

**Section:** Operations/Fiscal Management  
**Policy:** Appointment Cancellations/"No Shows"  
**Policy No:** OFM 01  
**Effective:** 07/28/1985  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that individuals receiving services who fail to keep appointments will be contacted by the appropriate service provider(s) to encourage them to continue services to accomplish treatment goals.

**PURPOSE:** To enhance compliance with treatment and to minimize lost time by service providers

**PROCEDURE:** An individual receiving services must notify Community Counseling Services that he/she will be unable to keep a scheduled appointment at least twenty-four (24) hours before the appointment is scheduled. Notification that the appointment cannot be kept should be made with the person who scheduled the appointment (i.e., the receptionist and/or identified service provider). If the receptionist is notified of the cancellation, he/she will inform the appropriate service provider of the cancellation. Service providers should reflect on their service log when appointments are cancelled or when an individual no shows for an appointment. An individual receiving services who has failed to keep appointments more than three times within a 90 day period, whether by cancellation or by failing to keep the appointment without notice, will not be scheduled for an appointment unless an emergency service is indicated. Appointments cancelled due to illness or genuine emergency situations shall not be counted toward failed appointments. When an individual receiving services requests an appointment, the receptionist/service provider should research in the computer system and see if the individual has missed 3 or more appointments in the last 90 days. If so, the receptionist and/or service provider will inform the individual that they cannot schedule an appointment for the individual, but the individual can wait in the waiting room for his/her therapist to have an opening on his/her schedule.

Individuals receiving services will be informed of the consequences of failed appointments at the time of intake/initial assessment and will acknowledge understanding their responsibilities by signing the Rights of Individuals Receiving Services/Grievance Acknowledgement/Consent to Treatment form.

Psychiatrist/PMHNP specific: In order to ensure that psychiatric/PMHNP available time is maximized, individuals who no show or cancel more than two (2) appointments with the psychiatrist/PMHNP within a 3 month period will not be scheduled for another appointment for 90 days. If the individual no shows or cancels anytime within the next 90 days, he/she will not be scheduled for another appointment without meeting with the County Administrator/Supervisor for the county in which he/she receives services. Office Managers/Medical Records Technicians will be responsible for completing a service log reflecting no shows and cancelled appointment for individuals scheduled to see the psychiatrist or PMHNP. In addition, the OM/MR Technician will make a notation in the medical section of each chart of an individual who did not keep his/her appointment and state "NS for Dr. \_\_\_\_\_ on \_\_\_\_\_." and sign the note.

Service provider response to failed appointment: Each provider should attempt to contact each individual receiving services once he/she has failed to keep two (2) appointments within the past 90 days. The provider should discuss with the individual issues/concerns the therapist believes need further therapy to be resolved and barriers to individual's ability to keep appointments. Each contact and the response to it by the individual receiving services must be documented in a progress note in the individual's chart. If the individual receiving services continues to fail to keep appointments and is in excess of 3 no show/cancelled appointments in a 90 day period, the therapist shall send a letter to the individual receiving services. The letter shall detail the items listed above and that no further appointments will be scheduled at this time without discussing consequences for missed appointments with the service provider and requiring the individual to contact the service provider and communicate whether or not they want to continue with services. A deadline for contacting the provider will be outlined (not more than two (2) week). If the individual fails to respond within the given time frame, the service provider will closure his/her case. A copy of the letter shall be placed in the Consultation/Evaluation section of the individual's chart.

**Section:** Operations/Fiscal Management  
**Policy:** Admission and Readmission  
**Policy No.:** OFM 02  
**Effective:** 07/22/1985  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that all persons requesting services from the agency will be accommodated in a professional, timely fashion. A clinical record shall be created upon the initial intake of an individual receiving services and that the existing clinical record will be updated when an individual is readmitted. Further, information gained in the process of initial intake shall include all information required by the DMH Manual of Uniform Data Standards.

It is also the policy of Community Counseling Services that all persons requesting services from Community Counseling Services will provide personal and/or family demographic information. All individuals will complete and sign a request for treatment before services may be received.

**PURPOSE:** To ensure that all persons being considered to receive services from Community Counseling Services are appropriate for such services and are aware of the necessity for their commitment to full participation in the treatment process, including all individuals with disabilities who are otherwise eligible, including individuals who are HIV positive.

To maintain an accurate record of the services provided to each individual, to ensure that optimum service is provided, and to ensure that all required admission information is obtained on a timely basis so that assessments and individual services plans for individuals receiving services are completed within required timelines following the initial contact.

To ensure that all of the necessary demographic information is requested to complete all required State and Federal reports; to enable Community Counseling Services to determine the appropriate payer and the person(s) to be billed for each service. To also ensure that individuals receiving services or their representatives have given their signed consent to receive services.

**PROCEDURE:** As reflected in Policy RI 11, CCS offers equal access to all persons who meet eligibility criteria without discrimination regarding disability, race, creed, sex, age, or national origin. Persons who are HIV-positive will have equal access to treatment and services for which they may be otherwise eligible. In order to be eligible for services, an individual must meet a minimum of one (1) of the eligible diagnoses of mental disorders defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. Eligibility criteria for individual service areas is outlined in policy GS 01.

**Outcomes/Evaluation:** The expected result/outcome of services is overall improvement in functional skills, as well as, outcomes/goals as identified by the individual receiving services, his/her family/legal representative (if applicable), and the treatment team. Services and supports should be designed to help the individual identify and achieve his/her own recovery goals. Evaluation of expected outcomes is accomplished by

ongoing assessment by the treatment team, completion of functional assessments at regularly scheduled times, and reports from the individual and his/her support system as identified.

Referral: Individuals wishing to access the services of Community Counseling Services may be referred by themselves, by family members, by another human service agency, by a physician or medical facility, by an attorney, by the courts, or by any other interested agency/individual. The steps to be followed during the admission/readmission process are outlined in the following paragraphs. There will occasionally be exceptions to these steps, and some situations will require accommodation (emergencies, homebound individuals, etc.)

Request for Appointment: When a request for an appointment is made, whether in person or by telephone, the OM/MR Technician receiving the request will obtain the prospective service recipient's name, county of residence, telephone number, date of birth, and social security number. The OM/MR Technician will also gather information about whether or not the individual has received services with CCS previously. This information will be verified in the computer system based on social security number and date of birth.

Demographic/Payer Information: In addition to basic demographic services, the OM/MR Technician will obtain payer information. If the individual has a third party payer, the individual will be instructed to bring proof of coverage to the first appointment. Proof of coverage includes a copy of a valid Medicaid/Medicare or Insurance card. If the individual's services will be covered under an EAP contract, proof of current employment with the EAP employer is needed. Based on the terms of the EAP contract, the individual's employer may have to be contacted to approve services. In these situations, the individual shall have given us permission to contact the responsible payer. If the individual does not have any of the above payment capabilities, he/she will be informed regarding CCS's current fee schedule and if eligible, information about the sliding fee scale. In order to determine eligibility for the sliding fee scale, the individual will have to provide proof of residence in the Region 7/CCS catchment area, as well as, proof of income at the initial appointment. (See policy OFM 17 for details.)

The individual is given an appointment time which will include an administrative intake and a clinical intake. In addition to proof of household income/third party payer documentation and proof of residency, the individual is instructed to bring picture ID, social security card, list of current medications, discharge paperwork (if coming from in patient/prior treatment facility), and birth certificate or proof of guardianship/custody papers (for individuals under the age of 18) with him/her to the initial appointment. If the individual has received services previously, the OM/MR Technician will request the closed chart to be available at the time of re-admission.

If time permits, an attempt will be made to call each individual scheduled for an intake and remind them of their appointment. At that time, the individual will be reminded of the date and time of the appointment and what information he/she will be expected to bring with them to the initial appointment.

Admission/Readmission: When the individual arrives, he/she will be taken to a private area for the administrative intake. In most cases, the OM/MR Technician will conduct

the administrative intake and will make every effort to aid the individual in feeling as comfortable as possible. If for some reason an OM/MR Technician is not available, a staff member who has been trained in this area may complete the administrative intake. The Client Face Sheet is utilized to gather demographic and financial information regarding the individual receiving services. The staff member conducting the administrative intake will complete all items regarding demographic/financial information. The intake therapist will complete all items of a clinical nature. A copy of all supporting documentation (i.e., proof on income, proof of residency, insurance cards, guardianship papers) will be made by the staff member conducting the administrative intake. The individual completing the administrative intake is responsible for forwarding the Client Face Sheet and financial documentation to the data entry department. Anytime an individual receiving services income/demographic information changes, an updated Client Face Sheet will be completed.

Financial Intake: Information regarding financial responsibility will be covered during the administrative intake. Individuals with third party payers will be informed that payment not covered by his/her insurance (i.e., commercial insurance, Medicaid, Medicare) will be the responsibility of the individual and/or his/her responsibility party. A reduced fee based on the sliding fee scale is available for individuals with no third party payer based on income and household dependents. Individuals eligible for a reduced rate and/or possible grant coverage for particular services must provide proof of income/household dependents annually or whenever income/wage status and/or household dependents changes. The individual receiving services and/or his/her legal guardian can choose if they want to provide this information. Failure to provide this information will result in the individual being ineligible for consideration of a reduced rate or any grants that may cover service costs. (See policy OFM 17 for additional information.) Based on the completion of the financial section of the administrative intake, the individual will be informed of anticipated costs associated with treatment.

If the individual receiving services has applied for Medicaid/Medicare/Insurance benefits and has not received notification of approval, he/she will be classified as self-pay and be expected to pay for services at the time of service. If subsequently the individual receives Medicaid/Medicare/Insurance coverage with a prior eligibility date (retroactive), any services the individual has received during the retroactive time period will be billed to Medicaid/Medicare/Insurance. The individual receiving services will be reimbursed for any payments previously made that are subsequently covered by his/her Medicaid/Medicare/Insurance policy.

Clinical Intake: The clinical intake must be initiated on the first day of service and completed within timeframes as indicated in Policy GS 01 Initial Assessment/Eligibility. The initial assessment must be completed by a master's level clinician and include his/her signature and credentials. In accordance with the DMH Record Guide, the following forms/documents will be completed (at a minimum):

- Client Face Sheet (clinical portion)
- Initial Assessment
- Rights of Individuals Receiving Services/Consent for Services
- Complaint/Grievance Notice
- Signature on File

- Consent to Release/Obtain Information (as applicable)
- Substance Abuse Specific Intake Assessment (as applicable)

If it is determined that the individual receiving services is Seriously Mentally Ill (SMI) or Seriously Emotionally Disturbed (SED), the individual will be referred to Community Support Services. If the individual receiving services or his/her legal guardian does not wish to be referred for Community Support Services, the therapist must aid the individual in indicating his/her wish not to participate in Community Support Services by checking the appropriate box on the Individual Service Plan (ISP). The individual receiving services and/or his/her parent/guardian must sign the ISP in order to confirm refusal of case management.

When the clinical intake is completed, the therapist accompanies the individual receiving services to the receptionist and remains with the individual to ensure individual and/or his/her legal guardian is clear regarding financial arrangements for services and to make another appointment. Payment is due at the time of services and must be received before future appointments are made, emergency situations excluded.

Individual Service Plan: Upon completion of the clinical intake, the therapist is responsible for completion of the ISP with input from the individual receiving services and/or his/her parent/guardian as appropriate. Timelines as established by the DMH Record Guide will be followed. (See policy CI 10 for additional information regarding the development and review of the ISP.) The team works together to develop the ISP. The therapist will present the plan, along with a diagnostic impression, to the interdisciplinary treatment team at its next regular meeting for the staffing of cases. Following approval by the treatment team, the ISP will be reviewed/approved by a licensed physician, licensed psychologist, psychiatric/mental health nurse practitioner, physician assistant, licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or Licensed Certified (clinical) Social Worker (LCSW) to certify that the services planned are medically/therapeutically necessary for the treatment of the individual.

Intake Completion: Upon completion of the intake process, the therapist returns all completed paperwork to the OM/MR Technician. Necessary entries are made in the computer system to formally establish that the individual is now (or again) a service recipient of Community Counseling Services. The chart of the individual receiving services is filed in the appropriate Medical Records office.

Physician/PMHNP Referral: The therapist completing the clinical intake shall ensure that an appointment is made with an agency physician/PMNHP at the next available appointment or within 14 days of intake for priority groups as outlined in policy GS 01 & GS 02. If medication is not indicated, an appointment can be made with any approved provider as outlined in policy GS 01. This includes LCSW, LPC, and LMFT. The provider shall meet with the individual receiving services to determine need for medication and to determine that services reflected on the ISP are medically/therapeutically necessary.

Referral for appropriate services: If during the initial assessment it is determined that the individual is not appropriate for the services of CCS, he/she will be referred to an appropriate service provider. The intake therapist will provide referrals for appropriate facilities/providers to meet the individual's needs and will facilitate assisting the

individual in making contact with the appropriate service provider during the initial assessment process when possible and with appropriate consents. All attempts, referrals, and follow-up contact will be documented.

**Section:** Operations/Fiscal Management  
**Policy:** Daily Service Logs  
**Policy No:** OFM 03  
**Effective:** 03/22/1996  
**Last Revision:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to record all service delivery and support activity for individuals receiving services on a daily service activity log.

**PURPOSE:** To capture all service, statistical, billing and other relevant information on a single document.

**PROCEDURE:** All staff who provides services that are a) reimbursable or b) must have the ability to be trackable in our computer system will record that activity on a daily service log. All service logs will be signed by the staff person completing the document and include the employees assigned "billing number". All service log entries which signify a direct service to an individual receiving services must correspond to a progress note entered in the medical record of the individual receiving services.

Service Log Submission: Logs will be placed in a predetermined collection point at each office. It shall be the responsibility of the OM/MR Technician to ensure there is corresponding documentation for each entry direct contact reflected on the service log. Service logs cannot be accepted by the Medical Records department without corresponding documentation. Daily service logs requiring attached case notes must be submitted to the Medical Records Department at the end of the service provider's work day. Week-ending service logs are due on Friday. Failure to submit service logs accurately and in a timely manner will result in disciplinary action, up to and including, termination.

The Medical Records staff will be responsible for insuring that service logs that need to be entered by data entry will be submitted in the outgoing mail the following business day. Logs will be picked up daily by the Community Counseling Services mail courier on a pre-determined schedule and are delivered to the data entry department located in the West Point Administrative Building.

Inaccurate or incomplete daily service logs will be returned to the individual who completed the log for correction. Corrected logs should be returned to the Medical Records department on the day they were received. Reports noting missing daily service logs and/or missing corresponding documentation will be provided to County Administrators/Supervisor daily.

Under no circumstances may the service log indicate billing for more time than the individual actually worked on any given day. Falsification of any data on the service log is considered fraud and will be justification for disciplinary action, up to and including termination.

**Section:** Operations/Fiscal Management  
**Policy:**  
**Policy No:** OFM 04  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:** Handling Money  
**Policy No:** OFM 05  
**Effective:** 01/01/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that all monies collected shall be forwarded to the West Point Administration office to be deposited daily.

**PURPOSE:** To ensure that all funds are accounted for and safely deposited.

**PROCEDURE:** Each OM/MR Technician will complete a daily cash log using the yellow copies of the receipts as substantiating documentation. The white copies of the receipts are given to the individuals receiving services. A separate cash receipt log will be used for a) cash payment, b) credit card payments, and c) general ledger entries (i.e., rent payments). The cash log, yellow receipt copies and the money are put in a locked cash bag and sent to the Accounts Receivable (AR) department located in the West Point Administrative Office through inner-office mail. Prior to be submitted to the AR Department, OM/MR Technicians should ensure that cash receipt logs, receipts, and monies received balance.

Security of money on hand: It is the responsibility of each OM/MR Technician to ensure that all cash/petty cash and corresponding receipts are secured during the day and locked up at night to prevent loss.

Accounts Receivable: Once received in the AR department, a designated individual will be responsible for ensuring that all cash receipt logs received were completed correctly and balance. Discrepancies will be brought to the attention of the person that completed the cash receipt log, the Office Manager Coordinator, and the Comptroller. Once amounts have been verified, empty money bags will be returned to the respective counties and the monies received will be given to the designated individual to make the daily deposit. This individual will be someone other than the person that validated the cash receipt logs. A person from the AR department will post all payments to the appropriate accounts for pending charges.

Assisting with monies of individuals receiving services: The personal use of any individual receiving services money is absolutely forbidden. Under no circumstances is it acceptable to use funds of any individual receiving services. Personal use of the funds of any individual receiving services is totally unauthorized and may be pursued by our auditor and/or the court as embezzlement, whether or not the staff member intends to replace the money, in addition to, grounds for termination.

At times, programs (primarily community living) are called upon to provide support in the management of an individual's receiving services monies. It is a function of the staff person(s) to assist in the management of such funds and expenditures in an acceptable manner. Providers cannot restrict access to personal resources. Providers must offer informed choice of the consequences/risks of unrestricted access to personal resources. In situations where a staff member is indicated as a representative payee, the employee must complete the Social Security Administration Representative Payee

Interdisciplinary Training and submit documentation for maintenance in his/her personnel file.

Mississippi DMH Operational Standards addressed: Rule 14.2

**Section:** Operations & Fiscal Management  
**Policy:** Incident Reporting  
**Policy No:** OFM 06  
**Effective:** 10/24/1994  
**Revised/Approved:** 02/26/2019

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**POLICY:** It is the policy of Community Counseling Services that an incident report be completed whenever there is an unexpected occurrence involving an individual receiving services, a staff member or a visitor. These reports shall be retained by Community Counseling Services no less than five (5) years, except in the case of minors; then they shall be kept for a period of five (5) years past the age of majority of the individual receiving services.

**PURPOSE:** To ensure that Community Counseling Services has a method of documenting all unusual or unexpected occurrences. When such situations occur, Community Counseling Services can properly investigate and apply any remedy necessary to reduce the possibility of re-occurrence of the incident.

**PROCEDURE:**

**General Information**

All employees of Community Counseling Services are responsible for reading the Community Counseling Services Policy and Procedure regarding Incident Reporting and for observing all provisions of that Policy and Procedure. An incident report must be completed whenever there is an unexpected occurrence involving individual receiving services, a staff member, a visitor, or the property of CCS. See attachment A for notification/routing procedures after an incident has occurred. Documentation of all incidents are maintained in a central file at the Administrative office.

All serious incidents involving an individual receiving services on program property or at a program-sponsored event, or at any time during the provision of services must be reported to the Department of Mental Health, Bureau of Quality Management, Operations & Standards, the Executive Director or his/her designee, and parent(s)/guardian(s) or other significant persons as identified by the individual receiving services. Community Counseling Services and its employees will cooperate with Department of Mental Health regarding any necessary follow-up after a serious incident has occurred.

The Executive Director or his/her designee is designated to review all incident reports to determine the need for investigation. Failure to submit incident reports within required timelines may result in disciplinary action, up to and including termination.

**Action Steps**

It is the responsibility of the staff member who discovered/was a part of the incident to complete the Incident Reporting Form for all incidents described in this policy. It is to be completed before the staff member leaves his/her work location or shift on the day during which the incident occurs so that it may arrive in the administrative office no more than twenty-four (24) hours after the occurrence/discovery of the incident.

The original Incident Reporting Form is submitted to the staff member's immediate supervisor. The report should then be forwarded to the County Administrator/County Supervisor (if CA/CS is not immediate supervisor) who will then forward it to the Chief Personnel Officer. For incidents deemed "serious" as defined by Department of Mental Health Operational Standards, the incident report will be forward to the Executive Director for his/her review.

Incident Reports are required for, but not limited to, the following situations:

**Agency Related Incidents**

- Contraband
- Property Damage
- Vehicle accident/damage
- Employee injury
- Theft
- Visitor related concern/issue
- Abuse report
- Staff threatened
- Misconduct of IRS
- Other

**Serious Incidents** (as defined by DMH Operational Standards) involving individual receiving services on program property or at a program-sponsored event.

- Suicide attempts on provider property at a provider-sponsored event, or by an individual being served through a community living program;
- Unexplained absence from all community living programs, Crisis Stabilization Units, Primary Residential Treatment or Transitional Residential Treatment Programs of twelve (12) hour duration;
- Unexplained or unanticipated absence of an individual receiving services of any length of time from a DMH certified day program of any type (i.e., wandering away from the premises);
- Incidents involving injury of an individual receiving services while on provider property, at a provider-sponsored event, or being transported by a DMH Certified Provider;
- Emergency hospitalization or emergency room treatment of an individual while in the program;
- Accidents which require hospitalization that may be related to abuse or neglect, or in which the cause is unknown or unusual;
- Disasters, such as fires, floods, tornadoes, hurricanes, blizzards, etc;
- Any type of mandatory evacuation by local authorities that affects the program/facility or site; and,
- Use of seclusion or restraint that was not part of an individual's treatment Behavior Management Plan, or ID/DD Waiver Behavior Support/Crisis

Intervention Plan that was planned but not implemented properly, or resulted in discomfort or injury for the individual.

- Death of an individual on provider property, participating in a provider-sponsored event, being served through a certified community living program, Crisis Stabilization Unit, Primary Residential Treatment , Transitional Residential Treatment , and/or being served through the ID/DD Waiver, or during an unexplained absence from any of the previously mentioned programs or Alzheimer's Day Services programs
- Requires notification to DMH, Bureau of Quality Management within twenty four (24) hours of incident.
- Requires notification to DMH, Bureau of Quality Management within eight (8) hours of incident.

On the Incident Reporting Form, the category which best describes the incident should be checked. If an incident/occurrence is not listed, the "other" space should be used for the incident description. Any and all individual(s) receiving services mentioned should be referred to by case number only. Since incident reports are maintained in the Administrative office and not filed in the medical record, incidents involving an individual receiving services should be documented in the individual's medical record as appropriate. Case numbers shall replace names of other individuals receiving services referenced in the documentation. The Incident Report Form should clearly specify if an incident involves a visitor, an employee, or an individual receiving services. If a visitor is involved, his/her name, address and phone number shall be included in the incident report.

All Community Counseling Services employees are responsible for reporting any suspected incidents of abuse/neglect of an individual receiving services. If the incident being reported involves suspected abuse by an employee, a notation shall be made on the incident report documenting that the Chief Personnel Officer/HR was notified, as well as, appropriate authorities.

### **Staff Responsibilities:**

Any staff member, who witnesses, observes, is involved in, or discovers any unusual incident shall complete an Incident Reporting Form. The report should be completed fully, with no blanks. In the "Description of Incident", staff should include factual, objective information in a concise manner. The incident should be completely described by answering the following questions:

- Who was involved (employee, visitor, individual receiving services, property)
- What happened?
- When did the incident occur (date/time/location)?
- Where did the incident occur?
- Was medical care treatment offered?
- Were there any witnesses? If so, whom?
- What were the possible contributing factors?
- What consequences/follow-up actions were taken to prevent future incidents?
- Were any authoritative bodies notified? If so, whom?
- Has the report of the incident been made within the agency? If so, to whom?

An employee's supervisor should be notified verbally as soon as possible after the incident occurred for guidance, direction, and support. A written incident report shall be submitted to an employee's immediate supervisor before the end of the day or the end of the shift during which the incident occurred, unless the employee is physically unable due to personal injury related to the incident.

**Supervisors Responsibilities:**

It is the responsibility of the supervisor to discuss the incident, causes, and ramifications with applicable staff members. At the time the supervisor is notified, direction/support should be provided as necessary in response to the particular incident. Upon receipt of the Incident Reporting Form, the supervisor shall review the report to ensure that it is completely fully. If any information is missing or any questions are unanswered, the supervisor shall contact the employee involved/who witnessed the incident for additional information/clarification. Once complete, the supervisor will sign in the appropriate section of the Incident Reporting Form and forward to the Chief Personnel Officer (CPO). For serious incidents that must be reported to DMH within eight (8) hours of the incident, the supervisor should contact the CPO immediately so appropriate notification can be made. If unable to reach the CPO, another member of the Executive Leadership Team shall be notified (i.e., the Chief Financial Officer (CFO) or Executive Director).

It will be the supervisor's responsibility to ensure that parent(s)/guardian(s) or other significant persons as identified by the individual receiving services and documented in his/her record will be notified as appropriate while ensuring that confidentiality is not compromised.

Based on the facts related to the incident, the supervisor should make specific recommendations for prevention of future situations from occurring. It is the supervisor's responsibility to notify applicable staff of these recommendations and monitor implementation. If changes impact agency policy or require additional training, the Chief Personnel Officer (CPO) should be notified so changes to policy and/or training needs can be discussed.

Because many incidents that occur involve insurance/liability issues and thus have notification timelines/requirements, it is the responsibility of the supervisor to notify the designated Benefits Administrator at the Administrative office for further instructions as soon as possible after the incident occurred, but no later than the end of the workday.

**Chief Personnel Officer responsibilities:**

It is the responsibility of the Chief Personnel Officer (CPO) to review the Incident Reporting Form and take any necessary action. If any information is missing or any questions are unanswered, the CPO shall contact the supervisor and/or employee that submitted the report for additional information and clarification. If the incident is deemed as "serious" as defined by Department of Mental Health (DMH), the CPO will make a report to DMH, Bureau of Quality Management, Operations, & Standards within required timelines and forward the Incident Reporting Form to the Executive Director for his/her review. A report made to DMH by telephone will be followed up by a completed Incident Reporting Form within timelines identified above.

**Executive Director’s responsibilities:**

It is the responsibility of the Executive Director to review all serious incidents and take any action deemed necessary.

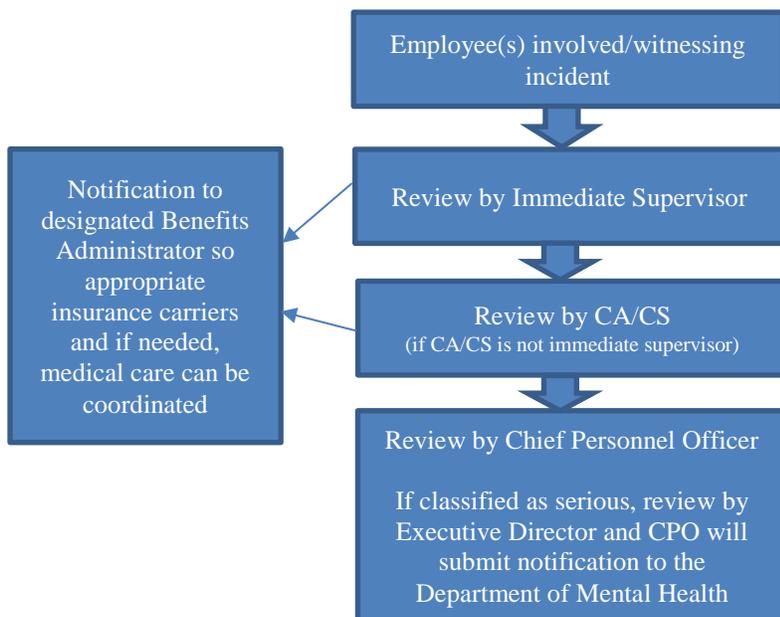
**Quality Management Committee**

The Quality Management Committee of Community Counseling Services will review all serious incident reports in compliance with DMH standards. In addition, non-serious incidents will be reviewed as deemed necessary in an effort to identify potential work place safety issues and respond accordingly. The committee will be comprised of designated County Administrators, Chief Personnel Officer, Chief Financial Officer, designated person for Benefits Administration, Director of A&D Services, Director of IDD Services, Maintenance Supervisor, and Compliance Officer. Other staff will be invited when necessary based on incidents being reviewed from the prior quarter. The committee will review all serious incidents at least quarterly and provide a written assessment which will include the following:

- A determination of the cause of each incident
- Identification of any trends in serious incidents
- Remedial actions to be taken to prevent similar future event
- Ensure communication of remedial actions to applicable staff

Based on the assessment, the committee will make recommendations regarding changes in policy and/or training that will aim towards the prevention of serious incidents.

Note: All new hires will complete the Relias training course, Writing Effective Incident Reports and documentation of completion will be maintained in the employees personnel file.



**Section:** Operations/Fiscal Management  
**Policy:** Maintenance of Non-Clinical Required Records  
**Policy No:** OFM 07  
**Effective:** 02/16/1993  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that all required records (non-clinical) be kept in an orderly, secured and timely manner.

**PURPOSE:** To ensure that all required records are available for retrieval and review and that they are kept in a manner by which they can be readily identified by subject. Also, that all required records are stored in a central location and archived in a safe and secure place until they may be destroyed.

**PROCEDURE:** Community Counseling Services maintains a central filing system for all required records. The location of the Central filing system is 222 Mary Holmes Drive, West Point, MS 39773. Required records are defined as financial, human resources, service reporting to State, Federal and Local Agencies, and other records which are compiled and distributed outside of Region VII. These records may be retained in paper format or electronically.

All Commission minutes are maintained at the West Point Administrative office, 222 Mary Holmes Drive, West Point, MS 39773. The Executive Director designated an individual to be responsible for maintaining these documents in an organized and secured location.

Records of individuals receiving services will be stored according to the "Maintenance of Medical Records" policy found in the Medical Records Section.

**Section:** Operations/Fiscal Management  
**Policy:** Retention of Records  
**Policy No:** OFM 08  
**Effective:** 02/18/1992  
**Revised/Approved:** 10/27/2020

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**POLICY:** It is the policy of Community Counseling Services that all required records be kept in an orderly, secured and timely manner.

**PURPOSE:** To ensure that all records and documentation will be kept in a secured and safe condition and will be available for retrieval and review, and that all records will be stored so they can be easily identified.

**PROCEDURE:** Current year records, except medical records of individuals receiving services, are maintained at 222 Mary Holmes Drive, West Point, MS.

- Payroll records, including: time sheets, personnel leave and earnings records will be kept for a period of seven (7) years.
- Personnel records are kept for a period of five (5) years
- Records of payments and charges by/for individuals receiving services will be kept for a period of seven (7) years.
- Records of services, staff scheduling and reports will be kept for a period of seven (7) years.
- Clinical records for individuals receiving services will be retained for a period of ten (10) years from the date of close in either paper or electronic format.
- Bank statements and deposit slips will be retained for a period of seven (7) years.
- Vouchers, including checks and invoices for which the check was drawn will be retained for a period of seven (7) years.
- General ledger, audit reports and journals of original entry in the form of electronic media will be retained permanently. Paper computer records will be retained for a period of seven (7) years.

Records for individuals currently receiving services will be kept in secure locations designated for medical records in each service location. During non-office hours all records will be locked in the designated secure area. Closed medical records will be stored in their original, hard copy form for a minimum of one (1) year. Closed files will be stored as follows:

In Starkville: Choctaw, Oktibbeha, Webster, Winston Counties  
In Columbus: Clay, Lowndes, Noxubee Counties

**Section:** Operations/Fiscal Management  
**Policy:** Transfer of a Chart with Deficiencies  
**Policy No:** OFM 09  
**Effective:** 11/01/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that each service provide is responsible for insuring that the sections of the chart which are his/her responsibility are current and up to date prior to transfer to another staff member.

**PURPOSE:** To clearly delineate responsibility for deficiencies in a chart which has been recently transferred from one service provider to another.

**PROCEDURE:** When an individual receiving services is transferred from one service provider to another, the transferring service provider must review the chart to determine whether or not any deficiencies exist. Any existing deficiencies shall be cleared by the transferring service provider. Any service provider receiving a chart which has deficiencies at the time of receipt shall immediately notify his/her immediate supervisor. The supervisor shall notify the supervisor of the transferring service provider of the deficiencies. A deadline will be established for completion of all deficiencies not to exceed thirty days. In no situation should the receiving service provider back date the completion of required documentation. Failure to correct deficiencies as identified within required timeframes is a job performance issue and will result in disciplinary action.

If the transferring service provider is no longer an employee of Community Counseling Services, the clearing of the deficiencies immediately becomes the responsibility of the receiving service provider, who shall correct the deficiencies at the earliest possible time. In no situation should the receiving service provider back date the completion of required documentation. The receiving service provider shall consult with his/her supervisor regarding the priority of clearing deficiencies. All deficiencies should be cleared within thirty (30) days, unless an alternate timeframe established in writing between the supervisor/supervisee.

**Section:** Operations/Fiscal Management  
**Policy:** Agency Vehicle Liability Insurance  
**Policy No:** OFM 10  
**Effective:** 01/01/1997  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to maintain an adequate level of liability insurance on all agency owned/operated vehicles.

**PURPOSE:** To ensure that all individuals receiving services and staff members of Community Counseling Services are adequately provided for in case of injury to person or property in an accident involving a Community Counseling Services vehicle. To comply to all requirements of the Department of Mental Health and the State of MS.

**PROCEDURE:** It shall be the responsibility of the Chief Financial Officer (CFO) to ensure that all vehicles owned/operated by the agency are covered by adequate liability insurance. The CFO shall maintain copies of all policies and be maintained in the Administrative Office located at 222 Mary Holmes Drive, West Point, MS 39773. Policies are renewed yearly. Each driver of an agency owned/operated vehicle must submit to the Department of Human Resources a photocopy of his/her driver's license so that the agency may be certain that each driver meets the qualifications for coverage by the liability insurance policy.

**Section:** Operations/Fiscal Management  
**Policy:** Wage and Salary Administration  
**Policy No:** OFM 11  
**Effective:** 11/01/1992  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to provide adequate compensation for employees and to reward excellence in employee performance with increased financial compensation. Salaries shall be competitive and consistent with salaries of other similarly situated positions/job classifications.

**PURPOSE:** To ensure the success of Region VII Mental Health/Mental Retardation Commission programs by attracting and maintaining competent personnel.

**PROCEDURE:**

**Salaries:** Entry level salaries for all positions will be established based upon appropriate professional education, applicable work experience, job duties, and supervisory responsibilities.

**Employee Evaluation:** Each new employee shall be hired on a six (6) month probationary period which will include monthly evaluations during this period. Subsequently, employees will be evaluated annually based on requirements as outlined in Policy HR 08: Employee Performance Evaluation.

The agency will evaluate overall performance in conjunction with annual budget development. If deemed appropriate, the amount recommended by the Executive Leadership Team will be included in the annual budget presented to the Commission in September annually. Documentation of budget approval will be maintained in the Commission minutes. Consistent with policy HR 08, employees hired after July 1 of the calendar year, as well as employees who are on performance or disciplinary probation for any reason, will not be eligible for the increase.

**Promotion Increases:** Promotion is defined as movement from one position title to a different position title, with a higher maximum salary. Upon such a promotion, the salary of such a staff member may be immediately adjusted.

**Terminated Funding and Re-employment:** Staff members whose employment is terminated on one grant may apply for other vacant positions with the agency. If recommended for a new position, salary is determined by the new position which the staff member will assume.

**Transfers:** Staff members will transfer into a new positions, defined as a position with a different job description, will be subject to a 6 month probationary period in the new position. This will promote regular meetings and feedback from his/her supervisor in an effort to promote success in his/her new position. This is different than a new hire probationary period and as such, employees are not restricted by policy from taking/using personal leave for which they have accrued.

Payroll Schedule: All employees (non-contractual) are paid on the basis of a two (2)-week pay period, with pay periods beginning on Sunday and ending on Saturday. Employees should have their timesheet submitted in Clockwise© by 12:00pm on the Monday following the end of a pay period. Failure to submit a timesheet within required timelines or inaccuracies identified on the timesheet, may result in a delay of an employee's timesheet being processed. Payroll checks will be mailed no later than the following Friday after a pay period. Direct deposits files will be submitted no later than 12:00 on Wednesday following a pay period with an anticipated post-date of Friday. Every effort will be made to promote employees having access to funds by Friday following a pay period; however, we have no control over individual banking institutions and how quickly deposits are posted.

#### Timesheet Submission (from Policy HR 11)

As indicated above, employees should have their timesheet submitted in Clockwise© by 12:00pm on the Monday following the end of a pay period. For employees that have not submitted their timesheet by the aforementioned deadline, his/her supervisor should notify the employee and instruct them to submit their timesheet. Employees should review all entries for accuracy, save their time sheet, and then click submit. If you have over 80 hours reflected on your timesheet, the timesheet should be reviewed for personal leave hours taken. Personal leave hours can only be used to reach an 80 hour pay period. If an employee's hours are in excess of 80 hours due to personal leave, the amount of personal leave hours should be reduced to reflect a total of 80 hours. If "administrative leave" is used during the pay period, an employee's supervisor will need to notify the payroll department. For the Clockwise© system, "administrative leave" is used for compassionate leave, jury duty, or other approved administrative leave.

Supervisor should have all timesheets reviewed and approved in Clockwise by Monday at 5:00pm following the end of a pay period. An employee's timesheet should not be approved in Clockwise© until the employee has submitted their time sheet and "Ready" is indicated by the employee's name. If "No Timesheet" or "No Signature" is reflected by an employee's name, the employee has not submitted his/her timesheet and the supervisor should contact them to submit their timesheet immediately to ensure that it can be processed within established timelines. Failure to submit a timesheet within required timelines or inaccuracies identified on the timesheet, may result in a delay of an employee's timesheet being processed.

#### Important Reminders:

- All employees are responsible for accurately completing the time sheet for each pay of the pay period.
- Any leave indicated on the time sheet must have an approved leave slip from his/her supervisor. These should be submitted to the payroll department to correspond with leave reflected in Clockwise©.
- Failure to submit time sheets in accordance with the above procedures may result in salary payments being delayed as well as disciplinary action.
- Falsification of any data on the time sheet is considered fraud and will be justification for disciplinary action, up to and including termination.

Mississippi DMH Operational Standards addressed: Rule 11.1.B.1

**Section:** Operations/Fiscal Management  
**Policy:** Purchasing  
**Policy No:** OFM 12  
**Effective:** 08/01/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to follow the State of Mississippi Department of Finance and Administration (DFA) Procurement Manual in the acquisition of all needed supplies.

**PURPOSE:** To comply with all applicable regulations/standards in the purchasing of equipment and supplies and to obtain necessary materials in the most cost-effective manner

**PROCEDURE:** All requests for supplies must be approved by an employee's supervisor prior to purchase/receipt.

**Office Supplies:** The staff member needing office supplies completes the office supply request form and submits it to his/her supervisor for approval. If approved, the person designated in each office fills the office supply request. If office supplies are requested that are not maintained in the county offices, the items will be ordered through Barefield Office Supplies and delivered to the office making the request. The employee receiving the office supplies should forward the packing slip/invoice to be filed with the approved supply request. If unable to purchase the item(s) at Barefield, a purchase order should be submitted via the on-line purchasing system. These items will be purchased by the purchasing specialist and delivered to the office where the item(s) were requested.

**Janitorial Supplies:** The staff member needing supplies completes the office supply request form and submits it to his/her supervisor for approval. If approved, the janitorial request will be sent to the Purchasing Specialist to be filled. Ordered items will be delivered to the various county offices via the inner-office mail courier.

**Program Supplies:** The staff member requesting program supplies completes a purchase order (PO) of needed program materials and submits it to his/her supervisor for approval. If a particular item/product is needed, the staff member should include specific information on the PO about the specs of the item(s) and where to purchase the item(s). Otherwise, the Purchasing Specialist will decide where to purchase the items, taking into consideration quality and price. If approved, the purchase order will be submitted to the CFO or Comptroller for review/approval. If approved by the CFO or Comptroller, the purchase order is forwarded to the Purchasing Specialist who is responsible for making the order. Program supplies purchased on-line will be delivered to the office where the supplies were requested when possible. Once received the employee receiving the items should send the packing slip/invoice to the Purchasing Specialist to be filed with the PO. If unable to be delivered directly to the office making the request, the program supplies will be delivered inner-office mail via the CCS mail courier.

**Food:** The staff member/program needing food supplies should complete a purchase order for needed items and submit it to his/her supervisor for approval. If approved, the

request should be forwarded to the CFO or Comptroller for review/approval. If approved, the CFO or Comptroller will forward the request to the Purchasing Specialist. The Purchasing Specialist will be responsible for purchasing the items and having them delivered to the office making the request. It is acceptable to have an open PO for the fiscal year and purchase approved items against the open PO for the given fiscal year.

Furnishings/equipment: The staff member needing the item completes a purchasing requisition form and submits it to his/her supervisor for approval. If approved, the purchase order will be submitted to the CFO or Comptroller for review/approval. Once approved, the CFO or Comptroller will forward the request to the Purchasing Specialist so that approved items can be purchased.

Quotes: Any individual item over one thousand dollars (\$1000.00) requires 2 quotes before purchase.

Requests/PO's not approved: If any request is not approved, the original person making the request shall be notified along with the reason the request was not approved.

Accounting procedures: All supplies purchased should be charged to the appropriate element and general ledger code. As supplies are distributed from inventory, they shall be charged to the appropriate element and general ledger code by adjusting entries at the end of each month. The accounting department will be responsible for making the adjusting entries.

Inventory: At the end of each fiscal year, a physical count of all office, food, and janitorial items for each storage location will be made. A list of items on hand in each category will be prepared which includes quantity and price (if known) of each item. The inventory will be submitted to the Chief Financial Officer within five (5) working days after the end of the fiscal year.

#### The Purchasing Specialist:

Enters the information into the computer system

Orders/purchases the item(s)

Sends a copy of the information to the Accounts Payable Clerk

Ensures that the item(s) is/are delivered to the appropriate staff member/program

**Section:** Operations/Fiscal Management  
**Policy:** Use of Agency Automobiles (Non-Transportation)  
**Policy No:** OFM 13  
**Effective:** 08/01/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to maintain/assign vehicles for the use of designated employees for Community Counseling Services business-related travel, as well as, periodic out-of-region travel.

**PURPOSE:** To provide transportation for necessary travel without requiring employees to utilize their own vehicles and to fund necessary travel in the most cost-effective manner.

**PROCEDURE:** Only employees who have received prior approval by a member of the Executive Leadership Team or the Vehicle Maintenance Specialist will be assigned/allowed to utilize Community Counseling Services (CCS) owned vehicles (non-transportation). Vehicles are not allowed to be used for travel to and from work without approval from one of the aforementioned individuals except the Vehicle Maintenance Technician who will be permitted to use an assigned CCS vehicle for travel to and from work so he/she will have available tools/equipment when necessary to respond to emergencies/items requiring immediate attention after hours.

In order to use a CCS owned vehicle, the individual must complete an Individual Driver Questionnaire and grant Community Counseling Services permission to request a Motor Vehicle Report (MVR). Based on the results of the MVR, Community Counseling Services' auto liability insurance carrier will determine if the individual is approved to be added as a driver. If not approved, the individual is not allowed to drive any CCS vehicle. Assigned agency vehicles will be for Community Counseling Services business only. Employees are expected to take all steps necessary in avoiding endangering themselves and others while operating company or company-owned vehicles on company business.

Personal Use of CCS Vehicles: Employees who are provided a vehicle as part of their compensation/benefits package are permitted to use their vehicle for personal use, including travel to and from work. These individuals will be given a Personal Use Form at the end of the year to be included as taxable wages.

Employees authorized to operate company-owned vehicles are expected to comply with the following:

- All drivers and passengers must have seat belts fastened at all times the vehicle is in motion. Vehicles must be stopped if a seat belt is removed until all passengers have seatbelts securely fastened.
- Ensure that the vehicle to which the employee is assigned is maintained in safe driving condition.
- Conduct pre-trip inspection prior to use.
- Refrain from using cellular telephones (unless they are equipped with hands-free operation), personal listening devices, and from conducting any

other activities which may impede the driver's ability to focus on safely operating the vehicle while it is in motion. Texting and/or responding to e-mails is prohibited at all times the vehicle is in motion.

- Must have interiors kept clean at all times. Exterior cleanliness must be maintained as much as is practical considering the environment in which the vehicle is operated.
- All vehicles and drivers must comply with the applicable laws of Mississippi regarding motor vehicle operation, inspection, licensure, maintenance, and kept in good repair.
- No smoking or eating at any time may be permitted.

Any individual who is in violation with the safety expectations listed above may be subject to disciplinary action, up to and including termination.

For periodic out-of-region travel use, the following steps should be followed:

- The employee wishing to use a vehicle shall make a request to the Vehicle Maintenance Specialist.
- The Vehicle Maintenance Specialist shall check the calendar for conflicts, verify that approval has been granted, and notify the requesting employee whether an automobile will be available for his/her use.
- The Vehicle Maintenance Specialist shall ensure that the automobile has a full tank of gas prior to the employee's picking up the automobile or make arrangements for fill-up.
- The Vehicle Maintenance Specialist shall work with the requesting employee to ensure that the employee has access to the automobile key.
- Before departing from the agency parking lot, the employee utilizing the vehicle shall enter the maintain documentation of mileage/destination information.
- A pre-trip inspection should be completed and documented before departure.
- The employee utilizing an automobile shall utilize it for agency business.
- The automobile shall be returned to the agency parking lot at a time mutually agreed upon by the employee and the Vehicle Maintenance Specialist and the employee shall return the keys as agreed.
- Return the vehicle with a full tank of gas

Accident procedures: In the event of an accident, the following 7 steps should be taken to ensure the safety on all individuals and that proper reporting procedures are followed.

1. Assess all individuals on the vehicle (staff included) to determine if there are any injuries. Take whatever immediate measures are necessary to respond to individual needs and to ensure that individuals remain safe.
2. For accidents involving other vehicles and/or potential life threatening/significant injuries, call 911 so law enforcement and the ambulance can be dispatched.
3. Contact the appropriate supervisor and the Vehicle Maintenance Technician to notify them of the accident. Follow directives regarding offering medical treatment

if needed and/or contacting guardians/family members of individuals involved in the accident.

4. Contact the Payroll/Benefits Coordinator so arrangements can be made for needed medical care and appropriate insurance carriers can be notified. A post-accident drug screen will be coordinated by the HR Department for the vehicle driver in compliance with CCS' post-accident drug screen policy.
5. Do not move the vehicle unless leaving the vehicle at the present location presents additional danger/risk or if law enforcement instructs you to do so.
6. Comply with law enforcement and answer questions as requested.
7. If physically possible, the incident report should be completed prior to leaving the worksite for the day. All staff members present must complete separate incident reports.

**Section:** Operations/Fiscal Management  
**Policy:** Mileage Reimbursement  
**Policy No:** OFM 14  
**Effective:** 08/01/1998  
**Revised/Approved:** 10/27/2020

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**POLICY:** It is the policy of Community Counseling Services to reimburse employees for approved, business related travel incurred by employees in employee owned vehicles.

**PURPOSE:** To ensure accurate and timely reimbursements to employees for mileage incurred on behalf of the agency.

**PROCEDURE:** Travel is defined as mileage incurred by an employee in the employee's personal vehicle, on behalf of Community Counseling Services during the course of an employee's workday or while on official agency business. In-Region travel is defined as mileage incurred within the seven county area in which Community Counseling Services operates. Out-of-Region travel is defined as mileage incurred outside of the seven county area covered by CCS and requires prior approval. An employee's commute to and from work is not considered part of the work day and is ineligible for reimbursement. Only work related mileage above and beyond an employee's commute to work is eligible for reimbursement.

#### Mileage reimbursement submission/payment

All mileage incurred by employees, both In-Region and Out-of-Region, who are seeking reimbursement is to be submitted thru CompanyMileage. CCS uses this software to record and reimburse employees for mileage traveled for work purposes in an employee's personal vehicle. The CompanyMileage system relies on mapping technology to reimburse employees based on the start and end location of each business trip. It is not a tracking system. Employees are responsible for entering their beginning and ending destination to determine mileage for reimbursement purposes. Mileage can be submitted by manual entry or by using the check-in feature through the SureMobile free app. For ease of use and accuracy, the check-in feature is required for any employee that has a CCS issued phone/device that can download the SureMobile app. For employees that do not have a CCS issued device, but have a personal device with the capability to download the free app, the check-in feature is preferred from manual entry. It is expected that mileage be recorded as it occurs. All mileage for a given month should be submitted no later than the last calendar day of a given month. Late submission will result in a delay of reimbursement and is a job performance issue. Repetitive late submissions will be addressed through disciplinary action. Payment for approved incurred mileage will be processed no later than the 10<sup>th</sup> of the following month.

#### Manual overrides

CompanyMileage selects the most efficient route for mileage reimbursement of business trips. CCS wants to ensure that its employees are accurately reimbursed for all work related mileage. There may be situations that cannot be avoided, such as wrecks, unmapped routes, construction, and other situations that might result in inaccurate calculation of mileage. The system has been programmed so that employees may request a manual override with appropriate justification. Employees are not guaranteed

approval for each override submitted; however, employees are encouraged to discuss these situations with their supervisor when warranted.

#### Reimbursement rate/limits

In-Region and Out-of-Region mileage is reimbursed at the rate of \$.485 (48.5 cents) per mile. Mileage reported must include beginning and ending points of travel, as well as, the purpose/reason the mileage was incurred. For employees that work in one county, reimbursement for In-Region mileage is capped at 1000 miles per month. For employees that work in multiple counties, In-Region mileage is capped at 1500 miles per month. In situations where a grant program requires commuting to all seven counties and mileage reimbursement is a reimbursable expense under the grant, setting mileage caps in excess of 1500 miles per month will be determined on a case-by-case basis at the discretion of the Executive Director.

#### Approval process

All mileage expenses in which an employee is seeking reimbursement is subject to supervisor approval. CCS reserves the right to disallow or disapprove reported mileage/expenses. Reasons for disapproval include but are not limited to the following:

- Mileage deemed to be excessive, inaccurate, inappropriate, false or unsubstantiated
- Mileage incurred while carrying out actions that are contrary to agency policies or not in the best interest of the agency

CCS reserves the right to make partial payment on any reimbursement requested if any item is called into question by the employee's supervisor, a member of the Payroll department, or a member of the management team. Any employee intentionally falsifying mileage/expenses submitted for reimbursement will be subject to disciplinary action, up to and including termination.

#### Errors

Any errors are to be reported to the payroll department immediately. If an employee was overpaid, it is expected that the employee reimburse CCS within 7 days or authorize the overpayment to be deducted from the next scheduled payroll. If the error is on behalf of the payroll department, any significant error will be corrected within seven (7) days of the original reimbursement. Underpayment of \$30.00 or more constitutes "significant error". Underpayments of less than thirty dollars (\$30.00) will be reimbursed to the employee during the next payroll.

#### Other

Reimbursement for expenses related to Out-of-Region travel, other than mileage, should be submitted in accordance with policy OFM 15: Out-of-Region Travel Requests and Reimbursement.

**Section:** Operations/Fiscal Management  
**Policy:** Out-of-Region Travel Requests and Reimbursement  
**Policy No:** OFM 15  
**Effective:** 08/01/1998  
**Revised/Approved:** 10/27/2020

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**POLICY:** It is the policy of Community Counseling Services to permit employees to travel outside the Region VII catchment area on appropriate agency business and to reimburse employees for approved out-of-pocket expenses incurred by employees.

**PURPOSE:** To permit necessary transportation of individuals receiving services to important Out-of-Region appointments and to permit employee travel to appropriate meetings/training sessions which occur outside of Region VII.

**PROCEDURE:** All employees must have an approved Out-of-Region Travel Request prior to traveling out of region with individuals receiving services or traveling to attend a meeting/training session outside of Region VII. Out-of-Region Travel Request forms must be filled out completely and submitted five (5) days prior to the need to travel out of region in order to allow sufficient time to be considered for approval. In situations where cash advances are requested, the request must be submitted at least ten (10) days prior to the date of need. In cases of genuine emergency, the form must be completed and permission obtained from the appropriate administrator to request deviation from specified timelines. Any employee who violates this mandate shall a) not be reimbursed for the expenses incurred and b) be subject to disciplinary action.

Request for Out-of-Region Travel: Any employee needing to travel outside of Region VII shall complete the Out-of-Region Travel Request form and submit it to his/her supervisor for consideration. The supervisor will a) approve the request for further consideration and forward it to the Chief Operations Officer (COO) or b) disapprove the request and return it to the requesting employee. If approved for consideration by the supervisor, the COO will a) approve the request and return the original to the employee notifying him/her that the request has been approved or b) disapprove the request and return it to the supervisor who submitted it, who will inform the employee making the request.

Travel Reimbursement: An employee traveling on CCS business is expected to exercise the same care incurring expenses as would a prudent person traveling for personal reasons. Upon completion of Out-of-Region travel, reimbursement for out of pocket expenses previously approved on the Out-of-Region Travel Request form (i.e., meals, public transportation, parking) should be requested on the Out-of-Region Expense Report. This should be submitted to an employee's supervisor within 3 days of return from traveling Out-of-Region. The previously approved Out-of-Region Travel Request should be attached at the time of submission. Receipts verifying all expenses, mileage excluded, must be attached to the Out-of-Region Expense Report for reimbursement. Once the supervisor has reviewed/approved the Out of Region Expense Report, it should be forwarded to the payroll department. Payroll will reconcile receipts with any check advances (as applicable). Once reconciled, the Out of Region Expense Report will be forwarded for processing with the next scheduled payroll run. Mileage related to Out-of-

Region travel should be submitted in accordance with policy OFM 14: Mileage Reimbursement.

Cash advances: If a cash advance is requested, a copy of the approved Out-of-Region Travel Request will be forwarded to the payroll department so that an employee may receive an advance for approved expenses, excluding automobile mileage. Only anticipated expenses (mileage excluded) in excess of \$30.00 will be considered for cash advances. Receipts are required for all expenses for which the employee was provided an advance. If an employee does not use all of the money advanced or does not provide valid receipts, the employee must reimburse the agency accordingly.

Approval process: All out of pocket expenses in which an employee is seeking reimbursement is subject to supervisor approval. CCS reserves the right to disallow or disapprove reported expenses. Reasons for disapproval include but are not limited to the following:

- Failure to have Out-of-Region travel and corresponding expenses approved in advance
- Failure to attach proper receipts
- Out of pocket expenses deemed to be excessive, inaccurate, inappropriate, false, unsubstantiated or not pre-approved
- Out of pocket expenses incurred while carrying out actions that are contrary to agency policies or not in the best interest of the agency

Failure to adhere to the requirements for reporting expenses for which the employee received an advance may result in disciplinary action and/or the denial of any future request for a travel advance.

Errors: Any errors are to be reported to the payroll department immediately. If an employee was overpaid, it is expected that the employee reimburse CCS within 7 days or authorize the overpayment to be deducted from the next scheduled payroll. If the error is on behalf of the payroll department, any significant error will be corrected within seven (7) days of the original reimbursement. Underpayment of \$30.00 or more constitutes "significant error". Underpayments of less than thirty dollars (\$30.00) will be reimbursed to the employee during the next payroll.

Combining Business Travel with Personal Travel: Business travel and personal leave may be combined when all of the following conditions are met:

- The primary purpose of the trip is official CCS business
- The employee uses his approved leave for the personal part of the trip
- The agency incurs no expenses beyond what it would have incurred had there been no personal travel involved in the trip

#### Definitions

**Meal Reimbursement** – Reimbursement of **actual cost** of meals, not to exceed the maximum daily reimbursement, when an employee is engaged in approved Out-of-Region travel that includes an overnight stay. Meals are reimbursed based on a per diem rate determined by the location of travel. Meal reimbursement for non-high cost areas is \$46/day. All areas in MS are \$46/day with the exception of Southaven which is at \$51/day. Meals shall not be claimed as an expense if the meals are included in the cost of a conference/training registration fee. In these cases, the meals included in the

conference registration fee will be deducted from the per diem rate. First and last calendar days of travel are calculated at 75%. Alcoholic beverages are not reimbursable. Meal reimbursement for Out-of-Region travel involving staff assisting clients to appointments must be approved by the COO prior to travel.

**Meal Tips** – Meal tips should be included in the actual cost of the meal unless the inclusion of the tips causes the meals to exceed the maximum daily meal reimbursement. If the daily meal limitations would be exceeded, then the tips can be separated and recorded as “other expenses”. All tips reported in this manner should be totaled for the day and not exceed 20% of the maximum daily meal reimbursement or the actual meal expense, whichever is less. Receipts must include tip amount to be eligible for reimbursement.

**High Cost Meal Allowance** – Cities designated in the Federal Register as having a maximum per diem rate greater than \$149. CCS will reimburse actual meal costs in those cities based on a sliding scale as set forth in the DFA, Office of Fiscal Management travel manual. The following link can be used to determine reimbursement rates for meals in high cost areas <https://www.dfa.ms.gov/dfa-offices/purchasing-travel-and-fleet-management/bureau-of-purchasing-and-contracting/travel/hotels-meals-miles-reimbursements/meal-reimbursement/>

**Prior Trip Expense** – Foreseeable expenses for which CCS will make payment prior to trip when able (i.e., lodging, airline tickets, shuttles).

**Fees charged due to changes in travel** – Fees charged/additional costs due to travel changes requested by the employee subsequent to travel reservations made based on the approved Out-of-Region Travel Request are the responsibility of the employee.

**Travel Cash Advance** - Approved expenses, with the exception of automobile mileage, will be provided in advance when the request is made in compliance with established timelines and the expenses exceed \$30.00. Any moneys advanced to an employee for Out-of-Region travel will be deducted from the amount of total expense incurred by the employee. Employees must report all expenses related to Out-of-Region travel, even if the employee received an advance for the Out-of-Region travel. All requests for advances should be submitted at least ten (10) days prior to the date needed.

**Air Travel** – When possible, a request for airfare reservations should be submitted a minimum of 30 days prior to the date it is required to ensure the most cost effective rate. Reservations will be made by the HR Department at the lowest unrestricted air fare. When airline travel is needed, the least expensive routing will be used. In calculating this cost, additional lodging, meal expense, taxi fares, parking, and other related expenses will be taken into consideration.

**Hotel Accommodations** – Reservations will be made by the HR Department. The lowest available room rate will be used for reservations. If an employee purchases a movie, room service, etc., these charges must be paid by the employee not charged to the CCS authorized credit card being used for the room reservation. Upon check-out, the employee/guest must obtain an invoice with a zero balance validating the hotel stay. The employee must verify that taxes and/or unauthorized charges are not included in the final invoice. The invoice should be submitted with the Out-of-Region Expense

Report upon the employee's return. This serves both as a receipt for the expense and proof that the employee attended the meeting or conference.

Other: For Out-of-Region travel related to conferences or trainings, a certification of completion or a copy of the conference/training agenda must be forwarded to the HR Department for inclusion in the personnel file.

**Section:** Operations/Fiscal Management  
**Policy:** Budget  
**Policy No:** OFM 16  
**Effective:** 09/30/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to prepare and maintain annually a formal, written program-oriented budget of expected revenues and expenditures for each program and each county.

**PURPOSE:** To facilitate appropriate utilization of funds and to ensure the successful operation of agency programs.

**PROCEDURE:** It is the responsibility of the Chief Financial Officer and Comptroller to ensure that a formal, written, program-oriented budget of expected revenues and expenditures is developed annually for the agency.

Budget Development: All County Supervisors/Administrators and Program Directors will submit budget information related to their county/program(s) to the Accounting Department. For county budgets, a budget will be developed for each program within a particular county. Individualized program budgets are developed for specified programs (i.e., CSU, GTAC, PACH/Recovery House). The CFO, CPO, and Executive Director prepares the MSO budget. The Accounting Department combines all of the county/program budgets to produce the agency budget. The budget shall include an itemization of all revenues for the program by source, a categorization of all expenses by types of services or program components provided and/or by grant funding, and a separate accounting for federal funds in accordance with the Single Audit Act as amended.

The proposed budget is then reviewed by the Chief Financial Officer, Chief Personnel Officer and the Executive Director. The proposed budget is presented to the Commission for consideration/approval at the September board meeting. It shall be the responsibility of the Secretary of the Region VII Mental Health/Intellectual Disabilities Commission to ensure the documentation of the receipt and approval of the budget is maintained in the Commission minutes.

**Section:** Operations and Fiscal Management  
**Policy:** Fee Schedule  
**Policy No:** OFM 17  
**Effective:** 11/15/1995  
**Revised/Approved:** 06/23/2020

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**POLICY:** It is the policy of Community Counseling Services to utilize a fee system that is reasonable and non-discriminatory.

**PURPOSE:** To ensure that all individuals in the region are able to access needed services and to aid in providing support for the agency.

**PROCEDURE:**

**General Information**

*Fee Scale:* The current fee schedule for full fees is:

New client or readmission:

- Initial Intake/Readmit: \$40 fee regardless of income
- Initial Evaluation by a Psychiatrist: \$100.00 fee regardless of income

Established client:

- Therapy Services: \$150.00 per visit
- Group Therapy: \$80.00 per 50 minute session
- Medical Evaluation (E/M): \$150.00 per visit
- Nursing Assessment/Injection: \$20.00 per visit

*Sliding Fee Scale (SFS)* - A SFS is utilized for those individuals requiring services who have no source of third-party payment for services, Medicare/QMB Medicaid, or Medicare only. The SFS will be updated annually and based on current Federal Poverty Guidelines. Proof of income is required for an individual to be eligible for the sliding scale. At the time of intake and any time there is a significant change in income, the Application for Sliding Fee Scale/Financial Verification/Reverification form (attachment A) should be completed. Without proof of income, individuals will be set up at the full fee scale reflected above. The following sliding fee scales are available:

- Fee Scale for Psychiatric/Nursing Services (attachment B)
- Fee Scale for Therapy Services (attachment C)
- Fee Scale for Group Therapy (attachment D)

*Sliding Fee Scale Waiver* (attachment E): In certain circumstances, the County Administrator may determine to reduce the individual's sliding fee scale fee. In such cases, a Sliding Fee Scale Waiver form must be completed and maintained in the individual's medical record. The waiver is only valid for a period of 90 days. At the first

appointment after the date listed, the above-named individual must resubmit information to have their sliding fee scale fee continued. Failure to resubmit the required information will result in denial of the reduction.

*Insurance:* Community Counseling Services accepts Medicaid, Medicare, and private insurance. Individuals receiving services or the parent(s)/guardian(s) of individuals receiving services are responsible for any charges not covered by these payors. Proof of coverage for any third-party payor must be presented at the time of service.

All Community Counseling Services therapists are qualified Master's level therapists who meet or exceed the credentialing standards set by the Mississippi State Department of Mental Health. Some insurance companies, however, require specific licenses/credentials before they will reimburse Community Counseling Services for therapy services rendered to individuals receiving services; therefore, if the insurance company does not reimburse for an individual's therapy, that individual or his/her parent(s)/guardian(s) will be responsible for paying for non-covered services.

*Employment Assistant Plans (EAP):* Community Counseling Services also has Employee Assistance Plans for local governments/industry/institutions. An employee of an entity having an Employee Assistance Contract will be billed only by the terms of the contract between Community Counseling Services and his/her employer.

*Billing:* Individuals that must submit payment for their services (sliding fee scale charge, co-pay, etc.) must be seen in one of the county offices so payment can be collected and a receipt can be issued. Fee payment is required at the time of service. Payment must be received prior to scheduling a follow-up appointment.

*Past due balances:* If an individual receiving services has a past due balance, a payment must be made on the past due balance (in addition to the payment for the current service) for future appointments to be scheduled.

*Fee Policies:* Rate, charge and discount policies are maintained in each Community Counseling Services office and may be obtained from the Office Manager/Medical Records Technician upon request.

### **Action Steps:**

When an individual requesting services or his/her legal guardian calls for an initial appointment, the receptionist informs him/her that the fee for initial service is \$40.00, payable at the time of the appointment. If the individual has full Medicaid or is covered by one of the managed care companies, the \$40.00 is not collected. The individual requesting services is also told to bring the following documents:

- Picture ID
- Proof of Annual household income
- Proof of U.S. Citizenship
- Insurance cards (if applicable)
- Proof of Mississippi residence
- Proof of custody (for minor children)
- Information necessary to complete the *Application for Sliding Fee Scale/Financial Verification/Reverification* (if applicable)

During the administrative phase of the intake, a *Client Face Sheet* will be completed and the information utilized to determine the individual's payment source/fee. If applicable, the Application for Sliding Fee Scale will be completed/reviewed with the individual/legal guardian at this time. At the time of the annual review, the *Client Face Sheet* and *Application for Sliding Fee Scale/Financial Verification/Reverification* (if applicable) is reviewed/updated by the manager of the record and the individual receiving services/legal guardian. Changes that occur prior to the annual review should be completed at the time the change occurs.

For office based services, the Office Manager/Medical Records Technician will ask each individual receiving services if there is a change in his/her Medicaid, Medicare, insurance or EAP status at each visit. A new *Client Face Sheet* shall be completed if a change occurs. For services provided outside of the office, staff members providing the service shall verify payor status at the time of service and initiate change forms when appropriate. An individual receiving services/legal guardian may request a financial update at any time there is a significant change in family income.





**B**



**c**



**D**



SLIDING FEE SCALE WAIVER

Date: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

It has been determined that the above-named individual meets the criteria for a \_\_\_\_\_ % reduction of CCS's Sliding Fee Scale Fee.

**APPROVAL**

Based upon the information submitted by the above-named individual and after due consideration and discussion, we concur that the above-named individual's Sliding Fee Scale Fee is to be reduced as noted above.

This waiver is valid for a period of 90 days. At the first appointment after the date listed above, the above-named individual must resubmit information to have their Sliding Fee Scale Fee continued. Failure to resubmit the required information will result in denial of this reduction in the Sliding Fee Scale Fee.

\_\_\_\_\_  
County Administrator Signature

\_\_\_\_\_  
Date

**CERTIFICATION BY THE INDIVIDUAL RECEIVING WAIVER:**

The information I have submitted to CCS is true and correct. I certify, under penalty of law, that I have no sources of income, insurance or benefit coverage. I understand that if it is determined by CCS that I have falsified, purposely omitted or given misleading information to gain this waiver, CCS will prosecute, to the fullest extent of the law, my fraudulently obtaining this waiver. I understand that the funds utilized to cover my waived Sliding Fee Scale Fees come from local, state and federal funds and I will bear the responsibility of the penalty if I obtained them fraudulently.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature (CCS)

\_\_\_\_\_  
Date

**Section:** Operations/Fiscal Management  
**Policy:** Fiscal Management  
**Policy No:** OFM 18  
**Effective:** 09/30/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to utilize a fiscal management system to facilitate the systematic collection and dissemination of financial information.

**PURPOSE:** To ensure the optimum utilization of funds to provide for the security, efficiency, and efficacy of all programs and to ensure that the governing authority is provided with financial information as to the operation of the agency's programs

**PROCEDURE:** It is the responsibility of the Chief Financial Officer and Comptroller to ensure that there is adequate provision for the control of accounts receivable and accounts payable, for the handling of cash, credit arrangements, discounts, write-offs, billings, and where applicable, individual accounts. It is also the CFO's and Comptroller's responsibility to ensure that monthly financial reports are prepared which show the relationship of budget and expenditures, including both revenues and expenses by category and providing assurance that budgeted amounts in grants are not exceeded. These reports shall be completed in a timely fashion so that they will be available to the Executive Director/Executive Leadership Team and to the Governing Authority (Commission) at its regularly scheduled meeting. It shall be the responsibility of the Secretary of the Region VII Mental Health/Mental Retardation Commission to document the receipt of such reports in the minutes of the Commission. Specifically, the balance sheet, consolidated financial statement for the entire agency, consolidated financial statement by county, as well as, the balance sheet and financials for the Regional Foundation shall be presented. County Supervisors/Administrators and Program Directors will receive a consolidated financial statement by program for the county/program(s) for which they are responsible.

Accounts Receivable: Monthly statements are mailed to all individuals/agencies/companies who have outstanding balances **greater than \$10.00**. Insurance and Medicaid claims are filed monthly, while grant cash requests are submitted monthly.

Accounts Payable: Invoices/bills/statements are received by Accounts Payable. Each invoice, etc., is matched with the appropriate Purchase Order(s) and/or cash request to determine if the purchase price is correct, that appropriate approval was obtained, and that the materials have been received. If the invoice, etc., is in order, the invoice/bill/statement is paid.

Cash: Cash is received in county offices for the payment of services received. The individual receiving services is given a receipt by the OM/MR Technician and the amount is entered on the Cash Receipt Log. (Personal checks are not accepted unless specific approval has been received prior to payment.) The OM/MR Technician puts the cash into a money bag, locks it, and delivers it to the interoffice mail courier. The Mail Courier signs for the bag. The bag is hand-delivered by the Mail Courier to the Accounting Department. Designated individuals are assigned to verify that the cash

receipt log, corresponding receipts, and cash balance. Accounts Receivable posts payment to all accounts of individuals receiving services and deposit the cash in the bank. These duties are segregated and not completed by the same individual.

Credit card transactions: Credit card payments are received in county offices for the payment of services received. The individual receiving services is given a receipt by the OM/MR Technician and the amount charged is reflected on the Credit Card Receipt Log. The OM/MR Technician places the Credit Card Receipt Log and corresponding receipts into a money bag, locks it, and delivers it to the interoffice mail courier. The same procedures outlined above are followed once received by the Accounting Department.

Write-offs: Statements are reviewed monthly by the Compliance Officer and the County Supervisor/Administrator or applicable Program Director. These individuals have the authority to write-off amounts less than \$500.00. Individual write-offs of more than \$500 must be approved by the CFO and/or Comptroller.

Grant Cash Requests: It shall be the responsibility of the CFO and Comptroller to ensure that program related expenditure reports are submitted monthly with the program's cash request. These submissions shall show the relationship between budget and expenditures, including both revenues and expenses by category, providing assurance that budgeted amounts in individual grants are not exceeded. A monthly report will be distributed to the Executive Leadership Team, as well as, applicable staff that specifies the dollars expended and remaining balance for each grant awarded to Region 7. Grant funds expended/remaining will be reflected on the financials that are presented to the Commission monthly.

Bonding: It shall be the responsibility of the CFO and Comptroller to ensure that all personnel who handle funds shall be bonded to cover risks associated with employee dishonesty or theft. In addition, all accounting and financial personnel are expected to adhere to accounting ethical standards. Training supervision will be provided to prevent misuse of program and funds of individuals receiving services.

**Section:** Operations/Fiscal Management  
**Policy:** Independent Audits  
**Policy No:** OFM 19  
**Effective:** 09/30/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that an independent audit of the fiscal management system is conducted annually. The results of that audit are presented to the agency's governing authority and to the Department of Mental Health upon completion.

**PURPOSE:** To ensure that all fiscal management operations are conducted in an accurate, timely and effective manner and to comply with the federal Office of Management Circular A-133 and grant guidelines.

**PROCEDURE:** It is the responsibility of the Chief Financial Officer (CFO) to ensure that audited financial statements are prepared annually by an independent Certified Public Accountant. These financial statements:

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

As soon as the independent audit is performed, results of the audit are presented to the Governing Authority at its next meeting and submitted to the Department of Mental Health.

Auditing Firm/CPA contracts: Community Counseling Services will use a bid process to engage an auditing firm/individual certified public accountant (CPA). This will occur as frequently as needed, but no less than every 3 years. The CFO, with assistance from the Comptroller, is responsible for reviewing all bids and exercising due diligence in recommending an auditing firm/CPA to the Executive Director.

Mississippi DMH Operational Standards addressed: Rule 10.4

<b>Section:</b>	Operations/Fiscal Management
<b>Policy:</b>	Inventory, Accounting and Administrative Internal Controls
<b>Policy No:</b>	OFM 20
<b>Effective:</b>	09/30/1998
<b>Revised/Approved</b>	11/19/2019

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**POLICY:** It is the policy of Community Counseling Services (CCS) to maintain a system of inventory control and proper accounting and administrative internal controls. CCS adheres to the laws and regulations published by the State of Mississippi Department of Finance and Administration (DFA) Procurement Manual. These regulations can be found on DFA's website ([www.dfa.state.ms.us](http://www.dfa.state.ms.us)).

**PURPOSE:** To ensure optimum utilization of all Community Counseling Services resources and to conform to all state and federal regulations regarding the purchase, storage and distribution of all supplies and fixed assets, accounting systems, check issuance, and expenditure of federal funds

**PROCEDURE:**

Inventory: Inventory is maintained of all office/janitorial/program supplies, computer equipment, phones, agency credit cards, agency vehicles, and maintenance equipment (in excess of \$100.00). The following individuals have responsibility for maintaining a current and accurate inventory:

- Office/janitorial/program supplies: Purchasing Specialist
- Computer equipment/mobile phones: IT Department
- Agency credit cards: CFO and Comptroller
- Agency vehicles: Vehicle Maintenance Technician
- Maintenance equipment (in excess of \$100) – Maintenance Supervisor

Inventory system: An inventory system is maintained which accounts for all grant purchased equipment. A master listing of all equipment is maintained on the fixed asset list and provides at a minimum:

- The serial number of the equipment item
- The cost of the equipment item
- The date that the item was purchased
- The grant funded program for which the item was purchased
- The unique inventory number assigned to the item by the facility

A label with the unique inventory number is affixed to the equipment item. The Accounting Department maintains an inventory of all fixed assets and documents all additions and deletions.

Purchasing, storage and distribution: All purchasing activities for the agency are performed under the direction of the Chief Financial Officer (CFO) who is responsible for ensuring that proper internal controls are in place and comply with federal/state regulations. The following individuals are responsible for managing the purchasing, storage, and distribution of the following inventory:

- Office/janitorial/program supplies: Purchasing Specialist
- Computer equipment/mobile phones: IT Department
- Agency credit cards: CFO and Comptroller

- Agency vehicles: Vehicle Maintenance Technician
- Maintenance equipment (in excess of \$100) – Maintenance Supervisor

DMH reports: All grant equipment purchases and deletions are reported to DMH on form DMH-101-01.

Disposition of real and personal property purchased with state and/or county appropriated funds: Written approval is obtained from DMH and/or the county board of supervisors, depending on the source of funding before disposition of real and personal property purchased. All insurance proceeds or proceeds from the sale of grant inventory are returned to the program for which it was initially purchased.

Reconciliation: Property/equipment ledgers and fixed asset lists are reconciled to general ledger accounts **at least quarterly.**

Accounting and Administrative Internal Controls: It shall be the responsibility of the CFO to ensure that an accounting system is utilized that consists of a general ledger, cash disbursement journal, payroll journal, and other journals as indicated serving the same purpose. The accounting system shall be maintained and posted at least monthly. In addition, the accounting system shall include proper internal controls to prevent fraud, waste and abuse, including proper segregation of accounting duties (receipt, purchasing, recording, and reporting functions) and the requirement that all checks have two authorizing signatures.

Documentation: Adequate documentation is maintained to support all transactions (e.g., requisitions, bids, purchase orders, receiving reports invoices, cancelled checks and contracts), including justification to support all types of cost allocation methods utilized, invoices, cancelled checks, etc., as well as time and attendance records to support personnel costs and approved travel vouchers and receipts to support travel.

Cost Accounting: It is the responsibility of the Chief Financial Officer (CFO) to ensure that the cost accounting system which defines and determines the cost of a single unit of service is maintained and updated as necessary.

Signatures: Any checks issued shall have two (2) authorized signatures. Persons authorized to sign checks for Community Counseling Services are:

- Executive Director, Jackie Edwards
- Chief Financial Officer, Richard Duggin
- Chief Personnel Officer, Karen Frye
- Danielle Perkins, Comptroller

Federal funds: Federal funds are expended in accordance with the applicable federal cost principles (OMB Circular A-122 for independent non-profits) and in accordance with guidelines outline in the DMH Service Provider's Manual.

Mississippi DMH Operational Standards addressed: Rule 10.5

**Section:** Operations/Fiscal Management  
**Policy:** Insurance Maintenance  
**Policy No:** OFM 21  
**Effective:** 09/30/1998  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to maintain appropriate business insurance.

**PURPOSE:** To maintain good business practices and conform to all federal and state regulations.

**PROCEDURE:** It is the responsibility of the Chief Financial Officer (CFO) to ensure that the agency maintains the following insurance:

- General, professional and directors and officers liability
- Fire
- Theft
- Disaster
- Workman's Compensation
- Comprehensive automobile insurance on agency vehicles

**Section:** Operations/Fiscal Management  
**Policy:** Petty Cash  
**Policy No:** OFM 22  
**Effective:** 11/08/1995  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to maintain in appropriate offices a Petty Cash Fund.

**PURPOSE:** To have the ability to make change when individuals are paying for services and to be available in emergency situations for which submitting a check request or purchase order is not feasible.

**PROCEDURE:** Each office utilizing a Petty Cash Fund shall have one staff member designated as responsible for the Fund. In the absence of that person, the County Supervisor/Administrator may disburse Petty Cash. When cash is given to an employee to make a purchase, the employee shall sign a receipt for the money. After the purchase is made, the employee shall return the purchase receipt and any unused cash to the person in charge of the Petty Cash Fund. At the end of each day, the responsible staff member shall balance the Petty Cash to ensure that it equals the amount to be maintained in the Fund. The total in the Fund consists of cash, purchase receipts, and receipts signed by an employee for cash for which a purchase receipt has not been submitted.

The employee receiving cash for a purchase is responsible for the cash until he/she has submitted a purchase receipt. If the receipt is not submitted within three (3) working days, the employee will be required to repay the money received. If the employee fails to repay the money advanced, the signed receipt for the cash will be sent to the Accounting Department for deduction from the employee's next expense report.

A Petty Cash Reimbursement Request will be completed in order to replenish the Petty Cash Fund. This form will be completed by the person responsible for the Fund and approved by the County Supervisor/Administrator. The form will be completed at the end of each month, or sooner if necessary. The approved request form will be forwarded to the Accounting Department. All receipts for previous expenditures must be attached to the request. Funds to replenish petty cash will be sent inner-office mail in a secured money bag.

Petty Cash may be used only for appropriate expenses for Community Counseling Services. It shall not be used for personal expenses, such as gifts for employees, etc.

**Section:** Operations/Fiscal Management  
**Policy:**  
**Policy No:** OFM 23  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:** Unit Cost Report  
**Policy No:** OFM 24  
**Effective:** 10/01/2002  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to prepare and submit to the Department of Mental Health an annual Unit Cost Report.

**PURPOSE:** To comply with all state laws and regulations of the Department of Mental Health; to provide analytical data for use in determining the cost of services.

**PROCEDURE:** It is the responsibility of the Chief Financial Officer (CFO) to collect all data and prepare the annual Unit Cost Report utilizing forms and instructions promulgated by the Department of Mental Health. The Unit Cost Report shall be prepared no later than thirty (30) days after receipt of audited financial statements. In no case shall the Unit Cost Report be prepared later than six (6) months after the end of the fiscal year. The completed Unit Cost Report is submitted to the Executive Director for submission to the Governing Authority and to the Department of Mental Health.

Expense and revenue are tracked through a general ledger account numbering system. Every expense and revenue transaction is assigned a thirteen-digit general ledger account number and a month/year date of the transaction.

The first (1<sup>st</sup>) three (3) digits of the account number distinguish the transaction as a grant or non-grant transaction.

The fourth (4<sup>th</sup>) digit assigns the transaction to a particular function (example: 1 is Administration, 2 is Mental Health, etc.).

The fifth (5<sup>th</sup>) and sixth (6<sup>th</sup>) digits of the account number assign the transaction to a program or department (example: 18 is Magnolia Day Treatment, 21 is Psychosocial Rehabilitation, etc.).

The seventh (7<sup>th</sup>) and eighth (8<sup>th</sup>) digits assign the transaction to a catchment area (example: 01 is Choctaw, 02 is Clay, etc.).

The last five (5) digits of the account number indicate the type of expense or revenue (example: 65120 is Office Supplies, 40301 is Medicaid Revenue). All expense or cost transactions begin with the number six (6) and all revenue transactions begin with the number four (4)

The general ledger software enables management to sort data by any combination of the above and in any combination of month/year segments. (Example: Data can be sorted for the Psychosocial Rehabilitation program for any catchment for any month. This will produce a profit and loss statement for Psychosocial Rehabilitation which will indicate total activity for each type of revenue and expense.) A review of the general ledger account number for each type of expense or revenue will indicate the vendor or customer generating the transaction.

**Section:** Operations/Fiscal Management  
**Policy**  
**Policy No:** OFM 25  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy** Program Rules and Schedules  
**Policy No:** OFM 26  
**Effective:** 10/01/2002  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to make available to individuals receiving services and/or their parent(s)/legal representative(s) the rules and schedules of all programs offered by Community Counseling Services.

**PURPOSE:** To ensure that individuals receiving services are aware of program rules and schedules to facilitate optimum utilization of Community Counseling Services programs.

**PROCEDURES:** Program rules for outpatient therapy, community support services, services by Community Counseling Services psychiatrists, and services by Community Counseling Services nurses are included in the Rights of Individuals Receiving Services/Consent to Treatment given to each individual at intake and at the time of annual review. All outpatient offices operate from 8 a.m. to 5:00 p.m. Monday – Friday, with a minimum of three (3) hours per week of evening hours scheduled individually at each county office. It is the responsibility of the County Supervisor/Administrator and applicable Program Directors to ensure that program rules, for all Community Counseling Services programs not listed above, are posted in a location highly visible to the individuals served in each program.

Agency Holidays: All programs will be closed on official agency holidays, residential programs excluded. These official agency holidays are as follows:

- New Year's Day
- The birthday of Dr. Martin Luther King
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve
- Christmas Day

All County offices are open from, 8:00 a.m. until 5:00 p.m., Monday through Friday and are available at the following locations with evening hours scheduled individually for each county office:

- Choctaw County: 100 Old Sturgis Road, Ackerman, MS 39735
- Clay County: 217 Court Street, West Point, MS 39773
- Lowndes County: 1001 Main Street, Columbus, MS 39701
- Noxubee County: 43 Dr. Martin Luther King Jr. Drive, Macon, MS 39341
- Oktibbeha County: 302 North Jackson St., Starkville, MS 39759
- Webster County: 1660 Veteran's Memorial Blvd, Eupora, MS 39744
- Winston County: 16220 West Main Street, Louisville, MS 39339

Psychosocial Rehabilitation programs meet at the following locations

- Choctaw and Webster County: 80 Old Sturgis Road, Ackerman, MS 39735
- Clay County: 9004 Hwy 45 Alt North, West Point, MS 39773,
- Lowndes County: 404 23<sup>rd</sup> Street North, Columbus, MS 39701
- Noxubee County: 166 Lawrence Street, Macon, MS 39341
- Oktibbeha County: 220 B North Jackson Street, Starkville, MS 39759
- Winston County: 1981 Metts, Louisville, MS 39339

Elderly Day Treatment Programs

- Common Ground: 60 Old Sturgis Road, Ackerman, MS 37935
- Lindy's Place: 99 West Jordan Avenue, West Point, MS 39773
- Brighter Days: 711 Fourth Avenue North, Columbus, MS 39701
- Sunshine Club: 169 Lawrence Street, Macon, MS 39341
- Caring Days: 220 North Jackson Street, Starkville, MS 39759
- Brighter Days II: 17075 East Main Street, Louisville, MS 39339

All residential programs are open twenty-four (24) hours a day, seven (7) days a week. They are:

- River Heights Group Home, 170 North Jackson St., West Point, MS 39773
- Alcohol/Drug Residential (Pines and Cady) (Primary and Transitional) 1011 Main St. N., Columbus, MS 39701
- Church Street Apartments, 927 South Church Ave., Louisville, MS 39339
- Recovery House, 770 Golding Road, Columbus, MS 39702
- Crisis Stabilization Unit, 219 Wood Street, West Point, MS 39773

Multiple IDD Supervised/Supportive Living homes open twenty-four (24) hours a day, seven (7) days a week, are located in the following counties:

- Clay County
- Lowndes County
- Oktibbeha

For all programs (inclusive of locations where only outpatient services may be offered), emergency telephone numbers are posted in a conspicuous location near each telephone. Program postings in community living settings should not conflict with the efforts to provide a home-like environment for the individuals living in the setting. Numbers must be included for:

- Police
- Fire
- Poison Control Center
- Ambulance/Emergency Medical Services (EMS)

Day programs, community living programs, and Crisis Stabilization Units will maintain the following contact information in a secure location and available to all staff members:

- Family member(s) or other contacts (if appropriate and consent is on file)
- Community Support Specialist, Targeted Case Manager, Therapist and/or Support Coordinator

Mississippi DMH Operational Standards addressed: Rule 16.4

**Section:** Operations/Fiscal Management  
**Policy:**  
**Policy No:** OFM 27  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:** Civil Commitment Notification  
**Policy No:** OFM 28  
**Effective:** 10/01/2002  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to give notice of release/discharge of any individual who has been civilly committed to community mental health treatment to a member of the individual's immediate family when authorized to do so.

**PURPOSE:** To ensure that members of the individual's immediate family are notified within twenty-four (24) hours of the individual's release or discharge from community mental health programs

**PROCEDURE:** When an individual is commitment to services from Community Counseling Services, the "Manager of the Record" shall obtain the following at intake or as soon as possible following the commitment order if the individual is already a recipient of CCS services:

- Signature of the individual, eighteen {18} years or older, on an Authority to Release/Obtain Information form permitting the notification of a family member of the release/discharge of the individual receiving services from Community Counseling Services program(s)
- A current street address of the family member(s) to whom notification will be sent
- A current telephone number for the family member(s) to whom notification will be sent

Within twenty-four (24) hours prior to the release or discharge of the civilly committed individual from community mental health services, other than a temporary pass or because of sickness or death in the individual's family, the County Supervisor/Administrator or Program Director (or his/her designee) shall ensure that the designated family member(s) of the individual is/are notified of the impending release/discharge.

**Section:** Operations/Fiscal Management  
**Policy:** School System Affiliation Agreements  
**Policy No.:** OFM 29  
**Effective:** 10/01/2002  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to enter into formal affiliation agreements with all school systems in which Community Counseling Services programs/services are located.

**PURPOSE:** To obtain written acknowledgement of the school district executive officer that the district understands the Department of Mental Health Minimum Standards applicable to the specific children's mental health services to be provided by Community Counseling Services and to describe respective responsibilities of Community Counseling Services and the school district in providing school-based mental health services and supports that may be necessary for the provision of these services

**PROCEDURE:** It is the responsibility of each County Supervisor/Administrator to ensure that a current written interagency agreement (including a confidentiality statement), signed by the Executive Director of Community Counseling Services and the Superintendent of each affected school district is maintained and updated annually.

Each interagency agreement must include, but is not limited to:

- Detailed description of the respective responsibility(ies) of each entity in the provision of school-based mental health services and any support services necessary for the provision of that service (such as facilities, staffing, transportation, etc.)
- A written acknowledgement of the school district's receipt and understanding of standards applicable to the children's mental health services

<b>Section:</b>	Operations/Fiscal Management
<b>Policy:</b>	Time Sheets
<b>Policy No:</b>	OFM 30
<b>Effective:</b>	10/01/2002
<b>Revised/Approved:</b>	11/19/2019

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:** Eligibility for Outpatient Services  
**Policy No:** OFM 31  
**Effective:** 10/01/2002  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that only residents of Region VII (Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster and Winston Counties) are eligible to receive outpatient services from Community Counseling Services and that all outpatient services shall be delivered in the individual's county of residence unless administrator/supervisor is obtained.

**PURPOSE:** To ensure that funding provided by entities in Region VII is utilized by residents of Region VII.

**PROCEDURE:** Employees are responsible for notifying all individuals calling to schedule an intake for outpatient services of CCS' policy regarding the delivery of outpatient services in the county of the individual's residence. If the individual is from outside Region 7, the individual taking the request shall assist the individual in receiving information about how to access services in the region where the individual lives. If the individual is from within the region, but not from the county where he/she is requesting the intake, the individual receiving the request for intake shall refer the individual to the county in which he/she resides. It shall be the responsibility of the individual performing the administrative intake to ensure that the individual reporting for intake for outpatient services is a resident of the county in which he/she is applying for outpatient services.

Exceptions to this policy may be made by a County Supervisor/Administrator with consultation as needed from the Chief Personnel Officer or the Chief Financial Officer. These situations may include:

- In situations where there are no services available in the region where the individual resides. In situations such as these, the individual shall be notified that they are not eligible for the sliding fee scale or any grants awarded to CCS. As such they will be expected to pay full fee for any service received.
- In situations where there is a legitimate reason why an individual who is a resident of Region VII cannot receive services in his/her county of residence and it is clinically in the best interest of the individual to receive services in another county served by Region 7.
- If a treating physician determines that an individual receiving services needs to be evaluated by another agency physician, the physician initiating the referral shall discuss the case with the physician to whom he wishes to make the referral. Together, they will decide if the evaluation shall be in the form of a consultation or if the individual receiving services shall be transferred to the care of the second physician. The individual receiving services shall be informed of the reason/purpose of the referral.
- If a member of the treatment team believes that an agency physician other than the one treating him/her should evaluate an individual receiving services, the team member must discuss the matter with the treating

physician. If the treating physician approves of the proposed consultation/transfer, he/she will follow the steps outlined above.

**Section:** Operations/Fiscal Management  
**Policy:** Cellular Telephone Receipt and Return  
**Policy No:** OFM 32  
**Effective:** 10/01/2002  
**Last Revision:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to issue cellular telephones to those employees whose positions require that they be available 24/7 to administration, other supervisors, service providers, and/or individuals experiencing emergencies.

**PURPOSE:** To ensure that all appropriate personnel are available despite their locations. Further, to ensure that individuals using the Community Counseling Services cellular telephones do so in a responsible manner and assume responsibility for damage/loss caused by their actions.

**PROCEDURE:** It shall be the responsibility of the IT Department to issue cellular telephones to appropriate employees as directed. The IT Department shall ensure prompt replacement/repair of any malfunctioning cellular telephone. When necessary, the IT department will issue a cellular telephone to be used temporarily until repair is completed. The IT and HR Departments will be responsible for reclaiming the cellular telephone when an employee is transferred to a position where a cellular telephone is not utilized, resigns or has his/her employment terminated.

It shall be the responsibility of all employees utilizing Community Counseling Services cellular telephones to ensure that the cellular telephone is functioning well, utilize the cellular telephone with care to ensure that it is not damaged/lost, report any malfunction of the cellular telephone to the IT Department immediately, and return the cellular telephone in good condition to the IT Department when it is no longer needed/in use. Employees issued CCS cellular telephone assume responsibility for the cost of replacement/repair of the cellular telephone if it is damaged/lost due to carelessness.

Issuing procedure: The IT Department will issue the cellular telephone to the employee. The employee will sign the Cellular Telephone Receipt/Return form. The IT Department will retain the form until the cellular telephone is returned to him/her.

Maintenance: Any malfunction of the cellular telephone shall be reported immediately to the IT Department who will ensure its prompt repair /replacement.

Return of cellular telephone: The IT and/or HR Department shall receive the cellular telephone when the employee is transferred to a position where a cellular telephone is not utilized, resigns or has his/her employment terminated.

<b>Section:</b>	Operations/Fiscal Management
<b>Policy:</b>	Accumulation of Surplus Funds
<b>Policy No:</b>	OFM 34
<b>Effective:</b>	10/01/2002
<b>Revised/Approved</b>	03/24/2010

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**POLICY:** It is the policy of Community Counseling Services to ensure that funds are allocated in the best interests of the agency, individuals receiving services, and the community.

**PURPOSE:** To ensure that the needs for services to individuals is prioritized when excess funds are available

**PROCEDURE:** It is the responsibility of the Executive Director to ensure that at any time Community Counseling Services or any related organization accumulates surplus funds in excess of one half (1/2) of its annual operating budget, a plan is submitted within forty-five (45) days to the Department of Mental Health stating the capital improvements or other projects that require such surplus accumulation.

If the plan is submitted but not accepted, the Executive Director shall ensure that the surplus funds will be expended in the local mental health region on housing options for individuals with:

- Mental illness
- Intellectual/developmental disabilities
- Substance abuse
- Serious emotional disturbance
- other mental health/intellectual disabilities services approved by the Department of Mental Health.

**Section:** Operations/Fiscal Management  
**Policy:** Assistance with Medical Appointments  
**Policy No:** OFM 35  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:** Handling of Medication outside Community Counseling Services  
**Policy No:** OFM 36  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:**

**Policy No:**

OFM 37

**Effective:**

**Revised/Approved:**

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Reserved for future use

**Section:** Administration  
**Policy:** Compliance with DMH Guidelines/Regulations  
**Policy No:** OFM 38  
**Effective:** 04/22/2014  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services to comply with current DMH Operational Standards for MH/IDD/SUD Providers, as well as, special guidelines and/or regulations issued by the Mississippi Department of Mental Health for the operation of programs and services.

**PURPOSE:** To ensure compliance with all Department of Mental Health requirements

**PROCEDURE:** It is the responsibility of the Executive Director to ensure that all employees/programs comply with current DMH Operational Standards for MH/IDD/SUD Providers, as well as, special guidelines and/or regulations issued by the Mississippi Department of Mental Health for the operation of programs and services. The Policy and Procedure Manual and other documentation is updated as required by the guidelines/regulations. Programs certified/funded by the Department of Mental Health shall also comply with any additional specifications set forth in individual program grants/contracts as well as with requirements outlined in the Department of Mental Health Record Guide.

The Executive Director shall further assure that all providers comply with official revisions to DMH Operational Standards for MH/IDD/SUD Providers. Official revisions will be issued by the DMH to all certified providers for incorporation into agency policies and procedures. Official revisions to Department of Mental Health standards will include at a minimum:

- The applicable Department of Mental Health Operational Standards number(s) that is/are affected by the revision
- An effective date

Community Counseling Services maintains current and accurate data for submission of all reports and data, within time frames established/required by the Department of Mental Health Manual of Uniform Data Standards.

**Section:** Operations/Fiscal Management  
**Policy:**  
**Policy No:** OFM 39  
**Effective;**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:**  
**Policy No:** OFM 40  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Operations/Fiscal Management  
**Policy:** Generated Income  
**Policy No.:** OFM 41  
**Effective:** 4/22/14  
**Revised/Approved:** 11/19/2019

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**POLICY:** It is the policy of Community Counseling Services that an accurate accounting shall be maintained of all generated income and that there be prior authorization from the Director of the Bureau of Intellectual/Developmental Disabilities for utilization of generated income for anything other than supplies needed for subcontracts/products and individual wage payments.

**PURPOSE:** To ensure compliance with all regulations of the Department of Mental Health Bureau of Intellectual/Developmental Disabilities.

**PROCEDURE:** It is the responsibility of the Oktibbeha DD Program Coordinator to ensure that accurate and complete accounting records are maintained on all generated income from work contracts that include dollar amounts and fund utilization.

It is also the responsibility of the Oktibbeha DD Program Coordinator to ensure that written evidence of prior authorization from the Director of the Bureau of Intellectual/Developmental Disabilities for utilization of generated income for anything other than supplies needed for subcontracts/products and individual wage payments. It is further the responsibility of the Oktibbeha DD Program Coordinator to ensure that the use of generated income is documented as enhancing/enriching the program and not being used as part of a required match.