




Behavioral Health Services in Mississippi



POLICIES
& PROCEDURES
MANUAL

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Policy 001: Introduction and Purpose of the Manual

1. Introduction

The [COMPANY NAME] Policies and Procedures Manual serves as the foundation for organizational operations. This document establishes the standards and protocols necessary to achieve the organization’s mission, vision, and service goals while ensuring compliance with regulatory requirements.

1.1 Purpose

The purpose of this manual is to:

- Define and standardize procedures across the organization.
- Promote accountability, consistency, and efficiency in service delivery.
- Ensure alignment with the mission and vision of [COMPANY NAME].
- Facilitate compliance with local, state, and federal regulations, including the Mississippi Department of Mental Health (DMH) standards.

1.2 Scope

This manual applies to:

- All employees, contractors, and volunteers of [COMPANY NAME].
- All programs and services provided by the organization, including outpatient, intensive outpatient, day treatment, and community-based care.
- Governance, clinical operations, and administrative functions.

1.3 Definitions

The following terms are defined to ensure clarity:

- **Behavioral Health Services:** A range of services addressing mental, emotional, and substance use challenges.
- **Psychosocial Rehabilitation (PSR):** An evidence-based therapeutic approach for individuals with severe mental illnesses focusing on recovery and life skills.
- **Wraparound Services:** Individualized care plans emphasizing strengths-based, team-driven solutions for children and youth with complex needs.
- **Medication Management:** The ongoing process of prescribing, monitoring, and adjusting medications for mental health conditions.
- **Recovery and Community Support (Peer and Community Support):** Programs providing accessible mental health services regardless of financial or geographical barriers.
- **Day Treatment:** Intensive outpatient care enabling individuals to maintain home life while attending regular therapeutic sessions.
- **Outpatient Therapy:** Outpatient rehabilitation services for managing addiction through various interventions like counseling and family therapy.
- **Peer Support Specialist:** Certified professionals using their lived experience to support others in recovery.

1.4 Organizational Background

[COMPANY NAME] specializes in providing a range of mental health and substance use services tailored to senior adults and other populations. The organization’s multidisciplinary team includes:



1.5 Mission and Vision

Mission: Our mission at [COMPANY NAME] is to make comprehensive mental healthcare more accessible to those diagnosed with co-occurring mental illness by creating a strong network of resources and community-based services.



Vision: [REDACTED]

Motto: [REDACTED]

Service Overview

Clients at [COMPANY NAME] receive individualized care in a safe and supportive environment.
Programs include:

[REDACTED]



Policy 002: Organization and Management

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

2.1 Purpose

The purpose of this policy is to detail the organizational structure, operational procedures, and governance standards at [COMPANY NAME]. This ensures compliance with the Mississippi Department of Mental Health (DMH) Operational Standards, promotes effective management, and aligns with our mission of providing comprehensive, person-centered mental health services to individuals with co-occurring mental health conditions.

2.2 Additional Authority

- Miss. Code Ann. § 41-4-7
- DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers

2.3 Scope

This policy applies to all administrative, clinical, and governance staff at [COMPANY NAME], ensuring accountability, compliance, and consistent implementation of practices across all programs and services.

2.4 Responsible Parties

[REDACTED]

2.5 Definitions

1. **Governing Authority:** The legal and operational oversight entity for [COMPANY NAME].
2. **Policies and Procedures Manual:** A document outlining operational standards and responsibilities to guide staff and management in fulfilling organizational goals.
3. **Operational Plan:** A yearly document detailing services, funding, and objectives in compliance with DMH requirements.

2.6 Policy Statement

[COMPANY NAME] maintains a structured governance framework, supported by comprehensive policies and procedures, to ensure effective management and compliance with all regulatory requirements. The organization emphasizes transparency, accountability, and meaningful participation of individuals served in service planning and evaluation.

Organizational Structure

[REDACTED]

2.7 Policy

2.7.1 Governing Authority

1. [COMPANY NAME] establishes its governance authority through documented bylaws, defining roles, election processes, and committee structures.

2. Meeting minutes are recorded
3. Board meetings are open to the public when applicable, with notice provided through the organization's website and local publications.
4. The organizational structure, as defined by the governance framework, includes an organizational chart detailing lines of authority and communication.

2.7.2 Annual Review by Governing Authority

1. The Board of Directors annually reviews and approves the following:
2. The Board evaluates the
3. A summary of quality assurance measures and outcomes, prepared by the Clinical Director, is submitted annually for Board review.

2.7.3 Policies and Procedures Manual

1. [COMPANY NAME] maintains a comprehensive Policies and Procedures Manual, which is:
2. Employees sign an acknowledgment form upon receipt of updated policies, with documentation retained in personnel files.

2.7.4 Annual Operational Plans

2.7.5 Regional Collaboration and Oversight

1. For regional commissions, [COMPANY NAME] ensures that agreements and managed care contracts meet DMH standards and secure necessary prior approvals.
2. The Board engages with county supervisors and other stakeholders during annual budget presentations, ensuring transparency and collaborative planning.

2.8 Procedure

2.8.1 Governance Implementation

1. Board Operations:

[REDACTED]

2. Policy Review and Approval:

[REDACTED]

3. Organizational Structure Maintenance:

[REDACTED]

2.8.2 Annual Planning and Reporting

1. Budget Preparation:

[REDACTED]

2. Operational Plan Development:

[REDACTED]

3. Submission to DMH:

[REDACTED]

2.8.3 Emergency Preparedness

1. Plan Development:

[REDACTED]

2. Training and Drills:

[REDACTED]

3. Plan Implementation:

[REDACTED]

2.8.4 Quality Assurance and Compliance

1. Performance Monitoring:

[REDACTED]

2. Staff Training:

[REDACTED]

3. Continuous Quality Improvement (CQI):

[REDACTED]

2.9 Review and Revision

The Board of Directors reviews this policy annually to ensure alignment with DMH standards and organizational goals. Revisions are documented in meeting minutes and communicated to all staff.

2.10 References

- Miss. Code Ann. § 41-4-7
- DMH Operational Standards

Policy 003: Quality Assurance

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

3.1 Purpose

The purpose of this policy is to ensure that [COMPANY NAME] maintains a robust quality management system that adheres to the operational standards set forth by the Mississippi Department of Mental Health (DMH). This policy establishes processes for monitoring, evaluating, and improving service delivery to uphold the highest standards of care for clients with mental health, intellectual and developmental disabilities (IDD), and substance use disorders (SUD).

3.2 Additional Authority

- Mississippi Code Annotated § 41-4-7
- DMH Operational Standards, Chapter 9: Quality Assurance

3.3 Scope

This policy applies to all programs, services, and staff members at [COMPANY NAME], including contractors and volunteers engaged in providing mental health, IDD, and SUD services under the auspices of the DMH.

3.4 Responsible Party

[REDACTED]

3.5 Definitions

- **Quality Management:** The systematic process of ensuring services meet established standards and continuous improvement goals.
- **Performance Indicators:** Quantifiable measures used to evaluate the quality and effectiveness of services.
- **Cultural Competency:** The ability to provide services that respect and respond to the cultural and linguistic needs of diverse populations.
- **Person-Centered Practices:** Approaches that prioritize the individual needs, preferences, and goals of clients.

3.6 Policy Statement

[COMPANY NAME] is dedicated to delivering high-quality, person-centered care that complies with the DMH Operational Standards. The organization incorporates evidence-based practices, stakeholder feedback, and performance data to achieve continuous improvement. This policy aligns with DMH Rule 9.1 to ensure comprehensive quality management across all services.

3.7 Policy

3.7.1 Performance Indicators and Data Collection

[REDACTED]

3.7.2 Oversight and Analysis

[REDACTED]



3.7.3 Plans of Compliance

[Redacted text block]

3.7.4 Person-Centered Practices and HCBS Compliance

[Redacted text block]

3.8 Procedures

3.8 Procedures

3.8.1 Collection and Reporting of Performance Indicators

1. Monthly Data Collection

[Redacted text block]

2. Quarterly Review

[Redacted text block]

3. Annual Reporting

[Redacted text block]





[Redacted text block]

3.8.2 Incident Analysis and Corrective Actions

1. Incident Reporting

[Redacted text block]

2. Analysis

[Redacted text block]

3. Follow-Up

[Redacted text block]

3.8.3 Cultural Competency and Linguistic Services

1. Demographic Monitoring

[Redacted text block]

2. Training

[Redacted text block]



3. Service Adaptation

[REDACTED]

3.8.4 HCBS Settings Compliance

1. Service Design

[REDACTED]

2. Documentation

[REDACTED]

3.8.5 Consumer Satisfaction Surveys

1. Administration

[REDACTED]

2. Analysis

[REDACTED]

3. Feedback Loop

[REDACTED]

3.9 Review and Revision

The Quality Assurance Policy is reviewed annually by the Quality Assurance Committee to ensure compliance with evolving DMH standards. Revisions are approved by the Executive Director and documented in the policy manual.

3.10 References

- Mississippi Code Annotated § 41-4-7
- DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers, Chapter 9

3.11 Policy Review and Approval

- Executive Director: _____ Date: _____
- Quality Assurance Director: _____ Date: _____

3.12 Policy Distribution

- Hard copies are distributed to program managers and clinical staff.
- An electronic version is available on the [COMPANY NAME] intranet.

Policy 004: Fiscal Management

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

4.1 Purpose

The purpose of this policy is to establish a structured and transparent fiscal management framework at [COMPANY NAME] that ensures accountability, compliance with the Mississippi Department of Mental Health (DMH) standards, and the responsible use of financial resources. This policy delineates practices for budgeting, financial reporting, auditing, purchasing, and accounting systems to safeguard resources and maintain service quality.

4.2 Additional Authority

- **Mississippi Code Annotated § 41-4-7**
- DMH Operational Standards, Chapter 10: Fiscal Management

4.3 Scope

This policy applies to all financial operations conducted by [COMPANY NAME], including budgeting, accounting, purchasing, auditing, and reporting. It encompasses all staff, contractors, and stakeholders involved in financial management.

4.4 Responsible Party

[REDACTED]

4.5 Definitions

1. **Annual Budget:** A detailed projection of revenues and expenses for the fiscal year, categorized by program and funding source.
2. **Fiscal Management System:** An integrated framework for recording, monitoring, and analyzing financial transactions and performance.
3. **Generated Income:** Revenue generated from contracts, services, or other non-grant sources, documented for compliance and utilization.
4. **Internal Controls:** Procedures implemented to safeguard financial assets, ensure accuracy, and prevent fraud or misuse.

4.6 Policy Statement

[COMPANY NAME] adopts stringent fiscal management practices to ensure compliance with DMH guidelines, transparency in financial operations, and ethical stewardship of resources. The organization prioritizes accountability, efficiency, and adherence to federal and state financial regulations in all fiscal activities.

4.7 Policy

4.7.1 Annual Budget Preparation and Maintenance

[REDACTED]

4.7.2 Fiscal Management System Requirements

[REDACTED]

4.7.3 Financial Statements and Auditing

4.8 Procedures

4.8.1 Budget Development and Monitoring

1. Preparation of the Budget:

2. Budget Review and Approval:

3. Monthly Monitoring:

4.8.2 Accounting Systems and Internal Controls

1. General Ledger Maintenance:

2. Internal Controls:

3. Transaction Documentation:

4. Contract Management:

4.8.3 Auditing and Financial Statements

1. Selection of CPA:

2. Audit Process:

3. Surplus Funds:

4.8.4 Purchasing Policies

1. **Procurement Procedures:**

2. **Inventory Management:**

3. **Approval for Disposition:**

4.8.5 Compliance with Financial Policies

1. **Fee Schedules and Sliding Scales:**

- a. The CFO maintains a written schedule of fees, charges, and discounts.
- b. Clients receive written financial agreements outlining charges, payment periods, and refund policies.

2. **Non-Discrimination Policies:**

- a. Services are provided without discrimination based on race, gender, disability, or ability to pay.

3. **Bonding and Insurance:**

- a. All personnel handling funds are bonded for protection against theft.
- b. Insurance policies covering liability, fire, and disaster are reviewed annually for adequacy.

4.9 Review and Revision

This policy is reviewed annually by the CFO and Compliance Officer to ensure alignment with DMH standards and regulatory changes. Revisions are approved by the Executive Director and documented in meeting records.

4.10 References

- Mississippi Code Annotated § 41-4-7
- DMH Operational Standards, Chapter 10

4.11 Policy Review and Approval

- **Executive Director:** _____ **Date:** _____
- **Chief Financial Officer:** _____ **Date:** _____

4.12 Policy Distribution

- A hard copy of this policy is provided to the accounting team and program managers.
- An electronic version is available on the [COMPANY NAME] intranet.

Policy 005: Personnel Policies and Procedures

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

5.1 Purpose

The purpose of this policy is to ensure that personnel management practices at [COMPANY NAME] align with all applicable state and federal laws and are consistent with the organization's mission to provide comprehensive mental healthcare for individuals diagnosed with co-occurring mental illnesses. This policy outlines structured approaches for recruitment, employment, development, evaluation, and dismissal of employees while ensuring equity, transparency, and accountability in all personnel-related matters.

5.2 Additional Authority

- Mississippi Department of Mental Health Operational Standards (Title 24, Part 2, Chapter 11)
- Miss. Code Ann. § 41-4-7
- Americans with Disabilities Act (ADA)
- Fair Labor Standards Act (FLSA)
- Family and Medical Leave Act (FMLA)

5.3 Scope

This policy applies to all employees, volunteers, and interns associated with [COMPANY NAME], regardless of role, employment status, or location. It ensures compliance with state and federal laws governing employment practices, wage administration, employee benefits, and workplace safety.

5.4 Responsible Party

[REDACTED]

5.5 Definitions

- **Employee:** Any individual employed by [COMPANY NAME], including full-time, part-time, and contractual staff.
- **Volunteer:** Any individual who provides services without compensation.
- **Intern:** A student or trainee who works under supervision to gain work experience or satisfy educational requirements.
- **Peer Support Specialist:** An individual certified to provide support services based on their lived experience with mental health or substance use challenges.

Policy Statement

[COMPANY NAME] demonstrates its commitment to fair employment practices and personnel management that comply with federal and state regulations. The organization values diversity, equity, and inclusion, fostering a supportive work environment to attract and retain highly skilled professionals dedicated to its mission. All personnel procedures are designed to enhance operational efficiency, ensure legal compliance, and support professional growth.

Policy

5.7.1 Wage and Salary Administration

1. The Chief Financial Officer (CFO) oversees wage and salary administration to ensure equitable and competitive pay based on market analysis, job responsibilities, and employee qualifications.

2. Salary structures are reviewed annually, with adjustments made as necessary to maintain compliance with FLSA standards and to address changes in market trends or organizational priorities.
3. All employees receive a written offer of employment detailing their compensation, benefits, and any applicable terms and conditions.

5.7.2 Employee Benefits

1. The HR Department administers employee benefits, including health insurance, retirement plans, and paid time off (PTO).
2. All eligible employees are informed about their benefits package during onboarding and provided with an employee handbook outlining these details.
3. Employee benefit programs comply with applicable state and federal requirements, including COBRA and FMLA provisions.

5.7.3 Working Hours

1. The HR Department establishes standard working hours and communicates these during employee onboarding.
2. Flexible work arrangements, including remote work options, are available based on job requirements and with supervisor approval.

5.7.4 Vacation, Sick Leave, and Other Types of Leave

1. Employees accrue vacation and sick leave based on their employment status and years of service.
2. Requests for leave are submitted via the organization's HR software at least two weeks in advance, except in cases of emergencies or unforeseen illness.
3. FMLA leave is granted upon proper documentation and approval.

5.7.5 Annual Job Performance Evaluations

1. Supervisors conduct written performance evaluations annually, using a standardized evaluation form provided by HR.
2. Evaluations include an employee self-assessment, supervisor feedback, and goal-setting for the next performance cycle.
3. The HR Department ensures evaluations are filed in the employee's personnel record and that employees are informed of their rights to appeal.

5.7.6 Suspension or Dismissal of Employees

1. Supervisors recommend suspensions or terminations in cases of policy violations, poor performance, or other just causes.
2. The HR Director reviews recommendations to ensure compliance with state and federal laws before final decisions are made.
3. Employees are notified in writing, with clear explanations of the reasons and any applicable appeal processes.

5.7.7 Private Practice by Employees

1. Employees must disclose any private practice or external work that may present a conflict of interest.
2. The Compliance Officer reviews and approves such disclosures to ensure adherence to organizational policies.

5.7.8 Utilization of Peer Support Services

1. Certified Peer Support Specialists with lived experiences are actively recruited and integrated into care teams, under direct supervision by the Clinical Director.
2. Peer support services comply with DMH Operational Standards, ensuring individuals are certified and have completed required training.

5.7.9 Background and Registry Monitoring

1. The Compliance Officer conducts regular checks of employees' background and child registry statuses to identify any new incidents affecting employment eligibility.



- 2. Additional checks are performed annually or as required by DMH regulations.

Procedures

5.8.1 Personnel Record Maintenance

The Human Resources (HR) Department at [COMPANY NAME] ensures comprehensive and secure maintenance of personnel records for every employee. These records serve as the official repository of employment-related documentation and include the following:

[Redacted content]

5.8.2 Dissemination of Employment Information

The HR Department ensures the effective dissemination of employment information to all employees, ensuring transparency and up-to-date knowledge of workplace policies, procedures, and benefits.

[Redacted content]



[REDACTED]

5.8.3 Processing Employment Forms

Processing employment forms is a critical component of ensuring compliance and seamless integration of new employees into [COMPANY NAME]. The HR Department follows detailed procedures to manage this process efficiently.

[REDACTED]

5.8.4 Volunteer and Intern Management

The HR Department plays an integral role in managing volunteers and interns at [COMPANY NAME]. This process ensures that their contributions align with organizational goals while maintaining compliance with all regulatory standards.

[REDACTED]

5.9 Review and Revision

This policy is reviewed annually by the HR Department and revised as necessary to ensure continued compliance with state and federal laws, as well as alignment with organizational priorities.

5.10 References

- Mississippi Department of Mental Health Operational Standards (Title 24, Part 2, Chapter 11)
- Americans with Disabilities Act (ADA)
- Fair Labor Standards Act (FLSA)
- Miss. Code Ann. § 41-4-7

5.11 Policy Review and Approval

- HR Director: _____ Date: _____



- Chief Executive Officer: _____ Date: _____

5.12 Policy Distribution

1. Hard copies of this policy are distributed to all employees during onboarding.
2. An electronic version is available on the organization's intranet.

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Policy 006: Personnel Records

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

6.1 Purpose

The purpose of this policy is to establish the systematic approach employed by [COMPANY NAME] in maintaining comprehensive, accurate, and secure personnel records. This ensures compliance with the Mississippi Department of Mental Health (DMH) Operational Standards while upholding the confidentiality and integrity of personnel data.

6.2 Additional Authority

- Mississippi Code Annotated § 41-4-7
- Mississippi Code Annotated § 43-11-13

6.3 Scope

This policy applies to all employees, volunteers, and interns affiliated with [COMPANY NAME]. It encompasses all personnel records, documentation, and processes for maintaining compliance with DMH standards and applicable legal requirements.

6.4 Responsible Party

[REDACTED]

6.5 Definitions

1. **Personnel Record:** A secure and confidential file containing employment-related documents for each staff member, including employees, volunteers, and interns.
2. **Background Check:** A comprehensive investigation of an individual's criminal history, registry checks, and other relevant records.
3. **DMH Operational Standards:** Rules and requirements set forth by the Mississippi Department of Mental Health for certified service providers.

6.6 Policy Statement

[COMPANY NAME] commits to maintaining thorough personnel records for all employees, volunteers, and interns to ensure regulatory compliance, enhance service delivery, and support a safe working environment. All records are stored securely and accessed only by authorized personnel to protect confidentiality. This policy aligns with DMH Operational Standards and reflects the organization's dedication to ethical, professional, and legal standards.

6.7 Policy

6.7.1 Personnel Record Maintenance

1. Human Resources maintains an up-to-date personnel record for each employee, volunteer, and intern.
2. Personnel files include:

[REDACTED]

6.7.2 Dissemination of Employment Information

1. The Human Resources department provides comprehensive onboarding materials, including the employee handbook and organizational policies, during orientation.
2. Updated policies or procedural changes are disseminated via email and the organizational intranet to ensure all staff are informed.

6.7.3 Background Check Requirements

1. Background checks are conducted pre-employment and prior to any contact with individuals receiving services.

2. Required checks include:

[REDACTED]

6.7.4 Volunteer and Intern Management

1. Volunteer and intern roles are clearly defined with detailed objectives and responsibilities during recruitment.
2. Supervisors ensure that volunteers and interns do not replace employees or perform tasks beyond their scope.

6.7.5 Additional Requirements for HCBS Staff

1. Staff providing Home and Community-Based Services undergo biannual national criminal background checks.
2. Monthly registry checks ensure staff compliance with exclusion databases, maintaining service quality and safety.

6.8 Procedures

6.8.1 Personnel Record Maintenance Process

[REDACTED]

6.8.2 Dissemination of Employment Information Procedure

[REDACTED]

6.8.3 Processing Employment Forms

[REDACTED]

6.8.4 Volunteer and Intern Management Protocol

[REDACTED]

6.8.5 Monitoring Background Check Compliance

[REDACTED]

6.9 Review and Revision

This policy is reviewed annually by the Director of Human Resources and updated as necessary to maintain compliance with DMH standards and operational requirements.

6.10 References

- Mississippi Code Annotated § 41-4-7
- Mississippi Code Annotated § 43-11-13
- DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers

Policy 007: Staffing Positions – General Requirements

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

7.1 Purpose

The purpose of this policy is to establish clear and consistent standards for staffing positions at [COMPANY NAME] in compliance with the Mississippi Department of Mental Health (DMH) Operational Standards. These requirements ensure that all personnel meet the educational, credentialing, and experience qualifications necessary to deliver high-quality services within the framework of state and federal regulations.

7.2 Additional Authority

- Mississippi Code Annotated § 41-4-7
- Mississippi Department of Mental Health Operational Standards

7.3 Scope

This policy applies to all employees, contractors, and volunteers providing services under the auspices of [COMPANY NAME]. It includes all direct and indirect service providers, executive leadership, and other personnel responsible for supporting the organization's operations and compliance with DMH standards.

7.4 Responsible Party

[REDACTED]

7.5 Definitions

1. **Executive Director:** The top-level administrator of [COMPANY NAME] responsible for overseeing compliance and organizational strategy.
2. **DMH Credential:** A professional certification issued by the Mississippi Department of Mental Health to qualified practitioners.
3. **Provisional Certification:** A temporary certification granted to a practitioner who meets initial requirements but must fulfill ongoing credentialing obligations.
4. **Full-Time Equivalent (FTE):** A workload measure that represents one employee working a standard 40-hour week.

7.6 Policy Statement

[COMPANY NAME] adheres to DMH standards for staffing positions to ensure all personnel are appropriately qualified, credentialed, and authorized to deliver services. This policy reflects the organization's commitment to maintaining a professional and legally compliant workforce.

7.7 Policy

7.7.1 Verification of Education

1. [COMPANY NAME] HR department verifies all educational qualifications through official transcripts.

[REDACTED]

2. If DMH already holds an official transcript for an employee, HR notifies DMH and confirms verification through existing records.

7.7.2 Employment Status Requirements

1. Staffing and experience requirements are based on a full-time 40-hour work week unless otherwise indicated.
2. When not specified, all requirements are interpreted as full-time commitments.

7.7.3 Credential Verification

1. All personnel must maintain current and active credentials as required by their role.
 - a. HR ensures that credentials align with the scope of practice defined by the respective licensing or credentialing entity.
 - b. Practitioners comply with all applicable laws and regulations, such as the Nurse Practice Act for nursing personnel.
2. The HR department is responsible for verifying initial and ongoing compliance with credentialing requirements.

7.7.4 Executive Director Responsibilities

[REDACTED]

7.7.5 Scope of Authorization

1. [COMPANY NAME] ensures all personnel and contractual providers are legally authorized to operate within their respective state licenses and certifications.
2. Compliance extends to all federal, state, and local regulations, including applicable DOM billing policies.

7.7.6 Provisional Certification Usage

1. Personnel holding DMH provisional certifications are allowed to operate within the defined scope of their credentials without additional supervisory sign-off for services.
 - a. This provision applies only to DMH credentials and does not override third-party payer requirements.

7.7.7 Licensing and Certification Terminology

1. Definitions of professional licenses are outlined in the DMH glossary and apply consistently across all staffing positions.
2. Any title deviations do not exempt personnel from meeting required qualifications.

7.7.8 Additional Requirements

1. Human resources and staffing requirements not addressed in this policy are covered in relevant programmatic chapters of the DMH Operational Standards manual.

7.8 Procedures

7.8.1 Verification of Education Process

[REDACTED]

7.8.2 Credential Verification Process

[REDACTED]

7.8.3 Compliance with Staffing Requirements

1. **Full-Time Equivalency Assessment:**
 - a. HR calculates FTE for all positions to ensure compliance with full-time or part-time requirements.
 - b. Any deviations are documented and justified per DMH standards.
2. **Authorization Confirmation:**
 - a. HR ensures all personnel and contractors are authorized under state and federal law.
 - b. Staff providing Medicaid-billable services comply with all DOM regulations.

7.8.4 Provisional Certification Management

1. **Service Scope:**
 - a. HR tracks provisional certifications and ensures practitioners operate within their defined scope.
 - b. Supervisory sign-off is not required for provisional certifications, but ongoing evaluations are conducted to verify compliance.
2. **Payer Requirements:**
 - a. HR verifies third-party payer regulations for provisional certification usage.
 - b. Any additional requirements are communicated to practitioners in advance.

7.8.5 Executive Director Oversight

[REDACTED]

7.8.6 Title and Functionality Review

1. **Alignment of Job Titles with Responsibilities:**
 - a. The HR Department evaluates job titles to ensure they align with the functional responsibilities outlined by DMH.
 - b. Discrepancies in title or role functionality are addressed by issuing revised job descriptions.
2. **Documentation of Title Deviations:**
 - a. Any deviations from DMH-approved titles are documented with an explanation of equivalent responsibilities.
 - b. These deviations are included in annual compliance reviews submitted to the Executive Director.

7.8.7 Licensing and Certification Compliance

1. **State Licensing Adherence:**
 - a. All practitioners at [COMPANY NAME] maintain active state licenses or certifications in accordance with their scope of practice.
 - b. HR verifies that all licenses are renewed before their expiration dates.
2. **Independent Licensing Boards:**
 - a. The HR Department ensures practitioners comply with standards established by their respective licensing boards.
 - b. Practitioners are required to provide documentation of compliance upon request.
3. **Documentation Maintenance:**
 - a. Copies of licenses and certifications are stored securely in each employee's personnel file.
 - b. Expiration dates and renewal requirements are tracked in the HR database to prevent lapses.

7.8.8 Third-Party Contractor Management

1. **Contractual Agreements:**
 - a. [COMPANY NAME] ensures that all third-party contractors providing services have valid licenses or certifications.
 - b. Contracts specify the scope of services, informed consent procedures, and compliance with DMH standards.
2. **Annual Review:**
 - a. HR conducts an annual review of all contractual agreements to ensure compliance with DMH standards.
 - b. Results of the review are documented and submitted to the Executive Director for approval.
3. **Contractor Credential Verification:**
 - a. HR verifies that all third-party contractors hold active credentials and are legally authorized to provide services.

- b. Any changes to contractor status are updated in organizational records and communicated to the Executive Director.

7.9 Review and Revision

This policy is reviewed annually by the Executive Director and HR Director to ensure compliance with updated DMH standards and organizational needs.

7.10 References

- Mississippi Code Annotated § 41-4-7
- Mississippi Department of Mental Health Operational Standards

7.11 Approval Signatures

- **Executive Director:** _____ Date: _____
- **HR Director:** _____ Date: _____

7.12 Policy Distribution

1. **Distribution to Employees:**
 - a. Copies of this policy are distributed to all employees during onboarding and stored in the employee handbook.
 - b. Updates to the policy are communicated via email and posted on the organization's intranet.
2. **Distribution to Contractors:**
 - a. Contractual service providers receive copies of this policy as part of their onboarding documentation.
 - b. Contractors are required to acknowledge receipt and understanding of the policy in writing.

Policy 008: General Qualifications

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

8.1 Purpose

The purpose of this policy is to ensure that all personnel employed, contracted, or volunteering with [COMPANY NAME] meet the qualifications necessary for delivering high-quality, compliant services to individuals with mental health, intellectual and developmental disabilities (IDD), or substance use challenges. By aligning with the Mississippi Department of Mental Health (DMH) standards, this policy establishes clear qualifications for various roles to guarantee the competence, integrity, and professionalism of staff across all service areas.

8.2 Additional Authority

- Miss. Code Ann. § 41-4-7
- DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers

8.3 Scope

This policy applies to all employees, contractors, interns, and volunteers associated with [COMPANY NAME], including individuals providing direct care, supervisory, administrative, or specialized services.

8.4 Responsible Party

[REDACTED]

8.5 Definitions

- **Direct Support Personnel:** Employees providing direct care, support, and assistance to individuals, focusing on daily living activities and personal care in accordance with individualized service plans.
- **Professional License:** A certification issued by a recognized authority authorizing an individual to perform professional duties as defined by their scope of practice.
- **Credential Verification:** The process of confirming that staff meet all required qualifications through documented evidence.
- **Executive Director:** The top administrator of [COMPANY NAME], responsible for strategic oversight and ensuring regulatory compliance.
- **Behavior Consultant:** A professional responsible for conducting behavioral assessments and creating and implementing behavior support plans.
- **Certified Peer Support Specialist Professional (CPSSP):** An individual with certification and training to provide peer support, often from lived experiences in mental health or substance use recovery.
- **ICORT:** Intensive Community Outreach and Recovery Team focused on providing services to individuals with severe mental illness or emotional disturbance.
- **PACT:** Programs of Assertive Community Treatment designed for individuals with persistent mental health conditions needing community-based, interdisciplinary care.

8.6 Policy Statement

[COMPANY NAME] upholds rigorous standards for personnel qualifications to ensure that individuals served receive the highest level of care. The organization adheres to DMH guidelines and related statutory requirements, maintaining comprehensive documentation to verify that staff members possess the education, training, and credentials needed for their roles. This policy reinforces the organization's commitment to professionalism, compliance, and effective service delivery.

8.7 Policy

8.7.1 Executive Leadership

1. The Executive Director holds one of the following qualifications:

[REDACTED]

2. The HR Department verifies all qualifications through official transcripts and maintains these records in the personnel files.

8.7.2 Directors of Service Areas

1. Each Director overseeing specific service areas (e.g., Community Services, Adult and Children's Day Treatment, Therapeutic Foster Care) meets one of the following qualifications:

[REDACTED]

2. Directors responsible for ID/DD Waiver Support Coordination or Wraparound services possess:

[REDACTED]

3. The HR Department conducts annual credential verifications for all Directors.

8.7.3 Supervisory Roles

1. Supervisors overseeing daily service delivery at specific locations (e.g., Psychosocial Rehabilitation, Adult Day Services) meet the following qualifications:

[REDACTED]

2. HCBS Support Coordination and Wraparound services Supervisors meet the following criteria:

[REDACTED]

8.7.4 Specialized Services

1. **Therapists:**

[REDACTED]

2. **Medical Services:**

[REDACTED]

3. **Nursing Services:**

[REDACTED]

4. **Psychological Services:**

[REDACTED]

8.7.5 Peer Support and Wraparound Services

1. **Peer Support Specialists:**

[REDACTED]

2. **Wraparound Care Coordinators:**

[REDACTED]

8.7.6 Direct Support Personnel

1. Direct Support Personnel meet the following qualifications:

[REDACTED]

2. Personnel roles are individualized to meet client needs, as outlined in their Plans of Services and Supports.

8.7.7 Behavioral Support Services Qualifications

1. **Behavior Consultants:**

a. Behavior consultants at [COMPANY NAME] meet one of the following standards:

[REDACTED]

2. **Behavior Specialists:**

[REDACTED]

8.7.8 Crisis Intervention Team Qualifications

1. Each Crisis Intervention team includes:

[REDACTED]

2. The Program Director monitors compliance with these requirements through annual credentialing audits.

8.7.9 Substance Use Services Qualifications

1. **Directors and Coordinators:**

[REDACTED]

2. **Therapists:**

[REDACTED]

3. **Prevention Specialists:**

[REDACTED]

4. **Peer Support Specialist Professionals:**

[REDACTED]

5. The HR Director tracks certifications and renewals for all team members working in substance use programs.

8.7.10 Assertive Community Treatment (PACT) Team Qualifications

[REDACTED]

8.7.11 Intensive Community Outreach and Recovery Team (ICORT) Qualifications

[REDACTED]

8.8 Procedure

8.8.1 Credential Verification

1. The HR Department reviews official transcripts and licenses during the hiring process.
2. Ongoing credential monitoring is conducted annually, with expiration dates tracked in the HR database.

8.8.2 Training and Development

1. All personnel complete mandatory DMH-approved training relevant to their roles.
2. The Training Coordinator ensures that staff remain compliant with required certifications and schedules refresher courses as needed.

8.8.3 Compliance Audits

1. Quarterly audits are conducted by the HR Department to ensure all personnel meet DMH qualifications.
2. The Executive Director addresses any cases of non-compliance, implementing corrective measures as necessary.

8.9 Review and Revision

This policy is reviewed annually by the Executive Director and HR Director to ensure compliance with DMH Operational Standards. Revisions are documented and communicated to all staff.

8.10 References

- DMH Operational Standards
- Miss. Code Ann. § 41-4-7

8.11 Approval Signatures

- Executive Director: _____ Date: _____
- HR Director: _____ Date: _____

Policy 009: Staff Orientation

Effective Dates: [Insert Effective Date]
Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

9.1 Purpose

The purpose of this policy is to outline the procedures and requirements for orienting all new employees, volunteers, and interns of [COMPANY NAME]. This ensures that each staff member is adequately prepared to perform their responsibilities effectively and in compliance with the Mississippi Department of Mental Health (DMH) Operational Standards. The orientation process promotes a cohesive understanding of the organization’s mission, procedures, and professional expectations.

9.2 Additional Authority

- Mississippi Code Annotated § 41-4-7
- DMH Operational Standards

9.3 Scope

This policy applies to all new employees, interns, and volunteers of [COMPANY NAME], regardless of their role or position. Orientation requirements are tailored to align with the services provided, including mental health (MH), substance use disorder (SUD), and intellectual and developmental disabilities (IDD).

9.4 Responsible Party

9.5 Definitions

- General Orientation:** A comprehensive introduction provided to all new personnel, covering the organization’s structure, DMH Operational Standards, safety protocols, and other foundational topics.
- Direct Service Personnel:** Staff members, including volunteers and interns, who have direct interactions with clients.
- Population-Specific Training:** Orientation topics tailored to the specific needs of the populations served, such as MH, SUD, or IDD clients.

9.6 Policy Statement

[COMPANY NAME] provides a structured and thorough orientation program to all new personnel. This orientation equips employees, volunteers, and interns with the knowledge, skills, and resources needed to perform their roles competently, ethically, and in compliance with DMH Operational Standards. Orientation ensures consistency in service delivery and reinforces the organization's commitment to quality care.

9.7 Policy

9.7.1 Orientation Delivery

9.7.2 Orientation Content

- Agency Overview:**

2. **DMH Operational Standards:**

3. **Record Keeping:**

4. **Basic First Aid and Medical Safety Procedures:**

5. **Infection Control:**

6. **Workplace Safety:**

7. **Rights of People Receiving Services:**

8. **Confidentiality and Ethics:**

9. **Behavior Support Principles (IDD Services):**

10. **Transportation Safety:**

11. **Suicide and Overdose Prevention:**

9.7.3 *Specialized Orientation*

9.8 **Procedure**

9.8.1 **General Orientation**

Initial Training Schedule:



[REDACTED]

CPR Certification:

[REDACTED]

Infection Control Training:

[REDACTED]



Safety Training:

Documentation and Verification:

1. **Training Records Submission:**
 - a. Upon completion of orientation sessions, Supervisors collect training attendance records and submit them to the HR Department for review.
 - b. Supervisors ensure that employees who miss training sessions are rescheduled for makeup sessions within two weeks.
2. **Record Maintenance:**
 - a. The HR Director oversees the maintenance of comprehensive training records, including the following details for each session:

[REDACTED]
3. **Verification of Competency:**
 - a. Supervisors assess the practical application of training during employees' initial work assignments.
 - b. Any gaps in knowledge or skills are addressed through supplemental training sessions organized by the HR Department.



9.8.2 Population-Specific Orientation

IDD Services:

[Redacted text block]

MH and SUD Services:

[Redacted text block]

9.8.3 Crisis Services Orientation

De-escalation Training:

[Redacted text block]

Suicide Prevention:

[Redacted text block]

Civil Commitment Training:

[Redacted text block]





[REDACTED]

Seclusion and Time-Out Training:

[REDACTED]

9.9 Review and Revision

The Human Resources Director reviews this policy annually to ensure compliance with DMH standards and updates orientation materials as needed. All revisions are communicated to staff during annual reviews or through updated training sessions.

9.10 References

- Mississippi Code Annotated § 41-4-7
- DMH Operational Standards



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