating scales
   3. Review of assessments by other professionals
   4. Direct observation and measurement of the person’s behavior in structured and unstructured situations
   5. Determination of baseline levels of adaptive and maladaptive behaviors
   6. Functional behavior analysis
   7. Selection of treatment targets in collaboration with family members or stakeholders
   8. Development of written protocols for treating and measuring all treatment targets
3. 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.
   1. Adaptive Behavior Treatment with Protocol Modification: Before the session, the LBA or LBaBA reviews data and notes from previous sessions. The LBA or LBaBA modifies the written protocols used to incorporate procedures designed to promote generalization and/or progress. The LBA or LBaBA demonstrates the modified treatment procedure with the patient to the RBT as the RBT observes. The RBT then implements the modified treatment protocol with the patient while the LBA or LBaBA observes and provides feedback.
   2. Adaptive Behavior Treatment by Protocol by Technician**:** Before the session, the RBT reviews the protocols and behavior plan and gathers all materials required for the session. The RBT also reviews all data and session notes from the most recent session. During the session, the RBT implements the protocols and behavior plan as well as collects data on the patient’s performance. Sessions are designed to provide multiple planned opportunities for the patient to practice each target skill. After the session, the RBT records notes summarizing what occurred and any aspects of the behavioral definitions or treatment protocols that may need to be scrutinized by the LBA or LBaBA. The LBA or LBaBA reviews the RBT’s recorded graphed data and notes to assess the patient’s progress and to determine if any treatment targets or protocols need to be revised.
   3. Family Behavior Treatment Guidance: the LBA or LBaBA reviews and models the treatment protocols and behavior plan directly or indirectly (via video) with the caregiver, which involves the use of prompting and reinforcement, as the caregiver observes. Then, the caregiver in turn implements the procedures with or without the individual present as the LBA, LBaBA, or RBT observes, provides feedback, and records data on the caregiver’s performance.
   4. Group Adaptive Behavior Treatment by Protocol: Before the session, the RBT reviews the protocols and behavior plan for each patient as well as gathers all materials required for the session. During the session, the RBT implements the patients’ treatment protocols and data collection procedures with the patients in small-group activities. Sessions are designed to provide multiple planned opportunities for the patients to practice each target skill. After the session, the RBT graphs the recorded data and writes a progress note.
   5. Adaptive Behavior Treatment with Treatment Protocol: Before the session, the LBA or LBaBA modifies the developed written protocol for the patient’s destructive behavior (e.g., pica). The RBT’s customize the environment to suit the patient’s behavior (e.g., removes all potential pica items). During the session, two or more RBT’s implement the written protocol with the patient as the LBA or LBaBA provides feedback. After the session, the RBT’s graph the data collected to assess the patient’s progress and to determine if the treatment protocol needs to be adjusted further.
4. Once skill acquisition has occurred, generalization training must be put in place so that skills are used across setting to maximize treatment for the person. To promote generalization the following methods are implemented:
   * + Skills are taught in many different environments
     + Skills are taught by different instructors and/or caregivers
     + Sessions are conducted during many different times of the day
     + Not doing the same thing the same way all the time
     + Practice the targets in natural settings

Mississippi Operational Standards addressed: Rule 43.1