Section:	Residential Services
Policy:	Primary Residential Treatment for Adults with Substance Use Problems
Policy No.:	RS 01
Effective:	01/01/1997
Revised/Approved:	6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to offer intensive, primary residential treatment for adults with substance abuse issues that require more than outpatient services.

PURPOSE: To provide primary residential services for the treatment of substance use disorders. This level of treatment provides a safe and stable environment where individuals can develop, practice and demonstrate necessary recovery skills. As per CCS Policy RI 11: Non-Discrimination Policy, access to services shall not be denied on the basis of disability or an HIV positive diagnosis. The HIV antibody test shall not be used as a criterion for admission to the program.

PROCEDURE: Primary Substance Abuse Rehabilitation Service is an intensive residential program for people who need care for the treatment of substance use/addictive disorders. This type of treatment offers a group living environment in order to provide the person with a comprehensive program of services that is easily accessible, responsive to individual needs, and where recovery skills can be practiced. These services support people as they develop the skills and abilities to live a self-directed life of recovery.

Service Activity: Because substance use disorders are multidimensional, various treatment modalities can be made available through the program. It is the responsibility of the A&D Clinical Coordinator to ensure that the program has a written master schedule of activities and documents provision of the following services:

- At least one (1) hour of individual therapy per week with each individual
- A minimum attendance of at least five (5) hours of group therapy per week with each individual
- Family therapy must be offered and available at least twice (2) during the course of treatment with documentation of attendance or refusal by the individual or family
- At least twenty (20) hours of psychoeducational groups individualized to the residents. Topics to be addressed may include, but are not limited to, substance use disorders, self-help/personal growth, increasing self-esteem, wellness education, social skills, anger management, the recovery process, and a philosophy of living which will support recovery
- At least three (3) hours of family-oriented education activities during the course of treatment
- Therapeutic and leisure/recreational/physical exercise activities (with physician's approval)
- Vocational counseling and planning/referral for follow-up vocational services

A copy of the Program Schedule is given to each resident. Copies are also posted in prominent locations throughout the facility. Participation of the resident in the schedule

of activities must be documented in either weekly group progress notes or individual/family therapy case notes.

It is the responsibility of the A&D Clinical Coordinator to ensure that individuals admitted into Primary Substance Abuse Rehabilitation and Treatment Services receive a medical assessment within forth-eight (48) hours of admission to screen for health risks. In addition, the Coordinator must ensure access to the following services either through program staff or affiliation agreement/contract:

- A licensed psychiatrist with experience in the treatment of substance abuse/addiction
- A licensed physician/nurse practitioner with experience in the treatment of substance abuse/addiction

Staffing: The full-time A&D Clinical Coordinator shall have a Master's degree, a professional license or DMH certification, and at least two (2) years of experience in the field of substance abuse treatment/prevention. Staffing must be sufficient to meet needs of people receiving services with on-site staff available 24 hours per day, 7 days per week. A staff member will be designated as responsible for the program at all times and appropriate male/female staff coverage will be ensured.

Risk Assessment for HIV: It is the responsibility of the A&D Clinical Coordinator to ensure that all persons receiving treatment in the facility shall receive a risk assessment for HIV at the time of intake and the assessment is documented in the individual's medical record. For people determined to be high risk by the HIV assessment, testing options are determined by level of care. For Primary Residential Services, people must be offered on-site HIV Rapid testing by the organization or informed of available HIV testing resources available within the community only until such time as a Rapid Testing Program can be implemented. If a testing site in the community is utilized, transportation must be provided. Procedures must be in place to encourage maximum participation in HIV testing. Those procedures must include:

- Standardized procedures for conducting an HIV Risk Assessment
- Utilization of an "opt-out" methodology for documenting individuals' consent to be tested
- Standardized protocol for explaining the benefits of testing

For programs providing on-site testing, procedures must address:

- Standardized procedures for conducting an HIV test and delivering results
- Standardized procedures for obtaining a confirmatory test in the case of a reactive "preliminary positive" test result
- Documentation and standardized procedures for providing linkage to care
- Quality control procedures to include proper storage of HIV test kits and controls and documentation of when and how often controls are run to verify test accuracy

In addition, for programs providing on-site testing: Because the program does receive SABGHIV-ES funds, it shall have evidence of the following:

- A Clinical Laboratory Improvements Amendments (CLIA) Waiver
- Relevant Staff training
- A written protocol for HIV testing

- Agreements with the State Department of Health or other relevant agency to obtain HIV test kits, where applicable

PACH/RH/Recovery House receives funds for Substance Abuse Block Grant SABG HIV Early Intervention Services (HIV-EIS) and therefore provides the following:

- A minimum of 30 minutes, but no more than 1 hour, of pre-test counseling session which must include a risk assessment if one hasn't been previously conducted
- One thirty (30) minute post-test counseling session for each individual that is tested for HIV. Note: Sixty (60) or more minutes of post-test counseling is limited to individuals who have a reactive HIV test ("preliminary positive test")

Risk Assessment for TB: The A&D Clinical Coordinator shall ensure and document that all people receiving primary substance abuse treatment receive a risk assessment for Tuberculosis (TB) at the time of intake. Any person determined to be at high risk cannot be admitted into a treatment program until testing confirms the person does not have TB.

Education Regarding HIV, TB, STD: It is the responsibility of the A&D Clinical Coordinator to ensure that all people receiving substance abuse treatment receive educational information concerning the following topics in a group and/or individual session, and that the receipt of that information is documented. HIV/AIDS education will include modes of transmission, universal Precautions and other preventative measures against, contracting/spreading the virus, and current treatments and how to access them. Tuberculosis (TB) education will include modes of transmission and current treatment resources and how to access them. Sexually Transmitted Diseases (STDs) education will include modes of transmission, precautions to take against contracting these diseases, progression of diseases, and current treatment resources and how to access them. Hepatitis education includes modes of transmission, precautions to take against contracting these diseases, and current treatments and how to access them. These activities must be completed and documented within 30 days of admission. Transitional Residential and Recovery Services must also provide the services outlined, unless the program can provide documentation that the individual received the educational information prior to a transfer to a less restrictive level of care.

Services to Pregnant Women: Pregnant women are given top priority for admission. Pregnant women are admitted into a substance abuse treatment program within forty-eight (48) hours if a) a placement is available, and b) medical conditions do not require a placement that can address medical needs. If PACH/RH is unable to admit a pregnant woman due to being at capacity, the program will assess, refer, and assist the individual with placement in another DMH certified program within forty-eight (48) hours, in addition to, being referred to a local health provider for prenatal care until an appropriate placement is made. If unable to complete the entire process as outlined, CMH Office of Consumer Support is notified immediately by fax or e-mail using standardized forms provided by DMH. The time frame for notifying DMH of inability to place a pregnant woman will not exceed forth-eight (48) hours from the initial request for treatment from the individual. If a program is at capacity and a referral must be made, the pregnant woman is offered an immediate face-to-face assessment at CCS or another DMH certified provider. If offered at another DMH certified program, CCS must fully facilitate the appointment at the alternate DMH certified program. CCS must follow

up with the certified provider and program to ensure the individual was placed within forty-eight (48) hours. Written documentation of placement or assessment and referral must be maintained onsite.

Withdrawal Management Services: Pines & Cady Hill Recovery Center (PACH) and Recovery House (RH) provides Level 3.2-WM: Clinically Managed Residential Withdrawal Management Services to safely assist individuals through withdrawal when medical detoxification is not warranted. Withdrawal Management is the process of interrupting the momentum of compulsive use in an individual diagnosed with substance dependence and the treatment required to manage withdrawal symptoms from alcohol or another drug. Withdrawal management in an organized residential, nonmedical setting delivered by appropriately trained staff members who provide safe, twenty-four (24) hour monitoring, observation, and support in a supervised environment for an individual to achieve initial recovery from the effects of alcohol or another drug.

All programs must utilize a medical screening instrument identifying the need for Withdrawal Management Services. This documentation can be the completed screening instrument or a statement naming the screening instrument with documentation of the results. The A&D Clinical Coordinator is designated as responsible for coordinating Withdrawal Management Services. PACH/RH maintains an agreement with Baptist Memorial Hospital – Behavioral Health Unit to provide medically necessary detoxification services for those persons that are determined as a result of their medical screening or by the A&D Clinical Coordinator, with the collaboration of the medical provider contracted to provide screenings at PACH/RH, as needing medical detox. At the time medical detoxification is recommended, the Clinical Coordinator will discuss the need for medical detox with the person seeking services, refer the person to Baptist Memorial Hospital – Behavior Health Unit for detoxification (with consent from the individual), and explain that the person will be referred/admitted to PACH/RH when determined by the medical facility post detoxification services.

It is the responsibility of the A&D Clinical Coordinator to ensure that an appropriate standardized screening instrument (such as the CIWA for alcohol/benzodiazepines withdrawal and COWS for opiate withdrawal) is used for each person that may require withdrawal management. These assessments can be utilized as often as the person case warrants).

It is the responsibility of the A&D Clinical Coordinator to ensure that the Withdrawal Management Services include:

- Personnel, who are trained to provide physician approved protocols, recognize signs and symptoms of alcohol and drug intoxication, withdrawal and appropriate monitoring of those conditions. Staff must observe and supervise the individual, determine the individual's appropriate level of care, and facilitate the individual's transition to continuing care
- Twenty-four (24) hour a day medical evaluation and consultation provided by the medical provider contracted to provide medical screenings and consultation
- Maintain a written agreement with Baptist Memorial Hospital who is able to provide Medically Managed Withdrawal Management Services
- Staff supervision self-administered medications must be appropriately licensed or credentialed by the state of Mississippi

PACH/RH maintains an agreement with Baptist Memorial Hospital - Behavioral Health Unit to provide medically necessary detoxification services for those people that are determined as needing medical detox. It is the responsibility of the A&D Clinical Coordinator to ensure that the agreement allows for immediate referral when the following conditions are met: a) the proper threshold score as established by the assessment instrument and b) when the person has any one of the following:

- Seizures or history of seizures
- Current persistent vomiting or vomiting of blood
- Current ingestion of vomit in lungs
- Clouded sensorium such as gross disorientation or hallucination
- A temperature higher than one hundred and one (101^0) degrees Fahrenheit
- Abnormal respiration such as shortness of breath or a respiration rate greater than twenty-six (26) breaths per minute
- Elevated pulse such as a heart rate greater than one hundred (100) beats per minute or arrhythmia
- Hypertension such as blood pressure greater than one hundred sixty (160) over one hundred twenty (120)
- Sudden chest pain or other sign of coronary distress or severe abdominal pain
- Unconscious and not able to be awakened
- uncontrollable violence
- suicidal or homicidal ideation
- Other signs of significant illness such as jaundice, unstable diabetes, acute liver disease, severe allergic reaction, poisoning, progressively worsening tremors, chills, severe agitation, exposure, and internal bleeding

It is the responsibility of the A&D Clinical Coordinator to ensure that because the agency serves pregnant women policies and procedures are in place that ensures:

- Withdrawal Management Services will not be utilized on women during pregnancy without consideration by a physician or nurse practitioner of the impact it would have on the mother or her fetus.
- Pregnant women with symptoms of intoxication, impairment or withdrawal are immediately provided with an evaluation by a physician, hospital or medical clinic
- Transportation to a physician, hospital or medical clinic
- Withdrawal Management Services for pregnant/prenatal women will take into account up-to-date-medical research.

It is the responsibility of the A&D Clinical Coordinator to ensure that the American Society for Addiction Medicine (ASAM) levels of care is used to determine compliance with withdrawal management standards. PACH/RH complies with the Level III.2-WM: Clinically-Managed Residential Withdrawal Management (e.g., nonmedical or social detoxification setting). This level emphasizes peer and social support and is intended for patients whose intoxication and/or withdrawal is sufficient to warrant twenty-four (24) hour support. PACH/RH Withdrawal Management Services ensure the provision of care for those whose withdrawal signs and symptoms that are sufficiently severe to require twenty-four (24) hour structure and support, but the full resources of a medically

managed inpatient withdrawal management as defined by the American Society of Addiction Medicine (ASAM) Level III.7-WM are not necessary.

It is the responsibility of the A&D Clinical Coordinator to ensure that hourly observation of the person receiving services during the first twenty-four (24) hours of the withdrawal management program and every two (2) hours during the following twenty-four (24) hours, and as needed thereafter is documented when Withdrawal Management Services are provided

IV Drug Users: It is the responsibility of the A&D Clinical Coordinator to ensure that written policies and procedures exist and are followed regarding services to people who use IV drugs to ensure that:

1. People who use IV drugs are provided priority admission over non-IV drug users
2. People who use IV drugs are placed in the treatment program identified as the best modality by the assessment within forty-eight (48) hours
3. If PACH/RH is unable to admit a person who uses IV drugs due to being at capacity, the program must assess, refer, and place the person in another certified DMH program within forth-eight (48) hours.
4. If unable to complete the entire process, DMH Office of Consumer Support will be notified immediately by fax or e-mail using standardized forms provided by DMH. The time frame for notifying DMH of inability to place a person who uses IV drugs cannot exceed forth-eight (48) hours from the initial request for treatment by the person.
5. If a PACH/RH is at capacity and a referral must be made, PACH/RH is responsible for assuring the establishment of alternate placement at another certified DMH program within forth-eight (48) hours.
6. PACH/RH is responsible for ensuring the person was placed within forty-eight (48) hours.
7. In the case there is an IV drug user who is unable to be admitted because of insufficient capacity, the following interim services will be provided:
    a. Counseling and education regarding HIV and TB, the risks of sharing needles, the risk of transmission to sex partners and infants, and the steps to prevent HIV transmissions
    b. Referrals for HIV and TB services made when necessary
8. Written documentation of placement or assessment and referral of IV drug users must be maintained on site.

DUI Assessment: PACH/RH is certified by the DMH to conduct DUI assessments therefore, it is the responsibility of the A&D Clinical Coordinator to ensure that at intake staff members must determine and document if the person has been convicted of more than one DUI that has resulted in a suspended driver's license. If so, the staff member must explain the DUI Assessment and treatment process to the person to determine if he/she is interested in participating. See policy SA 05 for details.

Admission: Referrals are received from a variety of sources such as the person with substance abuse/addiction problems, family member of person with substance abuse/addiction problems, clergy, physician/medical facility, attorney, court system, community service agencies, or any concerned individual/agency. The Pre-Admission assessment is completed by a staff member to determine the appropriate level of

substance use treatment. Information is utilized from the referral source, the prospective person seeking services, and any other individual that may have relevant, reliable information regarding current substance use.

The prospective resident is evaluated as to eligibility and appropriateness for the program, determined by the following criteria for admission:

- Complete a pre-screening interview/assessment and application prior to admission to the program.
- Determined eligible and appropriate by the clinical team according to American Society of Addiction Medicine (ASAM) Criteria.
- Complete screening/functional assessment utilized - DLA-20 A/D, the Substance Abuse Subtle Screening Inventory (SASSI), and supplemental instruments being utilized as needed
- Consent to voluntary admission and treatment (unless court-ordered to treatment)
- Primary substance abuse diagnosis
- Agree to participate in all aspects of the program and follow program rules and policies
- Be at least 18 years of age
- Be willing to sign applicable Consent to Release Information forms
- Agree that continued sobriety is his/her first goal upon entering the program
- No alcohol or drugs consumed in the 24 hours prior to admission to the program

If the prospective resident is ineligible for admission, he/she is verbally referred to another agency. The facility will call and make admission arrangements for the person if he/she so desires. If the prospective resident is eligible for the service, but no bed is available at the time of his/her referral, the person will be placed on a waiting list. The staff member will review the residents list and determine an approximate date of admission. When a bed becomes available, the waiting list is reviewed, and the first person on the list is admitted.

If the prospective resident is eligible for service and a bed is available, a date for admission is determined. The following information will be given to the prospective resident or the referral source:

  - Program fees
  - Personal items a resident needs/is permitted to bring with him/her
  - Scheduled date and time to report for admission
  - Response to any questions by prospective resident or referral source

When the person reports for formal intake, the following steps are followed: The individual, and any family members/support systems as appropriate, is given an orientation to the program, including:

- Familiarization of the person with the living arrangement and neighborhood, a tour of the facility, and connection with Peer Support Specialists
- Introduction to support staff and other residents (if appropriate)
- Description of the written materials provided upon admission (i.e., handbook, program rules, etc.)
- Description of the process for informing people/parents/guardians of their rights, responsibilities and any program restrictions or limitations prior to or at the time of admission

- Overview of program purpose and what to expect in treatment with an emphasis that treatment is not a "cure" and that remaining "substance free" is a lifelong task
- Family Programming information and participation expectations

The Payment Agreement form is completed during the intake process. The person(s) accepting responsibility for the payment of the resident's fee sign(s) the form. A copy of the form is placed in the resident's file. See Policy RS 08: Residential Fee Policies for additional information. As reflected on the Payment Agreement form, all fees collected are non-refundable.

The following forms are completed and signed by the resident:

- Client Face Sheet
- Medical Examination Authorization
- Rights of Individuals Receiving Services/Acknowledge of Grievance/Consent to Treatment
- Necessary Consents to Release Information forms
- Medication/Emergency Contact Information
- Initial Assessment
- Trauma History
- Substance Abuse Specific Intake Form
- Telephone/Visitation agreement
- Admissions Checklist/Inventory of belongings
- TB and HIV Risks Assessment
- Receipt of the Community Living Handbook, including house rules and daily Resident/Program Schedule

Assessment: The resident meets with his/her primary counselor. An assessment of the resident's condition and treatment needs is made, based on details gathered by the collection of information included in the following forms:

- Intake/Initial Assessment
- Substance Abuse Specific Intake/Assessment
- Substance Use Disorder diagnosis
- Substance Abuse Subtle Screening Inventory (SASSI)
- DLA-20 A/D
- Psychological/Social History
- Additional assessments are utilized as deemed necessary by the clinician to complete a thorough assessment.

Treatment Planning: The resident's primary counselor, in cooperation with the resident, develops the resident's Individual Service Plan (ISP), based on the results of the resident's assessment. The plan is usually completed on the day of admission, but must be completed within seven (7) days of admission. The plan must be signed by the resident. The Treatment Team will staff the resident's case within one (1) week of the resident's admission. The treatment team will determine the resident's diagnosis, approve/revise the individual service plan, and determine whether or not a co-occurring disorder of serious mental illness is suspected or confirmed based on treatment history/assessment. The individual will be referred to the CCS' Psychiatrist for medication evaluation/assessment if deemed appropriate by the treatment team. All

treatment team members present at the staffing shall sign the Individual Service Plan. The treatment team subsequently reviews the resident's case no less than every fifteen (15) days. Review shall be documented and placed in the resident's chart. Each member of the treatment team present at the staffing must initial all individual service plan reviews. Brief meetings of the treatment team are held on a daily basis so that staff members may discuss treatment issues, program schedules/daily activities, concerns that may need immediate attention, etc.

Responsibilities/Expectations:

Resident

- Treatment compliance
- Compliance with program rules/regulations
- Acceptance, signature, and compliance with Fee Agreement

For residents admitted as a result of a court order:

- Provide copy of the court order so that exact stipulations are known
- Signature on necessary consent forms for required reports to Court Liaison regarding treatment compliance and progress

Residents admitted as a result of a court order have all the rights of any other resident. However, if a court-ordered resident chooses that the residential treatment program is not what he/she currently needs and leaves treatment, the court shall be notified (with appropriate consents signed).

Resident's family

- Medical/dental fees (if resident is unable to fulfill)
- Medication expense (if resident is unable to fulfill)
- Transportation of resident to medical appointments
- Transportation of resident to court dates (if applicable for court ordered residents)
- Participation in family programming

Emergency medical/dental services: Residents/families are responsible for the expenses of emergency medical/dental treatment. Except in case of life-threatening emergency, family members/identified support systems are expected to provide transportation. If no family member/support system is available, staff members will provide/arrange for transportation. Emergency care is usually provided through the hospital emergency room.

Staff members

- To ensure/protect the rights of all residents

Identified medical services are accessible as follows:

- Psychiatrist – Appointments may be scheduled through the Lowndes County Community Counseling Services office. Payment is the responsibility of the resident and/or his/her family.
- Physician/Nurse Practitioner – Non-emergency services are provided through the provider for which a contract is maintained with the PACH/RH facility or any appropriate medical providers located in Columbus, MS. If an initial medical screenings has not been completed with forty-eight of admission, the

screening is paid by PACH/RH. Other medical services needed during a resident's treatment stay are the responsibility of the person and/or his/her family. See section regarding emergency medical/dental services.

Consequences for failure to comply with program rules/expectations: When a person chooses not to comply with program rules/expectations consequences of the non-compliance is determined/identified. These are discussed with the person during the initial orientation process. In these situations, a treatment team meeting is held with the resident to detail behavior and suggest remedies. Expectations for continued treatment are outlined and discussed with the resident. Documentation of this meeting will be maintained in the resident's record. If the behaviors continue, consequences will be enforced as indicated.

Program Completion/Transfer/Discharge
Successful completion criteria: It will be considered that a person has successfully completed treatment when he/she has a) completed thirty (30) days of primary treatment, b) completed aspects of individualized service plan in accordance with goals of residential treatment, c) payment of all fees in accordance with payment/fee agreement schedule, and d) compliance with program rules/regulations.

Resident Requested Discharge: When the resident chooses to leave the treatment facility prior to program completion, the resident's family is notified and, if applicable, appropriate court personnel of his/her departure (with appropriate consents signed). Upon leaving the facility, the person will not be allowed back on the unit without prior approval of the Clinical Coordinator in order to ensure the safety of other residents. Staff on duty should communicate to the person that they should take all of his/her belongings at the time he/she leaves the building/facility.

Transfer of individual: If the treatment team makes a determination that the person's needs cannot be adequately address through PACH/RH/Recovery House (i.e., medical condition requiring medical monitoring/attention) the treatment team will discuss this with the resident and make necessary arrangements for the person to be referred to an appropriate treatment facility. A person who moves away from the region and desires continued treatment will receive appropriate referrals to services in the area to which he/she is moving. Program personnel will facilitate the referral and the transfer of the person to another facility with appropriate consent forms obtained. Following completion of primary treatment, transfer for appropriate services is made within the agency or to other agencies following the agency's usual referral procedures.

Discharge Process/Documentation: If primary treatment is successfully completed, necessary referrals are made to Secondary Treatment or Recovery Support Services. If transferred to another service, the Service Termination/Change form will be completed. If the individual is being discharged from all CCS services, the Provider Discharge form is completed which includes reason for discharge. Upon transfer/discharge from the Residential facility, the resident's personal belongings are cleared from his/her room and the storage area. The resident is presented a certificate of completion (if he/she is not going on to the secondary phase). Residents whose length of stay includes secondary/transitional treatment must complete both phases of treatment before a certificate of completion is presented.

Other information:
PACH/RH is not able/designed to address the needs of children; therefore, children are not allowed in residential treatment with a parent.

Meals: People served by the programs shall be served varied, well-balanced meals at least three (3) times a day, seven (7) days a week. People can provide input regarding meal planning, by communicating with treatment team members. Special diets are provided for individuals needing special consideration.

Recovery Support Services involvement in primary treatment: See policy SA 01: Recovery Support Services

Utilization of volunteers: See policy AD 10 regarding use of volunteers.

Facility Standards: See Policy ES 06: Environment & Safety Standards for Community Living. It is the responsibility of the A&D Clinical Coordinator to ensure that all adult primary residential programs have a physical environment which provides designated space for privacy of individual and group counseling sessions. Pines/Cady Hill has magnetic/electronic doors at each identified emergency exit. When these doors are opened by non-authorized individuals, the alarm system is triggered. Cameras are located throughout the facility to monitor movement through the facility. Pines/Cady Hill holds a Department of Mental Health Certification of Operation for A&D Residential Services. Local fire and health inspections are completed and documentation is maintained on-site.

Mississippi Operational Standards addressed: Rule 31.1, 31.5, 49.2-49.6, 50.1, 50.2

Section:	Residential Services
Policy:	Transitional/Secondary Services for Adults with Substance Use Problems
Policy No.:	RS 02
Effective:	01/01/1997
Revised/Approved:	06/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to offer transitional residential treatment programs for adults who have completed primary alcohol/drug treatment which promotes a life free of substance abuse while encouraging the pursuit of vocational and employment goals.

PURPOSE: The main goal of transitional/secondary treatment is to allow participants the opportunity to complete the steps of recovery in a secure environment that effectively allows reintegration into mainstream society.

PROCEDURE: Transitional Substance Abuse Rehabilitation Services are provided in a group living environment which promotes a recovery lifestyle while encouraging the pursuit of vocational or related opportunities. With group support, people acquire coping skills which enable them to become productive citizens in their communities.

Service Activity: Because substance use disorders are multidimensional, various treatment modalities can be made available through the program. It is the responsibility of the A&D Clinical Coordinator to ensure that the program has a written master schedule of activities and documents provision of the following services:

- At least one (1) hour of individual therapy per week with each individual
- A minimum attendance of at least two (2) hours of group therapy per week. Group therapy must be offered at times that accommodate the schedules of the individuals
- Family therapy must be offered and available as needed and documentation of attendance or refusal is required
- Psychoeducational groups individualized to the residents with topics such as, but not limited to, vocation, education, employment, recovery, or related skills
- Therapeutic and leisure/recreational/physical exercise activities (with physician's approval)

A copy of the Program Schedule is given to each resident. Copies are also posted in prominent locations throughout the facility. Participation of the resident in the schedule of activities must be documented in either weekly group progress notes or individual/family therapy case notes.

Staffing: The full-time A&D Clinical Coordinator shall have a Master's degree, a professional license or DMH certification, and at least two (2) years of experience in the field of substance abuse treatment/prevention. Staffing must be sufficient to meet needs of individuals receiving services with be on-site staff available 24 hours per day, 7 days per week. A staff member will be designated as responsible for the program at all times and appropriate male/female staff coverage will be ensured.

Transitional Residential Risk Assessment/Testing for HIV: People must be offered and encouraged to participate in onsite HIV Rapid Testing unless the program can provide documentation that the person received the risk assessment and was offered testing within the last 6 months. If testing was refused, the facility should encourage further testing. See RS 01 regarding process for conducting HIV Risk Assessment and testing.

Risk Assessment for TB: The A&D Clinical Coordinator shall ensure and document that all people receiving transitional residential substance abuse treatment have had a risk assessment for Tuberculosis (TB) completed at the time of intake to primary treatment. If unable to verify completion, the risk assessment will be done upon entering transitional residential services. Any person determined to be at high risk cannot be admitted into a treatment program until testing confirms the individual does not have TB.

Education Regarding HIV/TB/STD: It is the responsibility of the A&D Clinical Coordinator to ensure that all people receiving transitional residential substance abuse treatment services received educational information regarding HIV/TB/STD prior to admission and to document this in the medical record. If unable to confirm completion, then educational activities will be provided. See RS 01 regarding topics and information covered.

DUI Assessment: PACH/RH is certified by the DMH to conduct DUI assessments therefore, it is the responsibility of the A&D Clinical Coordinator to ensure that at intake staff members must determine and document if a person has been convicted of more than one DUI that has resulted in a suspended driver's license. If so, the staff member must explain the DUI Assessment and treatment process to the person to determine if he/she is interested in participating. See policy SA 05 for details.

Referral/Eligibility: In order to be eligible for the person must have been deemed appropriate by the clinical team according to ASAM criteria. If primary treatment was completed at PACH/RH, the person's therapist in primary will continue as his/her therapist for the transitional/secondary treatment. If coming from an outside facility, the person desiring services makes an appointment for intake and validates completion of primary treatment at another facility and meets eligibility requirements as defined by ASAM. A person who is eligible for admission for whom there is no bed space will be placed on a waiting list for services. As soon as a vacancy exists, the first person on the waiting list will be notified and given the opportunity for admission.

Admission: A person who has completed primary residential treatment at the CCS facility will complete the following:

- An interview with a Vocational Rehabilitation representative
- A discussion with his/her therapist regarding goals and objectives to be completed during secondary treatment so an addendum to the Individual Service Plan can be completed.

A person who has completed primary residential treatment at a facility not affiliated with CCS will be screened for transitional/secondary treatment. If he/she is found to be appropriate and eligible for services, he/she will complete the full intake process as described in RS 01: Residential Treatment for Adults with Substance Abuse Problems. People found to be ineligible for admission to PACH/RH Transitional Residential treatment program will be referred for other appropriate treatment.

Services to Pregnant Women: Pregnant women are given top priority for admission. Pregnant women are admitted into a substance abuse treatment program within forty-eight (48) hours if a) a placement is available, and b) medical conditions do not require a placement that can address medical needs. If PACH/RH is unable to admit a pregnant woman due to being at capacity, the program will assess, refer, and assist the individual with placement in another DMH certified program within forty-eight (48) hours, in addition to, being referred to a local health provider for prenatal care until an appropriate placement is made. If unable to complete the entire process as outlined, CMH Office of Consumer Support is notified immediately by fax or e-mail using standardized forms provided by DMH. The time frame for notifying DMH of inability to place a pregnant woman will not exceed forty-eight (48) hours from the initial request for treatment from the individual. If a program is at capacity and a referral must be made, the pregnant woman is offered an immediate face-to-face assessment at CCS or another DMH certified provider. If offered at another DMH certified program, CCS must fully facilitate the appointment at the alternate DMH certified program. CCS must follow up with the certified provider and program to ensure the individual was placed within forty-eight (48) hours. Written documentation of placement or assessment and referral must be maintained onsite.

For residents admitted as a result of a court order:

- Provide copy of the court order so that exact stipulations are known
- Signature on necessary consent forms for required reports to Court Liaison regarding treatment compliance and progress

Residents admitted as a result of a court order have all the rights of any other resident. However, if a court-ordered resident chooses that the residential treatment program is not what he/she currently needs and leaves treatment, the court shall be notified (with appropriate consents signed).

Upon admission to transitional alcohol and drug treatment, each person receiving services meets with his/her counselor for orientation. During this session, the therapist reviews the person's primary treatment and discusses secondary treatment goals. During the orientation session, the individual is informed about the following:

- Secondary treatment benefits
- Transitional house rules/ Pass times and eligibility requirements
- Length of stay
- Locations and times of support group meetings
- Utilization of Vocational Rehabilitation and "Ability Works"
- Recovery support program
- Assignment to therapeutic chores
- Tour of facility/introduction to staff for individuals who completed primary treatment at a facility other than PACH/RH

Vocational services, job development, and employment opportunities are an important aspect of transitional/secondary treatment. Vocational counseling services are offered regularly. Individuals from Department of Vocational Rehabilitation, as well as, CCS' Supported Employment program visit PACH/RH to meet with residents who are interested in participating in vocational rehabilitation and/or supported employment services. Staff members from vocational services are encouraged to attend treatment team meetings and to collaborate with the PACH/RH treatment team regarding

employment goals of person receiving services at PACH/RH. Documentation will be maintained in the medical file regarding employment/vocational services and incorporation of these services in an individual's recovery goals. Other educational, vocational, employment or related activities are offered as they are available.

Consequences for failure to comply with program rules/expectations: If a person chooses not to attend 7 outside 12 step meetings and/or fails to comply with program rules/expectations, this will be considered non-compliance. The first occurrence will result in a conference with the Clinical Coordinator and/or treatment team who will explain expectations for continued treatment, as well as, the consequences of further noncompliance. Documentation of this meeting will be maintained in the resident's record. If the behaviors continue, consequences will be enforced as indicated.

Program Completion/Transfer/Discharge
Successful completion criteria: It will be considered that a person has successfully completed treatment when he/she has a) has been deemed eligible for a lower level of care according to ASAM criteria b) completed aspects of individualized service plan in accordance with goals and objectives, c) no positive results on random/scheduled drug screens, d) payment of all fees in accordance with payment/fee agreement schedule, and d) compliance with program rules/regulations. Upon successful completion, people will be referred to Recovery Support Services and the person's personal belongings are cleared from his/her room and the storage area. The resident's family is invited, and a graduation ceremony is held; the resident is presented a certificate and medallion for completing primary and secondary treatment if from a CCS primary program. The resident will receive a certificate of completion for secondary programming if he/she is referred from an outside primary treatment provider.

Resident Requested Discharge: When the resident chooses to leave the treatment facility prior to program completion, the resident's family is notified and, if applicable, appropriate court personnel of his/her departure (with appropriate consents signed). Upon leaving the facility, the individual will not be allowed back on the unit without prior approval of the Clinical Coordinator in order to ensure the safety of other residents. Staff on duty should communicate to the person that they should take all of his/her belongings at the time he/she leaves the building/facility.

Transfer of individual: If the treatment team makes a determination that the person's needs cannot be adequately address through PACH/RH (i.e., medical condition requiring medical monitoring/attention) the treatment team will discuss this with the resident and make necessary arrangements for the person to be referred to an appropriate treatment facility. A person who moves away from the region and desires continued treatment will receive appropriate referrals to services in the area to which he/she is moving. Program personnel will facilitate the referral and the transfer of the individual to another facility with appropriate consent forms obtained. Following completion of secondary treatment, transfer for appropriate services is made within the agency or to other agencies following the agency's usual referral procedures.

Discharge Process/Documentation: If secondary treatment is successfully completed, referrals are made to Recovery Support Services. If transferred to another service, the Service Termination/Change form will be completed. If the individual is being discharged from all CCS service, the Provider Discharge form is completed which

includes reason for discharge. Upon transfer/discharge from the Residential facility, the residents personal belongings are cleared from his/her room and the storage area.

Identified medical services are accessible as follows:

- Psychiatrist – Appointments may be scheduled through the Lowndes County CCS' office. Payment is the responsibility of the resident and/or his/her family.
- Physician/Nurse Practitioner – Non-emergency services are provided through the provider for which a contract is maintained with the PACH/RH facility or any appropriate medical providers located in Columbus, MS. If an initial medical screenings has not been completed within forty-eight (48 hours) of admission, the screening is paid by PACH/RH. Other medical services needed during a resident's treatment stay are the responsibility of the individual and/or his/her family. See section regarding emergency medical/dental services.

Emergency medical/dental services: Residents/families are responsible for the expenses of emergency medical/dental treatment. Except in case of life-threatening emergency, family members/identified support systems are expected to provide transportation. If no family member/support system is available, staff members will provide/arrange for transportation. Emergency care is usually provided through the hospital emergency room.

Other information:
PACH/RH is not able/designed to address the needs of children; therefore, children are not allowed in residential treatment with a parent.

Meals: People served by the programs shall be served varied, well-balanced meals at least three (3) times a day, seven (7) days a week. People can provide input regarding meal planning, by communicating with treatment team members. Special diets are provided for people needing special consideration.

Recovery Support Services involvement in primary treatment: See policy SA 01: Recovery Support Services

Utilization of volunteers: See policy AD 10 regarding use of volunteers.

Facility Standards: See Policy ES 06: Environment & Safety Standards for Community Living. It is the responsibility of the A&D Clinical Coordinator to ensure that all adult primary residential programs have a physical environment which provides designated space for privacy of individual and group counseling sessions. Pines/Cady Hill has magnetic/electronic doors at each identified emergency exit. When these doors are opened by non-authorized individuals, the alarm system is triggered. Cameras are located throughout the facility to monitor movement through the facility. Pines/Cady Hill holds a Department of Mental Health Certification of Operation for A&D Residential Services. Local fire and health inspections are completed and documentation is maintained on-site.

Mississippi Operational Standards addressed: Rule 31.4, 49.2-49.4, 49.6

Section:	Residential Services
Policy:	Discharge before Completion of Treatment Goals – Community Living
Policy No:	RS 03
Effective:	02/01/1995
Last Revision:	03/28/2017

POLICY: When a person receiving services is discharged from a Community Counseling Services (CCS) Community Living/Residential Program for reasons other than successful completion of the goals established in the individual service plan, every effort will be made by the treatment team to provide treatment alternatives for the person.

PURPOSE: To facilitate an orderly discharge process for persons who no longer wish to receive community living/residential treatment.

PROCEDURE: A person receiving services may be discharged from a supervised living facility with the consultation of the interdisciplinary treatment team and/or the County Administrator/Program Coordinator as specified, but not limited to, the following reasons:

- Possession or use of alcohol/drugs
- Presence of contraband items
- Choosing not to comply with program rules/policies
- Disruptive or abusive behavior towards others participating in the treatment program
- Danger to others participating in the treatment program
- Physical or mental problem(s) preventing continued full participation or that require a more appropriate level of care than what can be provided in the community living/residential program
- Choosing not to return to facility after pass/outing

When discharged for one of the reasons indicated above, the treatment team will facilitate appropriate community-based referrals that support the welfare of the individual.

Section: Residential Services
Policy: Departure from Community Living Program without Notification
Policy No: RS 04
Effective: 02/01/1995
Revised/Approved: 03/28/2017

POLICY: It is the policy of Community Counseling Services (CCS) that when a person receiving service departs from a Community Living/Residential program without staff/program notification, the incident will be reported to the appropriate supervisory staff and specified individuals and/or authorities as indicated.

PURPOSE: To establish guidelines for reporting and recording unauthorized absence from a CCS' Community Living/Residential program

PROCEDURE: When a person receiving services is unable to be located or staff is notified that an person has left a community living program without notifying staff, a thorough search will be initiated of the grounds and the facility for the person receiving services.

If unable to locate the individual, the following people must be notified:

- County Administrator/Program Coordinator
- Parent/legal representative (if individual is a minor)
- Legal authorities (if court ordered and authorized to do so)

With approval from the Program Coordinator and/or after consultation with the County Administrator, appropriate law enforcement officials will be notified if it is determined that the person receiving services is a danger to him/herself and/or others. The appropriate staff member is to complete an incident report prior to leaving the work site for the day including any and all known information about the individual leaving the facility.

If the person receiving services returns, a thorough assessment of his/her condition will be completed and a search is conducted (in accordance to policy RI 09) to ensure that the person receiving services has nothing that could cause harm to self or others or is considered contraband. The return of the person receiving services and his/her condition upon return must be documented in the medical record.

If the person receiving services returns, the following people are to be notified:

- County Administrator/Program Coordinator
- Parent/legal representative (if individual is a minor)
- Legal authorities (if court ordered and authorized to do so)

Appropriate therapeutic interventions will be instituted to minimize the possibility of future situations and the individual service plan will be reviewed for necessary modifications.

Mississippi Operational Standards addressed: Rule 15.1

Section	Community Living/Residential Services/Crisis Stabilization Unit
Policy:	Visitors
Policy No:	RS 05
Effective:	03/01/1988
Revised/Approved:	12/18/2018

POLICY: It is the policy of Community Counseling Services (CCS) that people receiving services who live in facilities owned/operated by CCS have the right to visits from family and significant others, unless such visits are clinically contraindicated. Adequate visiting areas are provided for residents and visitors.

PURPOSE: To ensure all people receiving services have the opportunity of visitation by family members and those individuals identified by the person receiving services. This includes attorneys, clergy, or advocates.

PROCEDURE: In order to not interfere with other people receiving services and program schedules, visitation areas are identified in each facility to ensure privacy during visitation time. If a person notifies program staff that additional space/privacy is warranted, the Program Supervisor or his/her designee can assist in making necessary arrangements.

In Community Living facilities (Substance Use Residential and Crisis Stabilization Unit excluded), people can have a visitor in his/her room/apartment with the following stipulations:

- Notification of staff that there is a visitor at the facility
- The visitor signs in as a visitor
- The visitor is not under the influence of drugs or alcohol and possess no contraband items
- Visitors are expected to follow the rules of the facility/HUD
- If sharing a room/apartment, permission of the other person

Hours of Visitation: In order to not interfere with other persons receiving services and program schedules, visitation times are specified in each facility and communicated to the individuals who live at the facility. People who live in Community Living facilities (Substance Use Residential and Crisis Stabilization Unit excluded) will have input into scheduled times.

Overnight guests: In Community Living facilities (Substance Use Residential and Crisis Stabilization Unit excluded), overnight guests will be considered on a case by case basis. Overnight guests will only be allowed in rooms that are single occupancy. In order to have an overnight guest, the following must take place:

- Submit request to Program Supervisor (it is the responsibility of the facility to know of facility visitors at all times)
- Consult with necessary persons if needed (treatment team, family, i.e.,)
- Discuss with person potential risks (if any)

Note: Peopel retain the right to assume informed risk. The assumption of risk is required to consider and balance the individual's ability to assume responsibility for that risk and a reasonable assurance of health and safety.

Visitors are required to comply with the rules of the facility/HUD and can stay no more than 2 nights. Requests for overnight guests cannot exceed 1 (one) more than the number of sleeping availability in the apartment. Children/minors are not allowed as overnight guests unless the resident can submit verification of legal custody. The legal guardian/resident must supervise and accompany the minor child at all times while at the facility. The child may not be left unaccompanied at any time or they will be requested to leave.

Restriction of Visits: Any person receiving services may request in writing that the facility restrict his/her visitors. Each person receiving services agrees (before admission) to the visiting policies of the specific program(s) in which he/she has requested treatment. Choosing to not comply with these policies may result in the determination that the treatment program does not currently meet the person's needs.

Contraband: To maintain the safety of the facility and other residents, all packages will be searched. Any contraband found coming into the residence will be confiscated and returned to the visitor at the conclusion of the visit, and the person receiving services will be informed about the consequences of visitors' bringing contraband to the individual receiving services. Visitors may be prohibited from the facility for bringing contraband on to program property.

Dress Code: Visitors will be dressed appropriately when at the facility. Expectations will be shared with visitors regarding appropriate dress. Visitors continuing to not abide by the dress code will not be allowed in the facility.

Conflicts with Visitors: Staff members are responsible for monitoring the facility during visiting times. Staff is expected to assess for potential conflict situations and if they arise, intervene appropriately. A disruptive visitor who does not respond to a staff member's redirection regarding his/her behavior will be asked to leave the facility. If the individual will not comply with the staff member's request, the police will be contacted for assistance in removing the individual from the premises. Visitors who refuse to leave at the end of visiting hours are to be reported to the Program Supervisor. The Program Supervisor will contact the visitor and attempt to schedule a time to meet with the individual to review the visitation rules and the facility expectation for his/her compliance. If the visitor continues to not follow the visitation rules, the individual will not be allowed at the facility.

Staff members who determine that a visitor is a danger to others will be asked to leave the facility immediately. If the visitor does not comply with the staff member's request, the police will be contacted to remove the individual from the facility.

Other Visitors such as Government Officials, Reviewers, Auditors, and Guest Speakers (All CCS Programs/Facilities) Visitation or tours by special groups are permitted with advance notice. When such visits are scheduled, the following shall occur: a) the staff will inform people receiving services that visitors will be coming to the program/facility and the approximate time of the visit, b) staff will make arrangements for the protection

of the confidentiality of people receiving services who do not want to be seen, c) ensure that the names of people receiving services are not posted on bulletin boards, etc., d) if necessary, schedule the tour or visit at a time when people receiving services are not in the program/facility, and e) ask person to sign a confidentiality statement respecting the rights of people at the facility/program.

Exceptions: The County Administrator/Program Coordinator must approve any exceptions to the visiting policy. See individual program policies and/or handbooks for further information regarding visiting.

Other: Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the individual's stated rights.

Identification Numbers for residents of Substance Abuse Residential Services: Each person receiving services is issued an ID number upon admission. The person receiving services has the responsibility for giving his/her ID number to anyone the person receiving services wishes to be permitted to visit him/her. No visitor will be allowed into the unit without an ID number for the person receiving services, in order to protect the confidentiality of the person receiving services. In order for someone to come on the unit, the visiting parties must sign a Confidentiality Statement at each visit and agree to maintain the privacy of other people receiving services.

Mississippi Operational Standards addressed: Rule 14.1A19, 31.6C

Section	Residential Services
Policy:	Supervised Living for Individuals with IDD
Policy No:	RS 06
Effective:	1/1/1997
Revised/Approved:	06/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to make Supervised Living Services available to eligible adult individuals (at least 18 years of age) receiving services for individuals who have in intellectual and developmental disabilities (ID/DD). A maximum of four (4) individuals may reside in a single residence for programs certified after July 1, 2016. (Phillips was certified prior to July 1, 2016 and is a 6 bed home.) Individuals are prohibited from having friends, family members, etc. living with them who are not also receiving services as part of the Supervised Living program.

PURPOSE: To enhance the lives of ID/DD individuals by providing training and assistance in independent living skills. Supervised Living services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day. Activities must support meaningful days for each person. Activities are to be designed to promote independence, yet provide necessary support and assistance. Agency providers should focus on working with the person to gain maximum independence and opportunity in all life activities. Agency providers must ensure each person's rights of privacy, dignity and respect and freedom from coercion. Services must optimize, but not regiment, a person's initiative, autonomy and independence in making life choices, including, but not limited to daily activities, physical environment, and with whom to interact.

PROCEDURE: Supervised Living is intended for individuals who are determined to need an array of supports and services provided with appropriate staff and resources to support an individual who needs assistance twenty-four (24) hours per day/seven (7) days per week to live in the community.

Staffing: Supervised Living facilities have staff on site twenty-four (24) hours per day, seven (7) days per week who are able to respond immediately to requests/needs for assistance. Staff must be awake at all times. A staff member must be designated as responsible for the program at all times. Staff members must be familiar with each person's plan of care. If Supervised Living staff members were not able to participate in the development of the person's plan, they must be trained regarding the person's plan prior to beginning work with the individual and this training should be documented. The Activity Support Plan must be based on each person's Plan of Services and Supports.

Service Components: Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. These include direct personal care assistance activities such as:

- grooming
- eating

- bathing
- dressing
- personal care needs

Instrumental activities of daily living, which include:

- Assistance with planning and preparing meals
- Cleaning
- Transportation
- Assistance with mobility both at home and in the community
- Supervision of the individual's safety and security
- Banking
- Shopping
- Budgeting
- Facilitation of the individual's participation in community activities
- Use of natural supports and typical community services available to everyone
- Social activities
- Participation in leisure activities
- Development of socially valued behaviors
- Assistance with scheduling and attending appointments

Medical care: The program is responsible for assisting people in scheduling and accessing routine and emergency medical care and monitoring their health and/or physical condition. If assistance with appointments is necessary because of the individual's disability, the supervised living aides provide advocacy, transportation, and assistance with adequate communication as needed. Documentation of the following must be maintained in each person's record:

  - Assistance with making doctor/dentist/optical appointments
  - Transporting and accompanying individuals to such appointments
  - Conversations with the medical professional, if the individual gives consent

Transportation: The program is responsible for providing transporting for people to and from community activities, other places of the person's choice (within the provider's approved geographic region), work, and other sites as documented in the Activity Support Plan. The facility engages in monthly outings based on the interest and desires of the residents to give them opportunities for community participation. In addition, recreational activities are incorporated to allow people to engage in leisure/exercise programs as desired (approved by their physician). Accommodations are made when an person(s) wants to remain at home rather than joining group activities or if the individual is ill and must stay home from day activities. There must be at least one staff person physically on-site when people are present.

Environment: The housing unit is located in an area that is safe and is convenient to community activities such as retail stores, public recreational facilities, etc. Residents are encouraged to participate in community activities such as sporting events, festivals, parades, etc., so they can feel connected to the community in which they live.

Facility/setting: The setting is selected by the person from setting options including non-disability specific settings and the option of having a private unit, to the degree

allowed by personal finances, in the residential setting. Providers must provide furnishings used in common areas (den, dining, and bathrooms) if the individual does not have these items or these items are not provided through Bridge to Independence (Money Follows the Person) or Transition Assistance through the ID/DD waiver. Individuals have choices about housemates and with whom they share a room. There must be documentation in each person's record of the person/people they chose to be their roommate. People must have keys to their living unit if they so choose. This must be documented in the record. Bedrooms must have lockable entrances with each person having a key to his/her bedroom and only appropriate staff having keys. People may share bedrooms based on their choices. Individual rooms are preferred, but no more than two individuals may share a bedroom. Monthly house meetings will be held at a minimum 1x/month to give individuals an opportunity to share any issues or concerns they may have. Documentation of these meetings will be kept at the home.

Visitors: There must be visiting hours that are mutually agreed upon by all people living in the residence. Visiting hours cannot be restricted unless mutually agreed upon by all people living in the dwelling. See policy RS 05 for additional information regarding visitors.

Selection/Eligibility Criteria: People must meet the following criteria: a) at least eighteen (18) years of age, b) have an intellectual and development disability, and c) agree to rules and regulations outlined by the Supervised Living program and the Department of Housing and Urban Development (HUD), which oversees the management of the physical facilities.

Referral/Admission Procedures: Upon referral, the Director of IDD Services will speak with the person who has been referred for services, either in person or by telephone, to explain the program and its rules/regulations, including financial agreements/requirements. Information regarding availability will be communicated to the interested party, including an approximate date of availability. If the individual wishes to continue the admission process, an admission packet will be forwarded to the individual or his/her legal representative which contains:

- A Supervised Living application form
- Psychosocial history
- Verification of income
- History of presenting problem and treatment
- Family history and dynamics
- Individual's community interaction with friends and peer group
- Legal history, including criminal history (charges, sentence(s), probation, present legal status)
- Educational/vocational history
- Substance abuse history, including drugs used, amount used, frequency of use, and individual's perception of the problem

Upon return of the admission packet to the Director of IDD services, a review will be conducted to determine if eligibility criteria are met and the appropriateness of the individual for admission. If the person appears to be appropriate for admission, he/she is invited to come for a face-to-face interview. Following the interview, the person is introduced to staff members, given a tour of the facility, informed what he/she can/cannot bring if he/she is admitted, and informed that he/she will be notified within

one (1) week whether he/she can be admitted. If the person is appropriate for admission and space is available, the person is notified of his/her eligibility, is informed of a proposed moving date, and continues with the admission process. When a person is notified of the availability of an apartment, he/she will have seven (7) days to complete an application for HUD assistance. In accordance with HUD regulations, a background check is completed and no exclusionary criteria may be identified to continue with the admission process. After approval for HUD assistance is obtained, the applicant will be notified and a move-in date established. The person will move in on the specified date and with the assistance of the Director of IDD Services or his/her designee, completes and signs the following documents and receives a copy of each:

- The Tenant Lease (which is for a period of one (1) year)
- The Money Management Agreement, maintained in the resident's file
- The Rules and Regulations Checklist (indicating that all rules and regulations have been explained)
- Review of HUD Regulations

If not currently a CCS client, an intake will be scheduled to open his/her case with the agency. The face-to-face interview can be bypassed with the approval of the Director of IDD Services based on extenuating circumstance (i.e., extreme distance, condition of the individual, available resources).

All residents will be given an orientation to the IDD Supervised Living facility at the time of admission by program staff. The orientation will include, but is not limited to:

- Familiarization of the individual with the living arrangement and neighborhood
- Introduction to support staff and other residents
- Description/overview of the written materials provided upon admission
- Description of the process for informing individuals/parents/guardians of their rights, responsibilities and any program restrictions or limitations prior to or at the time of admission

Financial arrangements (rent & utilities): The individual pays a deposit and the first month's rent. If the person does not have sufficient funds, the amount of the deposit may be paid in installments as agreed upon. See policy RS 08 for additional information about fee scheduled. Utilities are covered by the management company.

Facility policies/rules: When the person has moved into his/her apartment, policies regarding visitors, facility/HUD rules, rent/financial obligations, program schedules, individual rights, will be explained and reviewed with the resident and his/her family/legal representative if appropriate. A written agreement to abide by the rules must be signed by the resident before the admission is complete. The signed original will be placed in the resident's file. (A copy of the Program Rules is also posted in the community room.) If not already conducted during the pre-admission visit, the new resident and his/her family/legal representative will be given a tour of the facility and will be introduced to staff members and other residents.

Independent Living Opportunities: People who reside at a Supervised Living facility must be engaged in daily activities as outlined on his/her Plan of Services and Supports.

Resident support: It is the responsibility of the Director of IDD Services to ensure that each resident is provided with training related to a) money management/budgeting, b)

independent living skills, c) use of community resources, d) access to mental health services, e) medication management and compliance, and f) how to access other community services. Program staff provides support and assistance in daily living skills (i.e., cooking, cleaning, buying groceries, paying bills). If necessary, correct methods or optimum ways of performing a task are demonstrated by staff members and then residents are given the opportunity to display their ability to complete required task(s) with assistance or support. Staff members understand that the functioning level of some residents may necessitate repeated demonstrations before the resident can successfully complete a task. A primary goal of the Supervised Living program is to provide necessary support services that will assist the person in attaining his/her personal goals and to optimize their potential to function as independently as possible.

Independent decision-making: The resident is always in control of his/her funds and decides (with guidance/input from the community support specialist) how his/her money is to be spent. Providers cannot restrict access to personal resources. Providers must offer informed choice of the consequences/risks of unrestricted access to personal resources. There must be documentation in each person's record regarding all income received and expenses incurred.

Schedule of Daily Activities: The residents and staff members develop together the Schedule of Daily Activities during community meetings. Activities includes those the residents want to engage in such as, community activities with required staff support (i.e. shopping, banking), recreational and social activities for the month, and other appropriate services as deemed important to the residents. It is the responsibility of the Director of IDD Services to ensure that the activity schedule is designed to incorporate input from residents, promote individual independence, and encourage independent living. The residents meet at least monthly for the purpose of discussing the facility operation and to offer suggestions, give input, and recommended changes. These are subsequently evaluated by the program staff/treatment team and are implemented if at all possible. Residents are encouraged to make his/her own decisions about participation in activities. A goal of the Supervised Living facility is for members of the treatment team to work with residents in learning to make informed, independent decisions. People cannot be made to attend a day program and/or activity if they choose to stay home, would prefer to come home after a job or doctor's appointment in the middle of the day, if they are ill, or otherwise choose to remain at home. Staff must be available to support individual choice.

Availability of Services: Residents will have access to the full array of services provided by CCS as requested by the resident, recommended by the treatment team, or outlined in his/her Plan of Services and Support. These services include, but are not limited to:

- Individual, group and family therapy
- Nursing and medical evaluations
- Day Services – adult
- Prevocational Services
- IDD Supported Employment
- Job Discovery
- Customized Employment

Meals: The program will provide meals at least three times per day and snacks throughout the day. Residents will have input into meal planning and shall include varied, nutritious meals and snacks. A description of how/when meals and snacks will be prepared will be included. Food purchased by the individual is maintained in designated cabinets and the individual has access to his/her food at any time (unless prohibited by his/her individual plan, has choices about the food they eat, and about when and with whom they eat. In situations where medical issues or his/her disability requires monitoring of an individual's food intake or choices, this will be addressed in the Plan of Services and Support, as well as, the Activity Support Plan.

ID/DD Waiver Supervised Living specific: For ID/DD Waiver Supervised Living, there must be a Supervised Living Program Supervisor for a maximum of four (4) Supervised Living homes. The Supervised Living Program Supervisor must meet the qualifications in Standard 11.3.D which include an individual with a Bachelor's degree who is under the supervision of an individual with a Master's degree. Waiver Supervised Living Program Supervisors may be limited to supervise less than 4 homes if deemed necessary by DMH. The Supervised Living Program Supervisor is responsible for providing weekly supervision and monitoring all homes which includes unannounced visits on all shifts, on a rotating basis monthly. All supervision activities must be documented and available for DMH review. Supervision activities include, but are not limited to, review of daily Service Notes to determine if outcomes identified on a person's Plan of Services and Supports are being met, review of meals, meal plans and food availability, review of purchasing, review of individuals' finances and budgeting and review of each individual's satisfaction with services, staff, and environment.

Nursing services: Nursing services are a component of ID/DD Waiver Supervised Living services and must be provided in accordance with the MS Nursing Practice Act. Nursing services are a component part of ID/DD Waiver Supervised Living. They must be provided on an as needed basis. Only activities within the scope of the Nurse Practice Act and Regulations can be provided. Examples of activities may include: monitoring vital signs; monitoring blood sugar; setting up medication sets for self-administration; administration of medication; weight monitoring, etc.

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). A higher reimbursement rate may be available for people enrolled in the ID/DD Waiver who are considered medically fragile and whose medical condition requires intensive supports, including skilled nursing services that exceed what is required in Rule 30.1. Admission must be prior approved by BIDD. People living in the home with someone considered medically fragile must be compatible and not pose a threat to the person who has higher medical support needs. A higher reimbursement rate may be available for people enrolled in the ID/DD Waiver who have documented patterns of violent and/or non-violent behavior that pose a risk to themselves or others and who require intensive supports in order to live in the community. This may include one-to-one staff ratios and/or line of sight supervision. Admission must be prior approved by BIDD. People living in the home with someone who requires higher levels of behavior support must be compatible. The person receiving a higher level of support must not pose a threat to others living in the home.

Mississippi Operational Standards addressed: Rule 30.1

Section:	Residential Services
Policy:	Supervised Living for Adults with SMI (River Heights & Church Street)
Policy No.:	RS 07
Effective:	01/01/1997
Revised/Approved:	03/28/2017

POLICY: It is the policy of Community Counseling Services (CCS) to make Supervised Living Services available to eligible adult individuals (at least 18 years of age) receiving services in the service area who have serious mental illness. A maximum of twelve (12) people may reside in a single residence for programs certified after July 1, 2016. People are prohibited from having friends, family members, etc. living with them who are not also receiving services as part of the Supervised Living program.

PURPOSE: To enhance the lives of the people receiving services by providing training and assistance in independent living skills and recognizing options available in daily life that will assist them in coping with the everyday stressors of living which will in turn help prevent the need for hospitalization or more restrictive living environments. The Supervised Living setting provides the least restrictive environment while providing time-limited, necessary support services that will assist the person in attaining his/her personal goals and to optimize their potential to function more independently in the community.

PROCEDURE: Supervised Living is intended for individuals who are determined to need an array of supports and services provided with appropriate staff and resources to support an individual who needs assistance twenty-four (24) hours per day/seven (7) days per week to live in the community.

Staffing: Supervised Living facilities have staff on site twenty-four (24) hours per day, seven (7) days per week who are able to respond immediately to requests/needs for assistance. A staff member must be designated as responsible for the program at all times. Staff members must be familiar with each individual's plan of care. If Supervised Living staff members were not able to participate in the development of the person's plan, they must be trained regarding the person's plan prior to beginning work with the individual and this training should be documented.

Service Components: Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Habilitation, learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of a person's day. Supervised Living Services also include direct personal care assistance activities such as:

- grooming
- eating
- bathing
- dressing
- personal hygiene

Instrumental activities of daily living, which include:

- Assistance with planning and preparing meals
- Cleaning
- Transportation or assistance with securing transportation
- Assistance with ambulation and mobility
- Supervision of the individual's safety and security
- Banking
- Shopping
- Budgeting
- Facilitation of the individual's participation in community activities
- Use of natural supports and typical community services available to everyone
- Social activities
- Participation in leisure activities
- Development of socially valued behaviors
- Assistance with scheduling and attending appointments

Medical care: The program is responsible for assisting people in scheduling and accessing routine and emergency medical care and monitoring their health and/or physical condition. If assistance with appointments is necessary because of the individual's disability, the supervised living aides provide advocacy, transportation, and assistance with adequate communication as needed. Documentation of the following must be maintained in each person's record:

  - Assistance with making doctor/dentist/optical appointments
  - Transporting and accompanying individuals to such appointments
  - Conversations with the medical professional, if the person gives consent

Transportation: The program is responsible for providing transporting for people to and from community activities, other places of the person's choice (within the provider's approved geographic region), work, and other sites as documented in the individual plan. The facility engages in monthly outings based on the interest and desires of the residents to give them opportunities for community participation. In addition, recreational activities are incorporated to allow people to engage in leisure/exercise programs as desired (approved by their physician). Accommodations are made when a person(s) wants to remain at home rather than joining group activities or if the person is ill and must stay home from day activities. There must be at least one staff person physically on-site when people are present.

Environment: The housing unit is located in an area that is safe and is convenient to community activities such as retail stores, public recreational facilities, etc. Residents are encouraged to participate in community activities such as sporting events, festivals, parades, etc., so they can feel connected to the community in which they live.

Unit accommodations: Each unit has a fire extinguisher that is securely mounted in the kitchen. This fire extinguisher is regularly checked by staff members and must be professionally inspected at least annually to ensure that it is operable. Auditory smoke/fire alarms with a noise level loud enough to awaken individuals are located where conditions warrant. If the housing unit is supplied with gas or other type fuel that could create danger from carbon monoxide, the apartment/residence must have an

alarm/detector to alert people of potential danger. The physical arrangement is designed to promote individual independence and encourage independent living.

Selection/Eligibility Criteria: People must meet the following criteria: a) at least eighteen (18) years of age, b) have a serious mental illness and adequate intellectual functioning to meet independent living expectations, c) compliant with medications and currently stable, d) displays no violent tendencies towards others, e) does not have a history of abusive behavior within the past year, f) is able to take care of his/her own personal needs (i.e., personal grooming, bathing, dressing, cooking, feeding oneself, buying groceries, etc. with assistance), g) has the potential to move to a less restrictive environment within a twelve (12) month period, including the ability to handle his/her own finances, pay bills, schedule appointments, etc., h) agree to rules and regulations outlined by the Supervised Living program and the Department of Housing and Urban Development (HUD), which oversees the management of the physical facilities, i) current needs necessitate a more structured environment for a time-limited period to assist the individual in returning home or transitioning to a more independent living environment, and j) receives Medicaid or possesses sufficient funds to meet his/her own needs.

Referral/Admission Procedures: A referral to the Supervised Living program can come from a variety of sources, but generally involves a person being discharged from a psychiatric hospital or a more restrictive supported living facility or a community member or agency who/which has identified a person who needs more supervision for a time-limited period. Upon referral, The Program Coordinator will speak with the person who has been referred for services, either in person or by telephone, to explain the program and its rules/regulations, including money management procedures. Information regarding the availability of an apartment will be communicated to the interested party, including an approximate date of apartment availability. In accordance with HUD regulations, a background check is completed and no exclusionary criteria may be identified to continue with the admission process. If the person wishes to continue the admission process, an admission packet will be forwarded to the individual or his/her legal representative which contains:

- A Supervised Living application form
- Psychosocial history
- Verification of income
- History of presenting problem and treatment
- Family history and dynamics
- Individual's community interaction with friends and peer group
- Legal history, including criminal history (charges, sentence(s), probation, present legal status)
- Educational/vocational history
- Substance abuse history, including drugs used, amount used, frequency of use, and individual's perception of the problem

Upon return of the admission packet to the Program Coordinator, a review will be conducted by the Coordinator to determine if eligibility criteria are met and the appropriateness of the person for admission. If the person appears to be appropriate for admission, he/she is invited to come for a face-to-face interview. Following the interview, the person is introduced to staff members, given a tour of the facility, informed what he/she can/cannot bring to his/her apartment if he/she is admitted, and informed that he/she will be notified within one (1) week whether he/she can be admitted. If the

person is appropriate for admission and space is available, the person is notified of his/her eligibility, is informed of a proposed moving date, and continues with the admission process. When a person is notified of the availability of an apartment, he/she will have seven (7) days to complete an application for HUD assistance. After approval for HUD assistance is obtained, the applicant will be notified and a move-in date established. The person will move in on the specified date and with the assistance of the Program Coordinator or his/her designee, completes and signs the following documents and receives a copy of each:

- The Tenant Lease (which is for a period of one (1) year)
- The Money Management Agreement, maintained in the resident's file
- The Rules and Regulations Checklist (indicating that all rules and regulations have been explained)
- Review of HUD Regulations

If not currently a CCS client, an intake will be scheduled to open his/her case with the agency. The face-to-face interview can be bypassed with the approval of the Program Coordinator based on extenuating circumstance (i.e., extreme distance, condition of the individual, available resources).

Not appropriate for admission/waiting list: If the person is not appropriate for admission, a referral is made to an appropriate facility. If the person is appropriate for admission, but no space is currently available, the individual is placed on a waiting list. The waiting list is maintained by the Program Coordinator and includes the date of referral, the referring party, and a contact telephone number. As soon as a vacancy occurs, the first person on the waiting list is notified.

Financial arrangements (rent & utilities): The person pays a deposit and the first month's rent. If the person does not have sufficient funds, the amount of the deposit may be paid in installments as agreed upon. See policy RS 08 for additional information about fee scheduled. The Program Coordinator will assist the person to apply for utility services in the resident's name.

Facility policies/rules: When the person has moved into his/her apartment, policies regarding visitors, facility/HUD rules, rent/financial obligations, program schedules, individual rights, will be explained and reviewed with the resident and his/her family/legal representative if appropriate. A written agreement to abide by the rules must be signed by the resident before the admission is complete. The signed original will be placed in the resident's file. (A copy of the Program Rules is also posted in the community room.) If not already conducted during the pre-admission visit, the new resident and his/her family/legal representative will be given a tour of the facility and will be introduced to staff members and other residents.

Independent Living Opportunities: People who reside at a Supervised Living facility must be engaged in daily activities. Options include: a) PSR/Senior PSR for assistance with socialization and working towards recovery orientated goals, b) employment or a program that provides assistance in working toward employment (i.e., vocational rehabilitation, supported employment), and/or c) educational activities geared towards higher education or vocational skill development.

Resident support: It is the responsibility of the Program Coordinator to ensure that each resident is provided with training related to a) money management/budgeting, b)

independent living skills, c) use of community resources, d) access to mental health services, e) medication management and compliance, and f) how to access other community services. Program staff/community support specialists provide support and assistance in daily living skills (i.e., cooking, cleaning, buying groceries, paying bills). If necessary, correct methods or optimum ways of performing a task are demonstrated by staff members and then residents are given the opportunity to display their ability to complete required task(s) with assistance or support. Staff members understand that the functioning level of some residents may necessitate repeated demonstrations before the resident can successfully complete a task. A primary goal of the Supervised Living program is to provide necessary support services that will assist the individual in attaining his/her personal goals and to optimize their potential to function more independently and develop skills necessary to live in a lesser restrictive environment.

Independent decision-making: The resident is always in control of his/her funds and decides (with guidance/input from the community support specialist) how his/her money is to be spent. The resident is encouraged to make his/her own decisions about participation in activities. A goal of the Supervised Living facility is for members of the treatment team to work with residents in learning to make informed, independent decisions.

Schedule of Daily Activities: The residents and staff members develop together the Schedule of Daily Activities at the monthly community meeting. The Schedule is posted in the community room and is also distributed to all residents. It includes, but is not limited to, community activities which require staff support (i.e. shopping, banking), recreational and social activities for the month, and other appropriate services as deemed important to the residents. It is the responsibility of the Program Coordinator to ensure that the activity schedule is designed to promote individual independence and encourage independent living. The residents meet at least monthly for the purpose of discussing the facility operation and to offer suggestions/recommended changes. These are subsequently evaluated by the program staff/treatment team and are implemented if at all possible.

Availability of Services: Residents will have access to the full array of services provided by Community Counseling Services as requested by the resident and/or recommended by the treatment team. These services include, but are not limited to:

- Individual, group and family therapy
- Nursing and medical evaluations
- PSR/Senior PSR programs
- Community Support Services
- Targeted Case Management
- Supported Employment

Meals: Due to the design of the supervised living facilities in Clay and Winston Counties in which residents live in their own apartments, no regularly scheduled group meals are prepared. Staff will assist residents in meal planning, with input from the person that includes varied, nutritious meals and snacks within their budgetary requirements. Food purchased by the person is maintained in his/her apartment/unit and he/she has access to his/her food at any time, have choices about the food they eat, and about when and with whom they eat. In situations where medical issues or mental illness

require monitoring of an individual's food intake or choices, this will be addressed in the individuals' service plan.

Mississippi Operational Standards addressed: Rule 28.1

Section: Residential Services
Policy: Community Living/Residential Fee Policies
Policy No.: RS 08
Effective: 10/01/2002
Revised/Approved: 09/29/2021

POLICY: It is the policy of Community Counseling Services (CCS) to have written procedures for setting and collecting fees for all community living/residential programs.

PURPOSE: To establish financial agreements for residents who pay rent and/or room and board.

PROCEDURE: CCS' fiscal management system must include a fee policy/financial agreement for people residing in a Community Living facility in which the residents pay rent or room and board. For community living programs, there is a written financial agreement with each person/parent/legal guardian. The agreement contains the basic charges agreed upon, the period to be covered by the charges, services for which special charges are made (i.e., internet, cable), and agreements regarding refunds for any payment made in advance. Included in the agreement is the procedure for collecting fees.

The financial agreement is made prior to or at the time of admission and signed by the person/parent/legal representative and provided in two (2) or more copies. One (1) copy given to the person/parent/legal representative and one (1) copy placed on file in the individual's medical record. The financial agreement must be explained to and reviewed with the person/legal representative at intake and annually thereafter or whenever fees are changed. The written financial agreement must include language specifying the conditions, if any, under which a person might be evicted from the living setting. The provider will assist and help coordinate an appropriate replacement living option to prevent the person from becoming homeless as a result of discharge/termination from the community living services. All individuals, including those receiving ID/DD Waiver services, must be afforded the rights outlined in the Landlord/Tenant laws of the State of Mississippi (MS Code Ann. 1972 §89-7-1 to125 and §89-8-1 to 89-8-1 to 89).

CCS provides and maintains current insurance that includes liability, fire, theft, disaster and workman's compensation. In Community Living facilities (SUD Residential excluded), people are encouraged to maintain renters insurance to cover the contents of his/her belongings. If the person chooses not to do so, they must sign a statement indicating their understanding that CCS' insurance does not cover resident's personal belongings.

It is the responsibility of the Program Coordinator, Director of IDD Services, and the A&D Clinical Coordinator to ensure that each residential program has:

- A clear, written fee schedule set and approved by the Governing Authority (see attachment).
- A clear, written procedure for collecting fees. For Community Living (SMI Supervised Living & IDD Supervised Living), fees are to be paid in advance on or before the fifth (5th) day of each month. For SUD Residential (PACH/RH), fees are due prior to admission or in accordance with an agreed upon payment plan.

- For Community Living facilities (SMI & IDD Supervised Living) a provision that the Program Coordinator/Director of IDD Services or his/her designee collect fees for payment of rent/utilities (as applicable) and submit those fees to HUD on behalf of the residents at the first of each month. Each resident maintains a separate checking account which must contain a sufficient balance to cover rent, utilities, food, and prescribed medications. The listed expenses are paid immediately after the resident's income check is deposited.

Record-keeping: The Program Coordinator and Director of IDD Services (or their designee) keeps a record at the facility of the monthly collection of all fees. He/she maintains (updating at least monthly) a ledger of money received from each resident and all expenditures of such money. Each entry in the ledger is initialed and dated by the Program Coordinator/Director of IDD Services or his/her designee. Each resident/legal representative receives a receipt signed by the lawful agent of the facility for all money received, and a copy of that receipt is maintained in the financial documentation of each resident. A record is also kept of the expenditure of fees through the supervised living facility checking account. It can be reviewed at any time and the account is audited and balanced each month by the agency accounting department. Records can be reviewed at the supervised living facility and at the administrative office of CCS.

Fees: The SMI Supervised Living Program (Church Street and River Heights) collects an activity/transportation fee of $30 per month from each resident for transportation costs. At Church Street, residents pay $30.00 per month for cable. The IDD Supervised Living Program collects $7.50/day ($6.50 for food and $1.00 for supplies) from each resident to finance community supplies/activities and community meals. In addition, a $5.00/month cable fee is collected. The residents of IDD Supervised Living have input into the meal planning for the month and go to the grocery store as a group to purchase necessary items.

Accounting procedures: For programs that serve as the representative payee, see Policy RI 06. A record of sums of money received for/from each person and all expenditures of such money must be kept up to date and available for review. The person and his/her/ legal representative must be furnished a receipt, signed by the lawful agent, for all sums of money received and expended at least quarterly or more often if requested.

Substance Use Residential Treatment Fee Scale
Primary Treatment (based on ASAM Level of Care guidelines)
(Up to 35 Days)

Effective Date: 10/1/2021 Governing Body Approval: September 29, 2021

Annual Income	Total Cost
$25, 760 - $25,999	$3,000
$26,000 - $30,000	$3,300
$30,001 - $40,000	$3,600
$40,001 - $50,000	$3,900
$50,001 - $60,000	$4,500
$60,001- $100,000	$5,500
$100,000+	$7,000

- If an individual continues in primary treatment over 35 days for any reason, the cost per day will be $100.
- For individuals who are responsible for payment of secondary treatment, a discounted rate of $3,000 will be offered for a stay of up to 60 days.
- As reflected on the Payment Agreement form, all fees collected are non-refundable.

Mississippi Operational Standards addressed: Rule 14.2G, 16.3F, 28.1F. 30.6

Section: Residential Services
Policy: Supported Living Services for Individuals with IDD
Policy No.: RS 09
Effective: 9/24/2019
Revised/Approved: 6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to provide supported living services to adults with intellectual and developmental disabilities.

PURPOSE: To enhance the lives of the people who reside in their own residence by providing training and assistance in independent living skills that support the individual living in the community.

PROCEDURE: Supported Living Services for adults' age eighteen (18) and above with intellectual/developmental disabilities and are provided in community residences of four (4) or fewer people. The setting is selected by the person from setting options (including non-disability specific settings) and the option of having a private unit, to the degree allowed by personal finances. Supported Living is provided to people in their own residences (either owned or leased) for the purpose of increasing and enhancing independent living. Supported living is for people who need less than 24-hour staff support per day. Supported Living services are provided in a homelike setting where people have access to the community at large to the same extent as people who do not have an intellectual/developmental disabilities. Staff must be on call 24/7 in order to respond to emergencies via phone call or return to the living site, depending on the type of emergency.

Supported Living provides individuals with direct personal care assistance depending on each individual's support needs:

- Grooming
- Eating
- Bathing
- Dressing
- Other personnel needs

Supported Living provides instrumental activities of daily living which include assistance with:

- Planning and preparing meals
- Cleaning
- Transportation or assistance with securing transportation
- Mobility both at home and in the community
- Supervision of the person's safety and security
- Banking
- Shopping
- Budgeting
- Facilitation of the person's participation in community activities
- Use of natural supports
- Social activities
- Participation in leisure activities

- Development of socially valued behaviors
- Scheduling and attending appointments

Availability of Services: People who receive Supported Living Services - IDD have access to other services provided by CCS as requested by the person, his/her family, and/or as outlined on the individual's Plan for Services and Supports.

Independent decision making: It is the responsibility of the Director of IDD Services to develop methods, procedures and activities to provide meaningful days and independent living choices about activities, services, and staff for the individual(s) who receive supported living services. In addition, the Director of IDD Services shall develop methods to assist people in accessing any other needed services, as well as, typical community services available to all people in order to facilitate meaningful days and development of natural supports.

Individuals in Supported Living cannot also receive Supervised Living, Host Home services, In-Home Nursing Respite, In-Home Respite, Home and Community Supports, Shared Supported Living or Community Respite. In addition, Support Living Services cannot exceed more than eight (8) hours in a twenty-four (24) hour period and are dependent upon the level of support needed for the individual.

Community participation: People are given the opportunity to participate in community activities. These activities can be shared by up to three (3) people who may or may not live together but are served by the same direct service provider. When agreed to by the individuals, supported living staff may be shared when the health and welfare can be assured for each person.

Nursing services: Nursing services are a component of ID/DD Waiver Supervised Living services and must be provided in accordance with the MS Nursing Practice Act. Nursing services are a component part of ID/DD Waiver Supervised Living. They must be provided on an as needed basis. Only activities within the scope of the Nurse Practice Act and Regulations can be provided. Examples of activities may include: monitoring vital signs; monitoring blood sugar; setting up medication sets for self-administration; administration of medication; weight monitoring, etc.

Environment and Safety: Each housing unit/house must have Operable 2A – 10B, C multi-purpose fire extinguishers in fixed locations that are readily accessible for use in the home and be mounted in a secure manner. Documentation must be kept indicating that all fire extinguishers are properly maintained and serviced. Homes must have evidence that fire extinguishers are being recharged or replaced as needed, but at a minimum of every six (6) years. Fire extinguishers that cannot be recharged for whatever reason must be replaced immediately. If the housing unit is supplied with gas or other type of fuel that could create danger from carbon monoxide, the apartment/residence must have an alarm/detector to alert the individuals of potential danger. One carbon monoxide detector must be located in every one thousand square foot area or less.

At least annually, training must be provided to adults receiving Supported Living Services (whether or not the housing unit is owned/operated by CCS) which includes but is not limited to the following:

- The PASS (Pull, Aim, Squeeze, Sweep) method of using a fire extinguisher. If necessary, staff members must assist and mounting a fire extinguisher.
- Fire, smoke, and carbon monoxide safety and the use of detectors. If necessary, staff members must assist in obtaining and mounting fire, smoke, and carbon monoxide detectors.
- Hot water safety. If necessary, staff members must assist in testing and regulating the hot water temperature.
- Any other health/safety issues based on the needs or identified risk for each resident.

All training must take place upon admission and at least annually thereafter. Documentation is to be maintained in the person's case record.

Plan of Services and Supports: Employees invited to the Plan of Services and Supports meeting must be allowed to attend and participate in the development and review of the person's plan. For those that did not participate in the development of the Plan of Services and Supports must be trained so they can be familiar with the Plan of Services and Supports and Activity Support Plan (based on the Plan of Services and Supports) prior to working with the person. If indicated on the Plan of Services and Supports, the following services can be provided during the provision of Supported Living Services:

- Behavior Support Services to provide direct services as well as modify the environment and train employees in implementation of the Behavior Support Plan.
- Crisis Intervention Services may be provided in the home of someone receiving Supported Living Services to intervene in and mitigate and identify a crisis situation.

Financial Arrangements: In living arrangements in which people pay rent and/or room and board to the agency provider, there must be a written financial agreement. See policy RS 08 : People must have control over their personal resources. Agency providers cannot restrict access to personal resources. Agency providers must offer informed choices of the consequences/risks of unrestricted access to personal resources. There must be documentation in each person's record regarding all income received and expenses incurred.

Visiting hours: Visitation cannot be restricted unless mutually agreed upon by all people living in the dwelling.

Mississippi Operational Standards addressed: Rule 30.6

Section: Residential Services
Policy: Supported (Transitional) Living Services for Adults with SMI
Policy No.: RS 10
Effective: 10/01/2002
Revised/Approved: 06/22/2017

POLICY: It is the policy of Community Counseling Services (CCS) to provide transitional /supported living services to adults with serious mental illness. CCS Services currently has three (3) housing locations (Caprice Apartments in Lowndes County, The Duplex (High Street) and Broad Street Apartments in Clay County), providing eighteen (20) beds available to serve individuals receiving services.

PURPOSE: To enhance the lives of the people receiving services by providing training and assistance in independent living skills and recognizing options available in daily life that will assist them in coping with the everyday stressors of living. The transitional/supported living setting provides the least restrictive environment while providing the necessary support services that will assist the person in attaining his/her personal goals.

PROCEDURE: Supported Living Services for adults' age eighteen (18) and above with serious mental illness and are provided in residences in the community of six (6) or fewer people. Supported Living is provided to people in their own residences (either owned or leased) for the purpose of increasing and enhancing independent living. Supported living is for people who need less than 24-hour staff support per day. Supported Living services are provided in a homelike setting where people have access to the community at large to the same extent as people who do not have a serious mental illness. Staff must be on call 24/7 in order to respond to emergencies via phone call or return to the living site, depending on the type of emergency.

Supported Living provides individuals with direct personal care activities such as:

- Grooming
- Eating
- Bathing
- Dressing
- Personal hygiene

Supported Living provides instrumental activities of daily living which include assistance with:

- Planning and preparing meals
- Transportation or assistance with securing transportation
- Assistance with ambulation and mobility
- Supervision of the individual's safety and security
- Banking
- Shopping
- Budgeting
- Facilitation of the person's participation in community activities
- Use of natural supports and typical community services available to all people in order to facilitate meaningful days

Availability of Services: People who live in Transitional/Support Living units will have access to the full array of services provided by CCS as requested by the resident and/or recommended by the treatment team. These services include, but are not limited to:

- Individual, group and family therapy
- Nursing and medical evaluations
- PSR/Senior PSR programs
- Community Support Services
- Targeted Case Management
- Supported Employment

Independent decision making: It is the responsibility of the Program Coordinator to develop methods, procedures and activities to provide meaningful days and independent living choices about activities, services, and staff for the individual(s) who reside in a transitional/supported living home. In addition, the Program Coordinator shall develop methods to assist people in accessing any other needed services, as well as, typical community services available to all people in order to facilitate meaningful days and development of natural supports.

Environment and Safety: If the housing unit or complex is owned and/or operated by CCS, each housing unit must have Operable 2A – 10B, C multi-purpose fire extinguishers in fixed locations that are readily accessible for use in the home and be mounted in a secure manner. Documentation must be kept indicating that all fire extinguishers are properly maintained and serviced. Homes must have evidence that fire extinguishers are being recharged or replaced as needed, but at a minimum of every six (6) years. Fire extinguishers that cannot be recharged for whatever reason must be replaced immediately. If the housing unit is supplied with gas or other type of fuel that could create danger from carbon monoxide, the apartment/residence must have an alarm/detector to alert the individuals of potential danger. One carbon monoxide detector must be located in every one thousand square foot area or less.

At least annually, training must be provided to adults receiving any type of Supported Living Services (whether or not the housing unit is owned/operated by CCS) which includes but is not limited to the following:

- The PASS (Pull, Aim, Squeeze, Sweep) method of using a fire extinguisher. If necessary, staff members must assist and mounting a fire extinguisher.
- Fire, smoke, and carbon monoxide safety and the use of detectors. If necessary, staff members must assist in obtaining and mounting fire, smoke, and carbon monoxide detectors.
- Hot water safety. If necessary, staff members must assist in testing and regulating the hot water temperature.
- Any other health/safety issues based on the needs or identified risk for each resident.

All training must take place upon admission and at least annually thereafter. Documentation is to be maintained in the individual's case record.

General guidelines: Transitional/Supported Living Services provides temporary housing (i.e., respite, resource acquisition) or stable housing for people with Serious Mental Illness, Substance Use Disorders, and/or co-occurring disorders who are in need of reprieve from an environment which poses a danger of exacerbating their mental

condition, are awaiting adequate housing, or are in need of additional resources, financial or otherwise, to maintain stable housing. People might stay from a few days to several months/years. The goal is to transition the person from a more restrictive environment such as a therapeutic group home, inpatient/institutional setting, or supervised living facility to independent living within the community. Transitional/Supported Living Services will be overseen by the County Administrator/Program Coordinator in counties that have units. Service providers assigned to program participants will assist in the monitoring of the facilities.

Admission: Prospective program participants will be selected from referrals submitted by a variety of sources including, but not limited to, the following:

- CCS; staff members
- Other CMHC facilities
- SMI Group homes
- State hospitals
- Acute inpatient facilities
- Department of Human Services
- A&D Residential Programs
- Other community agencies and organizations

Eligibility: The person must be at least eighteen (18) years of age, have an SMI, A&D, or co-occurring disorder as defined by the current edition of the DSM, evidence of current mental stability and medication compliance, and exhibit no violent tendencies or have a reported history of violence. The person must be able to appropriately care for self and personal needs (i.e., toileting, dressing, preparing meals, feeding self, etc.) and be willing to participate in a meaningful day activity (PSR, employment, educational/vocational programs, community activities, etc.). In addition, the person must express a genuine motivation and commitment to participate in service planning, follow treatment recommendations, abide by all program rules and requirements, and evidence a desire to live independently in the community. The person must have an established source of income (i.e., SSI, SSDI, wages, etc.) and be willing to participate in the Dave Ramsey Financial Peace University.

Mississippi Operational Standards addressed: Rule 28.3, 28.4

Section: Residential Services
Policy: Community Living Handbooks
Policy No.: RS 11
Effective: 03/22/2011
Last Revision: 04/22/2014

POLICY: It is the policy of Community Counseling Services (CCS) that people who live in a SUD Residential treatment program (PACH/RH) will receive a handbook that addresses program rules/regulations.

PURPOSE: To ensure that residents of community living environments are aware of program philosophy, purpose, and goals; program rules and regulations; policies regarding collection of fees; and admission/discharge criteria.

PROCEDURE: It is the responsibility of the A&D Clinical Coordinator to ensure that a Handbook is developed which includes all policies and procedures for residing in the SUD facility. Handbooks are to be provided to the person/parent/legal representative during orientation to the facility. The PACH/RH Handbook must be readily available for review by staff and must be updated as needed. In addition, the program must document that each person/parent/legal representative served is provided with a handbook and orientation on the day of admission. The service and site-specific handbook is written in a person-first, person-friendly manner that can be readily understood. The handbook can be made available in a resident's language of choice when necessary if English is not his/her primary language. See policy RI 16 for details. Input from residents is encouraged and will be taken into consideration when updates/revisions are being made. The handbook may not include any rules or restrictions that infringe on or limit the person's ability to live in the least restrictive environment possible or that limit or restrict the rights of individuals receiving services specified in Policy RI 06 Rights of Individuals Receiving Services.

At a minimum, the PACH/RH Handbook addresses the following areas:

- A person-friendly, person-first definition and description of the community living service being provided
- The philosophy, purpose, and overall goals of the service to include, but not limited to, methods for accomplishing stated goals and objectives, expected results/outcomes, and methods to evaluate expected results/outcomes
- A description of how the program addresses the following items, including but not limited to:
    - Visitation guidelines
    - External communication guidelines
    - Dating
    - Offsite activities
    - Household tasks
    - Curfew
    - Use of items for personal consumption (i.e., tobacco, OTC medications, food/drink items, etc.)
    - Respecting the rights of other residents' privacy, safety, health, and choices

- A description of the meal schedule
- Personal hygiene care and grooming expectations, including assistance available
- Medication schedule
- Guidelines for prevention of and protection from infection, including communicable diseases
- Policy regarding the search of the individual's room, person, and/or possessions to include but not limited to:
    - Circumstances in which a search may occur
    - Staff member(s) designated to authorize searches
    - Documentation of searches
    - Consequences of discovery of prohibited items
- Policy regarding screening for prohibited/illegal substances to include but not limited to:
    - Circumstances in which screens may occur
    - Staff member(s) designated to authorize screening
    - Documentation of screening
    - Consequences of positive screening of prohibited substances
    - Consequences of refusing to submit to a screening
    - Process for individuals to confidentially report the use of prohibited substances prior to being screened
- Description of the staff's responsibility for implementing the protection of the individual and his/her personal property and rights
- Methods for assisting individuals in arranging and accessing routine and emergency medical and dental care shall include, but is not limited to:
    - Agreements with local physicians/NP and dentists to provide routine and emergency care
    - Agreements with local hospitals to provide emergency care
    - Process for gaining permission from parent/guardian if necessary
- Criteria for successful program completion, as well as, discharge from PACH/RH.

All residents will be given an orientation to PACH/RH at the time of admission by program staff, ideally a Peer Support Specialist when available. The orientation will include, but is not limited to:

- Familiarization of the person with the living arrangement and neighborhood
- Introduction to support staff and other residents
- Description/overview of the written materials provided upon admission (i.e., handbook, program schedule)
- Description of the process for informing individuals/parents/guardians of their rights, responsibilities and any program restrictions or limitations prior to or at the time of admission

Mississippi Operational Standards addressed: Rule 31.2