Title 24: Mental Health

Part 1: Policies of the Mississippi Board of Mental Health

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Title 24: Mental Health

Part 1: Policies of the Mississippi Board of Mental Health

Part 1 Chapter 1: Department of Mental Health

Rule 1.1 SOURCE OF AUTHORITY: Section 41-4-1, et seq.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 1.2 PURPOSE:

This regulation shall serve to inform the public about the Department of Mental Health relating to the organization, method of operations, and where the public may contact and receive information from the agency.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 1.3 SCOPE OF ACTIVITIES:

A. The purpose of the Department of Mental Health is to coordinate, develop, improve, plan for, and provide services for persons with mental illness, persons with emotional disturbance, alcoholism, drug dependence, and persons with mental retardation, and Alzheimer's and other dementias. Further, the department's goal is to seek means for the prevention of these disabilities.

B. The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention and service options for adults and children with mental illness or emotional disturbance, with alcohol/drug abuse problems, and/or with mental retardation or developmental disabilities. This array of services includes prevention, treatment, and training services in inpatient or institutional settings as well as a system of community-based treatment, residential, and support services that includes transitional and after care programs. The department is also committed to developing and implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 1.4 FACILITIES:

The Department of Mental Health operates nineteen facilities throughout the state.

A. Psychiatric Facilities

Facilities for the care of persons with mental illness are North Mississippi State Hospital in Tupelo, Mississippi State Hospital at Whitfield, East Mississippi State Hospital in Meridian, Central Mississippi Residential Center in Newton, the Specialized Treatment Facility in Gulfport, and South Mississippi State Hospital in Purvis.

B. Facilities for Persons with Mental Retardation

The Department operates six facilities for persons with mental retardation at North Mississippi Regional Center in Oxford, Hudspeth Regional Center in Whitfield, Boswell Regional Center in Sanatorium, Ellisville State School in Ellisville, the Juvenile Rehabilitation Facility at Brookhaven, and South Mississippi Regional Center in Long Beach.

C Crisis Intervention Centers

The Department also operates Crisis Intervention Centers located at Batesville, Brookhaven, Clarksdale, Corinth, Grenada, Laurel. Newton.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 1.5 LICENSURE AND CERTIFICATION:

The Division of Professional Licensure and Certification is responsible for developing and implementing licensure and certification programs for categories of professionals employed/funded by the Department of Mental not already professionally licensed, such as mental health therapists, addiction counselors, case managers, mental retardation therapists, and administrators.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 1.6 INFORMATION:

Public requests for information or submissions may be made to the Department of Mental Health at 239 N. Lamar, Suite 1101, Robert E. Lee Building, Jackson, Mississippi 39201. Calls will be received at 601-359-1288. Also see the Department of Mental Health website at *www.dmh.state.ms.us*.

Source: Miss Code Ann. § 41-4-1, et seq.

Part 1 Chapter 2: Board of Mental Health

Subchapter 1: By-Laws of the Mississippi State Board of Mental Health

Rule 2.1.1 SOURCE OF AUTHORITY: Section 41-4-1, et seq.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.2 PURPOSE: To ensure that the purpose, goals, operations and functions of the Department of Mental Health are carried out according to established by-laws.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.3 NAME AND OFFICE:

A. Name. The name of this Board is the State Board of Mental Health, created to direct the operations and functions of the State Department of Mental Health.

B. Office. The principal office of the Board shall be in Jackson, Mississippi. The Board may also have offices at such other places as the Board may from time to time appoint or the purpose of the Board may require.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.4 MEMBERS AND MEETINGS OF MEMBERS:

A. Membership. The Board shall consist of the persons legally designated, appointed and certified to the Department as representatives from the several original and any later added regions and/or classifications as provided in Section 41-4-3, Mississippi Code of 1972.

B. Rights of Membership. The right of a member to vote and all his right, title, and interest in or to the Board properties shall cease on the termination of his/her membership. No member shall be entitled to share in the distribution of the Board assets upon the dissolution of the Board/Department

C. Resignation. Any member may resign from the Board by delivering a written resignation to the Chairman or Executive Secretary of the Board and to the Governor.

D. Monthly Meetings. The monthly meeting of the members of the Board shall be held at the principal office of the Board or other place properly designated on a Thursday of each month if not a legal holiday, for the purpose of electing officers and/or for the transaction of such other business as may properly come before the meeting. Officers

shall be elected at the June Meeting.

E. Notice of Monthly Meetings. Notice of place and purpose of the Monthly meeting shall be served, either personally or by mail, not less than five (5) nor more than ten (10) days before the meeting upon each person who appears on the books of the Board as a member or agent or advisor and, if mailed, such notice shall be directed to the person at his address as it appears on the books of the Board, unless he shall have filed with the secretary of the Board a written request that notices intended for him be mailed to some other address, in which case it shall be mailed to the address designated in such request.

F. Special Meetings. Special meetings of the members may be called at any time by the Chairman or the Executive Secretary, and must be called by the Chairman or the Executive Secretary on receipt of the written request of three (3) or more of the members, by written notice to be given as herein provided.

G. Notice of Special Meetings. Notice of a special meeting stating the place and purpose thereof shall be served personally or by mail upon each member residing within the United States, not less than three (3) nor more than ten (10) days before such meeting, and if mailed, such notice shall be directed to each member at this address as it appears on the books or records of the Board, unless he shall have filed with the secretary of the Board a written request that notices intended for him shall be mailed to some other address designated in such request.

H. Quorum. At any meeting of members of the Board the presence of a majority of the members in person shall be necessary to constitute a quorum for all purposes except as otherwise provided by law, and the act of a majority of the members present at any meeting at which there is a quorum shall be the act of the full membership except as may be otherwise specifically provided by statute or by these by-laws. In the absence of a quorum, or when a quorum is present, a meeting may be adjourned from time to time by vote of a majority of the members present in person, without notice other than by announcement at the meeting and without further notice to any absent member. At any adjourned meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally notified.

I. Voting. At every meeting of the Board, each member shall be entitled to vote in person. Upon the demand of any member, the vote upon any question before the meeting, shall be by secret ballot. All elections shall be had and all questions decided by a majority vote of the members present, in person.

J. Waiver of Notice. Whenever under the provisions of any law or under the provisions of the by-laws of this Board, the Board or any committee thereof is authorized to take any action after notice to the members of the Board or after the lapse of a prescribed

period of time, such action may be taken without notice and without the lapse of time, if, at any time before or after such action be completed, such requirements be waived in writing by the Board members entitled to such notice or entitled to participate in the action to be taken.

K. Removal of Members. Any Board member may be removed from membership only by the action of the Board and the Governor, after hearing.

L. Expenses of Board Members. Each member of the Board shall be entitled to per diem and reimbursement of expenses as provided in the Uniform Per Diem Compensation for Officers and Employees of State Boards, Section 25-3-69 of the Mississippi Code of 1972, as amended.

M. Vacancies. Any vacancy in the Board occurring during the year, including a vacancy created by an increase in the number of the Board members created by a statutory amendment, shall be filled for the unexpired portion of the term by the Governor or as otherwise required by statute. Any Board member so designated shall hold office until the expiration of this appointed term and until the appointment and qualification of his successor.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.5 POWERS AND DUTIES OF THE BOARD AND ITS OFFICERS:

A. Control. The business and property of the Department shall be managed and controlled by the State Board of Mental Health.

B. Powers. All the legal powers, except such as are otherwise provided for in these by-laws and in the laws of the State of Mississippi, shall be and are hereby vested in and shall be exercised by the Board. The Board may be general resolution delegate to committees of their own number, to officers of the Board, or to agents such powers as they may see fit; and shall have authority to delegate such powers as they may see fit to any member of the Board.

C. Duties. The Board shall cause to be presented annually and filed with the minutes thereof a report, verified by the Chairman and Executive Secretary, or by a majority of the members, showing:

1. The proposed annual budget for the operation of the Department of Mental Health and funding authorized by State Legislature;

2. The names and places of residence of the persons who have been admitted to the Board during the year; and

3. The said Board shall procure the services of the State Auditor for the reparation of an annual audit of the Department. The said audit report shall be available for inspection by all members and the public at large.

D. Executive Director. The Board shall appoint a full time Executive Director to serve at the will and pleasure of the Department of Mental Health as provided in Section 41-4-7 of the Mississippi Code of 1972, as amended. This Executive Director shall be given the necessary authority and held responsible for the administration of the Department and all its activities and divisions, subject to the laws of the State of Mississippi and the policies, regulations, and orders that may be issued by the Board. The Executive Director shall also serve as Executive Secretary to the Board.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.6 OFFICERS:

A. Number. The officers of the Board shall be the Chairman and Executive Secretary, and such other officers with such powers and duties not inconsistent with these laws or by-laws as may be appointed and determined by the Board. Any two (2) officers, except those of Chairman and Secretary, may be held by the same person.

B. Election, Term of Office, and Qualifications. The chairman shall be elected annually by the members from among their number, and the other officers shall be elected annually by the members from among such persons as the said members may see fit, at an annual meeting of the members.

C. Vacancies. In case any office of the Board becomes vacant by death, resignation, retirement, disqualification, or any other cause, a majority of the members, in special meeting, may elect an officer to fill such vacancy, and the officer so elected shall hold office and serve until the annual meeting of the Board next succeeding and until the election and qualification of his successor.

D. Chairman. The chairman shall preside at all meetings of the Board. He shall have and exercise general charge and supervision of the affairs of the Board and shall do and perform such other duties as may be assigned to him by the Board.

E. Executive Secretary. The Executive Secretary shall have and may exercise such powers as are conferred upon him by the Board and shall have charge or control of such books and documents as the Board may determine. He shall attend all meetings of the Board and keep or cause to be kept the minutes of all meetings of the Board. He shall keep or cause to be kept a record, containing the names, alphabetically arranged, of all persons who are members of the Board, showing their places of residence, and

such book shall be open for inspection at all reasonable times. He shall sign in the name and on behalf of the Board, any contracts or agreements authorized by the Board. He shall, in general, perform all the duties incident to the office of Executive Secretary, subject to the control of the Board. He shall cause to be made such payments as may be necessary or proper to be made on behalf of the Board. He shall enter or cause to be entered regularly on the books of the Board, to be kept by or for him for the purpose, full and accurate account of all monies and obligations received and paid or incurred for or on account of the Department, and shall exhibit such records at all reasonable times to any member upon application.

F. Removal. Any officer, except the Executive Secretary, may be removed from office by the affirmative vote of two-thirds (2/3) of all the members at any regular or special meeting called for that purpose, for non-feasance, malfeasance, or misfeasance, for conduct detrimental to the interests of the Department, for lack of sympathy with its objectives, or for refusal to render reasonable assistance in carrying out its purposes. The Executive Director or any officer proposed to be removed shall be entitled to at least ten (10) days notice in writing by mail of the meeting of the Board at which removal is to be voted upon and shall be entitled to appear before and be heard by the Board at such meeting. The Executive Secretary (Executive Director of the Department) shall serve at the will and pleasure of the Board.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.7 AGENTS AND REPRESENTATIVES:

The Board may appoint such agents and representatives of the Board with such powers and to perform such acts or duties on behalf of the Board as the Board may see fit, so far as may be consistent with these by-laws, to the extent authorized or permitted by law.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.8 CONTRACTS:

The Board, except as by law or in these by-laws otherwise provided, may authorize an officer or agent to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Board, and such authority may be general or confined to a specific instance; and unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Department by any contract or engagement, or to pledge its credit, or render it liable pecuniarily for any purpose or for any amount.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.9 PRIOR NOTICE OF MEETING TOPICS:

The executive secretary shall, on or before five (5) days prior to any regular or special meeting of the Board, serve or cause to be served, either personally or by mail upon each person who appears on the books of the Board as a member or agent thereof, notice of each topic, subject matter, and/or decision to be reached with supporting or explanatory data attached. If such information be mailed, it shall be directed as provided in Article II, paragraph E of these by-laws and shall be mailed along with the notice as provided in Article II, paragraph E.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.10 FISCAL YEAR:

The fiscal year of the Board shall commence on July first (1st) of each year and end on June thirtieth (30th) of the next calendar year.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.11 PROHIBITION AGAINST SHARING IN EARNINGS:

No member, officer or employee of, or member of a committee of, or person connected with, the Board, or any other private individual, shall receive at any time any of the net earnings or pecuniary profit from the operations of the Department, provided that this shall not prevent the payment to any such person of such reasonable compensation for services rendered to or for the Department in effecting any of its purposes as shall be fixed by the law or the Board; and no such person or persons shall been titled to share in the distribution of any of the Department assets upon the dissolution of the Department. All members of the Board shall be deemed to have expressly consented and agreed that upon such dissolution or winding up of the affairs of the Department, whether voluntary or involuntary, and the assets of the Department, after all debts have been satisfied, then remaining in the hands of the Board shall be distributed, transferred, conveyed, delivered, and paid over, in such amounts as the law may determine or as may be determined by a Court of competent jurisdiction, exclusively to the State of Mississippi, or other entity authorized by statute.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.12 RENEWAL AND AMENDMENTS:

Only members of the Board shall have power to make, alter, amend and repeal the by-laws of the Board by affirmative vote of a majority, provided, however, that such ion shall be proposed at a regular meeting, except as otherwise provided by law. The by-laws of the

Board shall be reviewed as needed upon the recommendation of a member of the Board.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.13 EXEMPT ACTIVITIES:

Notwithstanding any other provision of these by-laws, no member, officer, employee, or representative of this Board shall take any action or carry on any activity by or on behalf of the Board not permitted to be taken or carried on by the law of the State of Mississippi.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.14 OPEN MEETINGS:

With the exception of any matter or matters specifically and individually determined by the Board to be heard, voted upon and/or otherwise acted upon in executive session, all matters presented to, discussed and/or acted upon by this Board of Directors shall, at all times, be done in an open public meeting. This open meeting policy be and it shall remain, the philosophical policy of this Board and Department and shall, under the direction of the executive director of the Department, be the example for all operation and functions of this Department.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.15 APPROVAL OF MEDICAL STAFF, ORGANIZATION, BY-LAWS, AND REGULATIONS:

The Board of Mental Health will provide mechanism for the formal approval of the organization, by-laws, rules, and regulations of the Medical Staff of a hospital.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.1.16 MEDICAL APPOINTMENTS:

The Board of Mental Health, on the recommendation of the active Medical Staff of a hospital, will appoint members of the Medical Staff.

Source: Miss Code Ann. § 41-4-1, et seq.

Subchapter 2: Appeals to Board of Mental Health

Rule 2.2.1 SOURCE OF AUTHORITY: Section 41-4-1, et seq.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.2 PURPOSE: To ensure an orderly and equitable hearing of appeals before the Board of Mental Health.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.3 NOTICE OF APPEAL:

Notice of appeal to the Board of Mental Health shall be received within the time allowed for the type of appeal being made. Such notice shall be mailed to the Executive Director of the Department of Mental Health.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.4 APPEAL PROCESS:

The Legal Unit shall provide the Appellant a copy of the Board of Mental Health regulation, Appeals to Board of Mental Health, which outlines the appeal process.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.5 DOCUMENTS:

A. Documents in support of Appellants appeal shall be submitted to the Executive Director within twenty (20) days of the filing of the notice of appeal.

B. If the documents are not received more than ten (10) days prior to the next meeting of the Board, the appeal shall not be heard at the next meeting but shall be scheduled for the following meeting.

C. Documents shall include, but not be limited to:

1. all documents supporting the original action which is on appeal

2. he record of the administrative hearing, if a record has been made

3. all written submissions to be considered offered subsequent to the administrative hearing, if a hearing has been held

4. such other materials as the Appellant believes are necessary to adequately present his/her case

D. Documents not received in a timely manner may not be considered by the Board.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.6 TIME FOR HEARING:

A. Appeals to the Board shall be heard no later that the second regular monthly meeting of the Board following the filing of the notice of appeal unless a delay has been requested by the Board or a quorum is not present to hear the appeal. if a continuance has been requested by the Board, the appeal shall be heard at a time set by the Board. If a quorum is not present, the appeal shall be heard at the next scheduled meeting.

B. Appeals which have not been heard in a timely manner shall be considered to have been waived, and the action being appealed shall be considered to be affirmed.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.7 EXECUTIVE SESSION:

Either the Board or the Appellee may request that the matter be heard in Executive Session. All deliberations shall be in Executive Sessions

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.8 PARTIES:

Appellants may be represented by counsel who shall speak on appellant's behalf, appellant may speak for himself/herself, or both may speak within the time restraints established by the Board.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.9 ORDER OF PRESENTATION:

A. The Appellant shall offer any oral argument supporting his/her position. Twenty minutes shall be allowed for this argument.

B. Staff/counsel representing the Department/Facility shall be allowed twenty minutes for rebuttal argument.

C. The Board of Mental Health may ask questions at any time during argument. Such questions shall be counted in the total time allowed.

D. The Appellant shall be afforded ten minutes at the end of rebuttal for closing statements.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.10 DECISION:

A. The Board of Mental Health shall notify the Appellant of its decision within fifteen days of the meeting of the Board.

B. The Board shall report its decision in the minutes of the Board.

Source: Miss Code Ann. § 41-4-1, et seq.

Rule 2.2.11 APPEAL OF THE BOARD DECISION:

Appeals taken from the decision of the Board of Mental Health shall be in compliance with applicable state statutes.

Source: Miss Code Ann. § 41-4-1, et seq.

Part 1 Chapter 3: Admissions

Subchapter 1: Criteria for Admission to East Mississippi State Hospital, Mississippi State Hospital, North Mississippi State Hospital and South Mississippi State Hospital

Rule 3.1.1 SOURCE OF AUTHORITY: Section 41-4-1, et seq., Section 41-21-63, et seq., Section 41-31-1, et seq., and Section 99-13-1, et seq.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.1.2 PURPOSE: To ensure compliance with statutory provisions for admission.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.1.3 GENERAL ADMISSION CRITERIA:

A. Individuals between the ages of twelve years and seventeen years eleven months shall be admitted for psychiatric treatment at East Mississippi State Hospital and Mississippi State Hospital.

B. Individuals between the ages of twelve years and seventeen years eleven months shall be admitted for chemical dependence at East Mississippi State Hospital.

C. Children between the ages of four (4) years and eleven (11) years and eleven (11) months shall be admitted for psychiatric treatment only to Mississippi State Hospital.

D. Adult women shall be admitted for treatment of chemical dependence only to Mississippi State Hospital.

E. Adult women and men over the age of eighteen (18) may be admitted for psychiatric care at East Mississippi State Hospital, Mississippi State Hospital, North Mississippi State Hospital, and South Mississippi State Hospital.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.1.4 CATCHMENT AREAS:

All admissions shall be according to regional catchment areas defined below. In extraordinary circumstances exceptions may be made but must be approved by the Bureau Director.

A. Mississippi State Hospital – Mental Health Regions 1, 2, 3, 5, 6, 8, 9, 11, 13, and 15.

B. East Mississippi State Hospital – Mental Health Regions 4, 7, 10, 12, and 14.

C. North Mississippi State Hospital – Mental Health Regions 2, 3, and 4.

D. South Mississippi State Hospital – Mental Health Region 12.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.1.5 ADMISSION:

A. Psychiatric Services

1. Voluntary:

a. Applications for voluntary admission to all facilities will be accepted from the following:

(1) Persons over eighteen (18) years of age, or married persons, who have not been adjudicated incompetent;

(2) Legal guardians or conservators of persons over eighteen (18) years of age, or under the age of fourteen (14); and

(3) Parents of individuals under the age of fourteen (14).

b. No application for voluntary admission will be accepted from or on behalf of an individual fourteen (14) years of age or older, but younger than age eighteen (18).

c. Application for voluntary admission shall be accompanied by certificates of two (2) physicians or one (1) physician and one (1) psychologist who shall certify that they have examined the person within the last five days and that such person is in need of observation, diagnosis, and treatment.

2. Involuntary:

a. A court order as provided in Sections 41-21-61, et seq., or 43-21-314, et seq., shall be required for involuntary admission.

b. No person shall be admitted with unsolved criminal charges pending.

c. Admission pursuant to Court Order shall be accompanied by the Affidavit, Pre-Screening evaluation by the appropriate community mental health center, certificates of two (2) physicians or one (1) physician and one (1) psychologist, and Court Order.

d. Eligibility for admission cannot be determined without the documents listed in above.

B. Nursing Home

Nursing home facilities which are licensed and certified to participate in Medicaid and Medicare are available at East Mississippi State Hospital and Mississippi State Hospital. Admissions may not exceed rated capacity. Intensive psychiatric services are not available. The standard of dangerousness required for judicial commitment renders nursing home placement pursuant to a court order inappropriate. Individuals eligible for admission may be placed on a waiting list as provided below.

C. Alcohol and Drug Treatment Centers

Separate facilities are available for the treatment of alcohol and drug dependence at both East Mississippi State Hospital and Mississippi State Hospital. Admission may be sought voluntarily or as provided in Sections 41-31-1, et seq. However, no person will be admitted to the psychiatric service at either hospital pending the availability of bed space in the alcohol and drug unit. Individuals eligible for admission for whom no bed is available hall be placed on a waiting list as provided below.

D. Forensic Services:

Individuals against whom criminal charges are pending and for whom a psychiatric examination has been ordered by the Circuit Court shall be admitted only to the Forensic Unit at Mississippi State Hospital.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.1.6 PLACEMENT AND WAITING LISTS:

A. Priority shall be given to court orders of admission. Admission to any service at each hospital is limited by the official bed capacity. Individuals eligible for admission for whom space is not available shall be placed on waiting lists as described below.

B. Waiting lists will be maintained by sex and date of application or court order for admission. Persons determined eligible for admission will be placed on a waiting list if bed space is not available when the determination of eligibility is made. Separate waiting lists will be maintained for psychiatric services, alcohol and drug treatment at both hospitals, and forensic services. Applicants, or the committing court, shall be notified of placement on a waiting list. Court commitments shall take precedence over voluntary admissions.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.1.7 CAPACITY:

The number of persons admitted shall not exceed the number of beds authorized by the licensure and certification agency.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Subchapter 2: Admission to Mental Retardation Facilities

Rule 3.2.1 SOURCE OF AUTHORITY: Section 41-4-1, et seq., Section 41-21-63, et seq., Section 41-31-1, et seq., and Section 99-13-1, et seq.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.2.2 PURPOSE: To ensure compliance with statutory provisions for admission.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.2.3 GENERAL ADMISSION CRITERIA:

A. Individuals under five (5) years of age may be admitted only upon approval of the Board of Mental Health to Ellisville State School. Referral to the Board can only be made after review and approval of the Director of the Bureau of Mental Retardation and the Executive Director.

B. Persons admitted to Boswell Regional Center must be at least twenty-one (21) years of age.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.2.4 CATHCMENT AREAS:

A. Catchment areas depend both on county of residence and level of retardation.

B. Nothing in the delineation of catchment areas shall be construed to limit the authority of the facility directors to transfer persons from one facility operated by the Department of Mental Health to another.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.2.5 ADMISSION:

A. Screening and Placement

1. All persons being considered for admission shall be given a comprehensive evaluation and results will be reviewed by the Administrative Services and

Review Committee (ASRC). This committee shall be an interdisciplinary team which shall evaluate the individual's social, psychological, and developmental background and define the individual's need for service. The committee shall then determine whether the person will benefit from care and treatment at the center and whether admission is the best available plan.

2. Persons found not to have mental retardation will be refused admission.

3. Admission may be refused of persons whose primary problems are of a medical nature, who have a diagnosis of psychosis in an acute state, or whose medical problems or physical disabilities would prevent meaningful participation in the activities or services offered at the center.

B. Waiting Lists

1. Waiting lists will be maintained by sex and date of application for admission

2. Persons determined eligible for admission will be placed on a waiting list if bed space is not available when the determination of eligibility is made. Separate waiting lists will be maintained for persons requiring different levels of care. Applicants, or the Court (in cases of involuntary commitment, shall be notified of placement on a waiting list.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.2.6 RESPITE SERVICES:

A small number of respite or crisis admissions may be possible at each center, depending on the availability of bed space. Such admissions shall not exceed thirty (30) days unless approved by the committee and the facility director.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Rule 3.2.7 TRANSFER:

Persons may be transferred when such a transfer is necessary for the welfare of that or other persons. The reasons for the transfer and appropriateness of the receiving facility to meet the person's needs shall be documented. The person and the parent/guardian shall be notified in advance of the transfer.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1,

et seq.

Rule 3.2.8 CAPACITY:

The number of persons admitted shall not exceed the number of beds authorized by the licensure and certification agency.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-31-1, et seq., and § 99-13-1, et seq.

Subchapter 3: Criteria for Admission of Children and Adolescents to Mississippi State Hospital and East Mississippi State Hospital

Rule 3.3.1 SOURCE OF AUTHORITY: Sections 41-4-1, et seq., Sections 41-21-63, et seq., and Sections 41-21-315, 43-21-611, and 41-31-1, et seq.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-21-315, § 43-21-611, and § 41-31-1, et seq.

Rule 3.3.2 PURPOSE: To ensure compliance with statutory provisions for admission.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-21-315, § 43-21-611, and § 41-31-1, et seq.

Rule 3.3.3 AGE:

A. All adolescents between the ages of twelve (12) and eighteen (18) shall be admitted for psychiatric treatment to East Mississippi State Hospital or Mississippi State Hospital.

B. All adolescents shall be admitted for treatment for chemical dependency at East Mississippi State Hospital.

C. All children between the ages of four (4) and eleven (11) years eleven (11) months shall be admitted to Mississippi State Hospital.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-21-315, § 43-21-611, and § 41-31-1, et seq.

Rule 3.3.4 CATCHMENT AREAS:

All children and adolescents shall be admitted according to the regional catchment areas used for adults. (See Chapter III, Section 1.)

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-21-315, § 43-21-611, and § 41-31-1, et seq.

Rule 3.3.5 CATCHMENT AREAS:

A. A person who is under the age of fourteen (14) years may be admitted upon the application of his/her parent/guardian if the following has occurred:

1. An investigation by the hospital director which carefully probes the person's social, psychological, and developmental background; and

2. A determination by the hospital director that the person will benefit from care and treatment of his disorder at the facility and that services and facilities are available. The reasons for the determination shall be in writing.

A. A person who is fourteen (14) years of age or older but less than eighteen (18) years of age may be admitted to a treatment facility pursuant to an order of the Chancery Court or Youth Court in the same manner as an adult may be involuntarily committed.

B. A person between the ages of twelve (12) and eighteen (18) may be admitted for treatment of chemical dependency by application of his/her parent or legal guardian or by order of a court of competent jurisdiction.

C. Priority shall be given to court orders. Admissions are limited by the official bed capacity. Individuals eligible for admission for whom space is not available shall be placed on the waiting list.

D. Involuntary admissions must meet statutory requirements as defined in Section 41-21-61, et seq. Consistent with this statutory framework, psychiatric services are available only for individuals with a substantial psychiatric disorder who pose a serious threat of physical harm.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-21-315, § 43-21-611, and § 41-31-1, et seq.

Rule 3.3.6 CAPACITY:

The number of persons admitted shall not exceed the number of beds authorized by the licensure and certification agency.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-21-63, et seq., § 41-21-315, § 43-21-611, and § 41-31-1, et seq.

Subchapter 4: Admission To Adolescent Rehabilitation Facilities

Rule 3.4.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq, Sections 41-19-291 and 41-19-301

Source: Miss Code Ann. § 41-4-1, et seq., § 41-19-291, and 41-19-301.

Rule 3.4.2 PURPOSE: To ensure compliance with statutory provisions for admission.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-19-291, and 41-19-301.

Rule 3.4.3 GENERAL ADMISSION CRITERIA:

Adolescents who has attained the age of thirteen (13) but less than twenty-one (21)years may be admitted to the Rehabilitation Facilities.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-19-291, and 41-19-301.

Rule 3.4.4 CATHCMENT AREAS:

A. Adolescents throughout the state may be admitted to the appropriate facility.

B. The adolescent rehabilitation facility located in Lincoln County shall serve persons with mental retardation. The adolescent rehabilitation facility in Harrison County shall serve persons with mental illness.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-19-291, and 41-19-301.

Rule 3.4.5 ADMISSION:

A. Direct Admission.

Only a person who has attained the age of thirteen (13) years but less than twenty-one years (21) who has been committed pursuant to Section 41-21-61, et seq., shall be appropriate for admission. No person shall be admitted with unresolved criminal charges.

B. Transfers.

1. Adolescents from other Department of Mental Health facilities who meet the criteria for civil commitment may be transferred to an adolescent rehabilitation facility.

2. Persons who have been committed directly to an adolescent rehabilitation facility

may be transferred to other Department of Mental Health facilities as deemed appropriate for proper treatment.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-19-291, and 41-19-301.

Rule 3.4.6 CAPACITY:

The number of persons admitted to these facilities shall not exceed the number of beds authorized under Section 41-21-109 or the number of beds licensed or authorized by the licensure and certification agency whichever is less.

Source: Miss Code Ann. § 41-4-1, et seq., § 41-19-291, and 41-19-301.

Subchapter 5: Admission of Persons Who Have Suffered a Severe Brain Injury

Rule 3.5.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq, and Yearly Reoccurring Appropriations Bills

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Rule 3.5.2 PURPOSE: To ensure compliance with legislative authority to treat a limited number of persons who have suffered a severe brain injury.

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Rule 3.5.3 GENERAL ADMISSION CRITERIA

Facilities of the Department of Mental Health may accept applications for persons who, on or after reaching their 21st birthday (age 21), have suffered a severe brain injury.

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Rule 3.5.4 CATCHMENT AREA

Persons throughout the state may be admitted to a facility depending on service availability.

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Rule 3.5.5 ADMISSION

A. Facilities may accept applications for persons who have suffered a severe brain injury and whose condition as a result of that brain injury would have resulted in their

classification as developmentally disabled if such injury had occurred prior to their 21st birthday.

B. All applications will be reviewed by the respective facilities' admissions committee (which shall meet or exceed the requirements for Long-Term placement as established by HMS) to determine whether or not the placement is appropriate.

C. Persons with a disability of the severity to warrant placement and approved by the admissions committee of the respective facility will be referred to the office of the Bureau of Mental Retardation or Bureau of Mental Health for consideration and approval.

D. Priority for placement shall be given according to date of receipt of the application.

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Rule 3.5.6 WAIVER SERVICES

A. Facilities may provide home and community based waiver services utilizing the established policies for home and community based treatment.

B. All applications for home and community based treatment will follow the same procedure as specified for long-term care services.

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Rule 3.5.7 CAPACITY

The collective number of persons being served within the Department of Mental Health as result of this policy may not exceed ten (10) persons at any given time.

Source: Miss Code Ann. § 41-4-1, et seq. and Yearly Reoccurring Appropriations Bills.

Part 1 Chapter 4: Treatment Programs

Subchapter 1: Administration of ECT

Rule 4.1.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-7

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.2 PURPOSE: To ensure the administration of ECT as a valid treatment modality and to protect the rights of patients in the care of the Department of Mental

Health.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.3 DEFINITIONS:

A. Electroconvulsive therapy (ECT) means a form of somatic treatment for certain psychiatric illnesses in which electrical current applied to the scalp results in a seizure. ECT is a valid treatment modality which may be the treatment of choice.

B. Emergency means a psychiatric disorder of such severity as to constitute an immediate threat to the life of a patient.

C. Psychiatrist means a licensed physician licensed by the State of Mississippi and who is certified or eligible for certification in psychiatry by the American Board of Psychiatry and Neurology.

D. Nurse anesthetist means a nurse certified by the Mississippi State Board of Nursing as a registered nurse anesthetist.

E. Maintenance ECT means a sustained course of ECT treatments given beyond the acute course of ECT. The Acute Course of ECT is defined as up to 20 treatments, generally given twice a week, but not to exceed a period of 90 days from the initial treatment.

F. Correspondent means the patient's authorized representative or surrogate as defined by Mississippi statutes.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.4 DECISION TO USE ECT-PRELIMINARY CONSIDERATIONS:

A. The decision to use ECT must be based on a careful assessment of the etiology of the disease, the patient's symptomatology, the degree of impairment, emergency factors such as suicide risk or danger of exhaustion, and the patient's physical status. The latter is to be viewed not only from the standpoint of the danger of treatment itself, but is to include an assessment of suspected potentiation of combined anesthetic and chemotherapeutic agents. Consideration must be given to alternative methods of treatment.

B. The use of ECT will be determined by positive indication. Fully supportive documentation of all factors considered in arriving at the decision to use ECT will be entered into the patient's permanent medical record by the patient's attending physician and any consultants, medical or legal, who review the patient's need for

ECT.

C. Indications of the use of ECT:

1. ECT is an effective treatment in cases of:

   a. Severe depression where the risk of suicide is high, and/or where the patients not taking adequate food or fluids, and/or where the use of drug or other therapy entails high risk, and/or where alternative therapies will take an unacceptably long period to manifest a therapeutic response;

   b. Severe psychoses characterized by behavior which is a threat to the safety and well-being of the patient and/or others and for which anti-psychotics and/or mood stabilizers and/or antidepressants cannot be employed because of adverse reactions or because of the risks which their use entails;

   c. Severe catatonia which has not responded to drugs and/or where the patient is not taking food or fluids and/or drug therapy or other means entail unacceptable risk and/or coexisting medical problems either require prompt resolution of the catatonia and/or make the use of drug therapy unacceptable.

2. ECT is probably effective in:

   a. Depression, particularly that characterized by vegetative or endogenous symptoms, which has not responded satisfactorily to an adequate course of therapy with antidepressant medications, or when the use of drug therapy is contraindicated; or,

   b. Psychoses, particularly those with an endogenous affective component, which have not responded to an adequate trial of anti-psychotic medication or where drugs cannot be used because of adverse reactions.

D. Decision to use outpatient ECT.

Prior to imminent discharge to a Mississippi State Hospital Community Services Program or Community Services group home:

1. The decision to use outpatient ECT will be based on careful assessment of the patient's ability to be treated in the least restrictive environment.

2. Attending MSH physician will submit a consult to the ECT chairman for evaluation of patient/resident/client for outpatient ECT while a pending

resident/client of Mississippi State Hospital Community Services.

3. Maintenance ECT should be required no more frequently than every three weeks unless approved by the ECT committee chairperson and the ECT committee.

4. The chairperson of the ECT department, along with the MSH Community Services physician, can determine frequency of outpatient ECT according to improvement of patient or imminent decompensation.

5. See Community Services policy A "Outpatient (Consumer) Electroconvulsive Therapy" for detailed procedures regarding preparation of patients/consumers scheduled to have ECT on an outpatient basis and post ECT observation monitoring.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.5 ECT COMMITTEE:

Each institution offering ECT shall have an ECT Committee composed of three (3) members. At least two physician members will be psychiatrists who are active members of the Medical Staff. The Clinical Director or the President of the Medical Staff will appoint the physician members of the Committee. The Clinical Director, the President of the Medical Staff, and the Hospital Director may designate alternate physician, nurse practitioner, and patient advocate members respectively

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.6 ECT AS TREATMENT OF CHOICE:

A. ECT shall not be administered, even in an emergency, without the written approval of a psychiatrist of the ECT Committee, and the written approval of a lawyer licensed to practice in the State of Mississippi. The lawyer shall be appointed by the Hospital Director to assess the patient's ability to consent freely and without coercion to ECT. Approval must be documented in writing together with the clinical evaluation and will be part of the patient's permanent medical record. This evaluation shall include, but not be limited to, the patient's physical and neurological condition, the disorder for which ECT is proposed, and the results of laboratory, x-ray, and electrocardiogram (ECG) tests. The medical evaluation shall also include the opinion of the staff committee member as to whether the patient is capable of giving informed consent to the proposed treatment.

B. ECT will not be administered to persons under sixteen (16) years of age unless all of the following conditions are met:

1. Two Board Eligible or Board Certified child psychiatrists who are not directly involved in treating the patient will: examine the patient, consult with the attending physician and document their concurrence with the treatment in the patient's medical record, and

2. The parent or legal guardian of the patient has given informed consent, and/or

3. A court order for treatment is obtained.

C. ECT shall not be administered to patients with serious physical conditions, such as space occupying lesions of the central nervous system, myocardial infarction within the past three (3) months, or uncompensated heart failure, only after an evaluation by a physician who is knowledgeable and experienced in the appropriate area of medicine.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.7 CONSENT TO ECT

A. Full Explanation.

Every patient and/or consenting party to whom ECT is proposed shall be given a full explanation of ECT by the physician. The patient and/or consenting party shall be given the opportunity to have any questions concerning the procedures answered, to meet with a member of the ECT Committee, and to seek legal counsel.

B. Determination of Competence.

Following the medical evaluation of the patient, if ECT is approved by a psychiatrist Medical Staff member of the ECT Committee, the remaining member will be informed of the proposed treatment and the opinion of the ECT Committee members with respect to the patient's competence and ability to give informed consent.

C. Legal Review and Independent Evaluation.

The lawyer appointed by the Hospital Director will evaluate the patient's willingness and ability to consent to ECT freely and without coercion. If, after the lawyer has reviewed the medical record and met with the patient, the lawyer requests an independent evaluation of the patient's competence, the Clinical Director will arrange for an evaluation of the patient's competence by an independent psychiatric consultant, who may be on the consulting staff of Mississippi State Hospital. The independent psychiatrist will document the findings of his/her evaluation in the patient's clinical record and report such findings to the ECT Committee.

D. Committee Concurrence.

Following an evaluation by the independent psychiatrist, (if required) ECT shall not be administered without the concurrence of two (2) members of the ECT Committee with the positive determination of the consulting psychiatrist.

E. Competent Patients (except in an emergency).

1. No adult patient shall be given ECT unless informed consent has been obtained.

2. No minor patient between sixteen (16) and twenty-one (21) years will be given ECT unless the parent or legal guardian of the person has given informed consent or court order obtained.

3. No minor patient under sixteen (16) years of age will be given ECT without an order from court of competent jurisdiction.

F. Incompetent Patients.

ECT shall not be administered to incompetent patients unless informed consent has been obtained from:

1. The individual designated as the correspondent next of kin in the patient's medical record, provided that person meets the criteria set forth in Section 41-41-3 of the Mississippi Code of 1972, or, if that person is not qualified, or unavailable, from another person as designated by the same statute. Documentation should reflect whether consent is sought from more than one person, and consent shall not be valid if there is disagreement between persons related to the patient to the same degree or

2. Unless treatment has been ordered by a court of competent jurisdiction.

G. Emergency.

If an emergency exists, consent to ECT may be implied as provided in Section 41-41-7 of the Mississippi Code of 1972, only for such treatment as is necessary to remove the immediate threat to the life of the patient.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.8 INFORMED CONSENT

A. In order to obtain informed consent, the following information must be communicated:

1. A fair explanation of the procedures to be followed and their purpose; which shall include disclosure of the extent and duration of the proposed treatment.

2. A description of any benefits reasonably to be expected.

3. A description of any attendant discomforts and risks reasonably to be expected.

4. A disclosure of any appropriate alternative procedures that might be advantageous to the patient.

5. An offer to answer any questions about the procedures.

6. Instruction that consent may be with-drawn at any time without prejudice to the patient.

B. If consent is being sought from a surrogate, an effort should be made to inform that person of statements made by the patient about such treatment.

C. Consent should be obtained in writing by a physician and shall be witnessed. When the surrogate cannot be contacted other than by telephone, informed consent may be obtained by telephone and such conversation will be witnessed by a member of the hospital staff – nurse, physician's secretary, social worker, hospital switchboard operator. Both the physician and the witness will then document the elements of the acquired informed consent along with the date and time in the patient's medical record.

D. When consent is obtained by telephone, arrangements should be made immediately thereafter by the social worker to mail a copy of the approved hospital ECT consent form to the person from whom consent was obtained and request that the from be returned to the hospital signed, witnessed, dated, and timed.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.9 LIMITATIONS

A. The need for continued ECT will be assessed at least annually for each patient at Mississippi State Hospital who receives Maintenance ECT. The attending physician will consult the ECT Committee annually for this reassessment.

B. Informed consent must be obtained at least annually for each patient receiving Maintenance ETC.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Rule 4.1.10 REPORTING

A. The clinical record of each patient receiving ECT will contain at least the following documentation:

1. Sex, age and hospital number of the patient;

2. Identity and relationship of person giving consent;

3. Diagnosis for which ECT is given;

4. Whether condition considered an emergency;

5. Documentation by a representative of the ECT Committee indicating the consensus of the committee with regard to administering ECT to the patient, the attorney's opinion, and whether an independent psychiatric consultation has been ordered;

6. The written report of an independent psychiatric consultant where ordered;

7. Dates and numbers of treatments given; and

8. Documentation of positive effects, complications, or adverse effects of ECT.

B. The ECT Committee shall make a written report monthly to the Executive Committee of the Medical Staff. The written report shall include but not be limited to:

1. Number of patients receiving an acute course of ECT during the previous month;

2. Number of patients receiving Maintenance ECT and the frequency of the ETC.

3. Description of any procedural problems in implementing ECT regulations during the previous month; and

4. Description of any unusual or complicated or serious adverse effects to any patient receiving ECT.

5. Number of Outpatient ECT treatments.

C. Annually, the Director of the Facility shall forward to the Executive Director of the Department of Mental Health, a report which shall include but not be limited to:

1. The number of patients receiving an acute course of ECT during the previous year;

2. The number of patients receiving Maintenance ECT during the previous year, including the frequency of the ECT and the total number of ECT treatments in the previous year;

3. A description of any procedural problems in administering the ECT regulations which have occurred during the previous year; and

4. A description of any unusual complications or serious adverse effects experienced by any patient receiving ECT in the previous year.

5. The number of outpatient ECT treatments.

6. A list of the diagnoses of each patient receiving ECT, including the number of patient that are from Jaquith Nursing Home and Inpatient Services.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7.

Subchapter 2: OPIOID Treatment Program

Rule 4.2.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-7 (6)

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Rule 4.2.2 PURPOSE To establish a prescribed method of consideration and/or establishing programs for the distribution of synthetic narcotics for opioid addiction.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Rule 4.2.3 APPLICATION:

Persons/Entities desiring to apply for approval to open and operate an Opioid treatment program in Mississippi shall make application to the Department of Mental Health, Alcohol and Drug Division. The application packet shall include information describing the justification of need, program description, and evidence of support.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Rule 4.2.4 JUSTIFICATION OF NEED:

A request for approval of an opioid treatment program shall demonstrate the need to establish an opioid treatment program which shall include the following:

A. Documentation of request for services from individuals residing in the area surrounding the proposed location.

B. Documentation of need for the programs from at least two (2) existing alcohol and drug treatment programs in the area of proposed location. Existing alcohol and drug treatment programs in the area means Mississippi based program geographically located within a fifty (50) mile radius service area of the program. Service from existing alcohol and drug treatment programs in the area of propose location.

C. Documentation of need from local governing authorities, law enforcement officials, and judges. Local governing authorities is defined Mayor in an incorporated area indicating the approval of the Board of Aldermen, or the City Council, or in an unincorporated area the President of the Board of Supervisors. Law enforcement officials are defined as the Chief of Police in an incorporated area and the Sheriff of the County in which the program is to be located. Judge for the purpose of these standards is defined as one or more judges in the fifty (50) mile radius service area that has jurisdiction over drug related cases.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Rule 4.2.5 PROGRAM DESCRIPTION:

Included in the application packet there must be a detailed description of the proposed program which must include the following:

A. Proposed location of program. (Include city and building address.)

B. Program goals and objectives.

C. Program methodology.

D. Program staffing.

E. Program funding. (Include client fee schedules.)

F. Description of Applicant Agency. (Include charter of incorporation.)

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Rule 4.2.6 EVIDENCE OF SUPPORT:

Evidence of support must include the following:

A. Letters of support and letters of agreement from area physicians, other health professionals and agencies, and existing alcohol and drug treatment programs.

B. Letters of support and letters of agreement from local governing authorities, law enforcement officials, and judges.

C. Letters of support from businesses, individuals, and present landlords or tenants in the area surrounding the proposed location.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Rule 4.2.7 PROGRAM CONSIDERATION:

No program shall be considered for approval until all required documents have been received. Incomplete applications will be held as pending for six months. Applications which have not been completed within six months will be considered withdrawn.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

4.2.8 APPEALS:

A. Initial appeals shall be to the Executive Director of the Department of Mental Health.

B. Final denial of approval for establishing an opioid treatment program shall be to the Board of Mental Health pursuant to the established appeal procedure.

Source: Miss Code Ann. § 41-4-1, et seq. and § 41-4-7 (6).

Part 1 Chapter 5: Rights of Individuals Receiving Services

Rule 5.1 SOURCE OF AUTHORITY: Sections 41-4-1 et seq., Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Source: Miss Code Ann. § 41-4-1, et seq. and § Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Rule 5.2 PURPOSE: To ensure that all persons living or being treated in facilities operated by Department of Mental Health are receiving appropriate care.

Source: Miss Code Ann. § 41-4-1, et seq. and § Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Rule 5.3 RIGHTS:

All individuals receiving services shall be afforded all rights delineated in Section 41-21-102 of the Mississippi Code as well as any outlined in federal law, regulation, and other appropriate state laws and regulations.

A. Executive Director

The Executive Director shall work with the Board in investigating and remedying conditions or practices interfering with the free exercise of rights of individuals receiving services.

B. Facility Director

The Director of all facilities shall take necessary and appropriate steps to assure compliance with all provisions of these regulations throughout the facility including, but not limited to, ensuring adequate training of facility staff, prompt resolution of any complaint involving alleged abuse, and monitoring the adequacy of the supervision given staff.

C. Investigator/Advocate

Each facility shall have an Investigator/Advocate to act as representative of individuals receiving services whose rights are alleged to have been violated.

The Investigator/Advocate may:

1. Investigate and examine any and all conditions or practices which interfere with the free exercise of rights on any individual receiving services.

2. Seek to remedy such situations by informal means with the Director and, if necessary, may file a complaint with the HRAC on behalf of an individual receiving services.

3. Assist the person during any conference, hearing or other procedure held pursuant to these procedures or consult and assist the representative of the individual receiving services.

4. Consult with the HRAC or any employee of the facility about violations and

solicit recommendations for remediation.

5. Have direct access to the Director in carrying out these duties.

Source: Miss Code Ann. § 41-4-1, et seq. and § Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Rule 5.4 HUMAN RIGHTS/ADVOCACY COMMITTEE

Each facility shall have a Human Rights/Advocacy Committee whose duties are to protect the rights of individuals within the care of the facility.

A. Composition

The committee shall consist of no less than five (5) members, appointed by the Director and confirmed by the Executive Director. The membership should be broadly representative of professional and consumer groups. There shall be no requirement to utilize employees of the facility as HRAC members; however, if they are utilized, they shall not comprise majority membership of the committee.

B. Term of Members

Appointment to the HRAC will be for a term of two (2) years.

C. By-Laws

The HRAC shall have written bylaws which cover matters such as parliamentary procedures, election of officers, confidentiality, etc.

D. Meetings

The HRAC shall hold a meeting at least quarterly, and more often as needed.

E. Officers

The HRAC shall elect a chairperson and vice chairperson to serve a one year term. The chairperson shall coordinate the activities of the HRAC and preside at committee meetings. The chairperson will have direct access to the Director. The vice chairperson shall serve as chairman in the absence of the chairman.

F. Committee Responsibility

The HRAC shall:

1. Review a summary of complaints filed regarding alleged violations of rights and may hold fact-finding investigations concerning such complaints.

2. Review and approve all programs utilizing aversive conditioning, all medications used for behavior management purposes, and all psychotropic medication used without a diagnosis consistent with clinical indications unless other forums or committees are utilized for this purpose.

3. Receive, review, and make recommendations concerning existing facility policies on their own initiative or as requested by the facility.

4. Conduct other activities as deemed appropriate by the Director.

5. Have access to patient/client records on a need-to- know basis. All person specific information shall remain confidential.

G. Report to Board

The HRAC shall submit to the Board of Mental Health a confidential summary of activities and recommendations, if any, at least annually. The report shall include a summary of at least the following:

1. abuse case by category
2. aversive programs
3. medications reviews, if reviewed by HRAC
4. seclusion/restraint usage
   other items deemed appropriate

The format of this report shall be approved by the Board.

Source: Miss Code Ann. § 41-4-1, et seq. and § Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Rule 5.5 PROCEDURE FOR IMPLEMENTATION AND REMEDIES FOR VIOLATIONS:

A. Each facility will prominently post in each living unit and throughout the facility a document setting forth the rights of individuals receiving services and the means by which they may contact a facility advocate.

B. Each individual receiving services, or legally authorized representative, if applicable, shall be personally given notice of the rights in writing upon admission and annually thereafter. This notice may be a summary outlining their rights with directions as to

how they may access this document.

C. Receipt of this notice shall be documented in the record. If the individual receiving services refuses or is unable to acknowledge receipt of such notice, the person delivering such notice shall document that fact in the record of the individual receiving services.

D. If an individual receiving services is unable to read the summary notice of these rights, the notice shall be read to him.

E. Each individual receiving services is entitled to a speedy and impartial review of alleged violation of the rights assured him/her under these policies and procedures. This review will occur via the procedures outlined herein.

F. Information gathered during such review will be strictly confidential and will not be disclosed except to the extent necessary to conduct the review.

G. Each individual receiving services shall have the right of access to legal counsel of his/her own choice and expense. Each individual receiving services who cannot afford or is otherwise unable to retain private counsel will be informed of the existence and location of the legal aid office and shall be afforded assistance, if needed, in contacting that office.

H. When an individual receiving services, an Investigator-Advocate, and employee, or any other interested party believes that an individual's rights have been violated that person may present his/her complaints to the Investigator- Advocate, Director or Executive Director. This shall be routed to the correct Investigator-Advocate who shall ensure that the complaint is filed. Complaints/violations which may be abuse, neglect, or exploitation must be reported and investigated pursuant to guidelines set out for vulnerable adults investigations. Complaints relating to violations of health information rights shall be referred to the privacy officer for investigation.

I. The Investigator-Advocate will meet with the individual receiving services and all other persons deemed necessary not later than ten (10) working days after the complaint is filed. It shall be the Investigator-Advocate's responsibility to remedy the problem by informal procedures if possible and allowable, depending upon the nature of the complaint.

J. The party making the complaint in good faith and without malice will have no action taken against him/her nor threats made toward him/her for bringing the complaint.

K. If the complaint cannot be resolved informally or the individual receiving services or the representative is otherwise dissatisfied with its resolution, either of these persons may request a conference before the HRAC. A request for a conference will be in

writing and shall contain a description of the alleged violation or any other information the HRAC considers appropriate. The individual receiving services may be assisted by the Investigator-Advocate or by person of his/her choice. If the individual chooses a person other than the Investigator-Advocate for assistance, the individual receiving services or the representative may request the Investigator-Advocate to assist in filing the request for a conference. The chairperson the HRAC shall forward a copy of the request for a conference to the Director and to the persons allegedly responsible for the alleged violations. The alleged violator shall also have the right to file a written statement with the HRAC.

L. The HRAC shall hold a fact-finding conference within fifteen (15) working days after the receipt of a request for a conference.

M. No later than fifteen (15) working days after the completion of the conference, the HRAC shall submit a report to the Director and to other designated parties of its findings and recommendations.

N. The Director will utilize these findings and recommendations to support a finding that no further action is needed or that a corrective plan is appropriate. If the Director recommends a plan of corrective action, a copy of the plan shall be forwarded to the HRAC.

O. There will be promulgated by the Director and reviewed by the HRAC a plan to deal with situations (i.e., violations of rights) that may, in the opinion of the Investigator-Advocate, result in serious harm to the individual receiving services if not remedied immediately.

P. If the person bringing the complaint is not satisfied with the resolution recommended and approved, he/she may files an Appeal to the Board. This Appeal must be in compliance with the Board's regulation on Appeals to the Board and request a review by the Board. This request should come within fifteen (15) working days of the response.

Q. The director will also have the right to appeal to the Board upon the approval of the Executive Director.

Source: Miss Code Ann. § 41-4-1, et seq. and § Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Rule 5.6 CONSITITUENCY LINE:

Persons may also report concerns or alleged abuse to the 24-hour Constituency Line at 1-877-210-8513.

Source: Miss Code Ann. § 41-4-1, et seq. and § Section 41-21-102 and other State and Federal Laws, Court Decisions, and Regulations.

Part 1 Chapter 6: Information

Subchapter 1: Release of Patient/Client Information

Rule 6.1.1 SOURCE OF AUTHORITY: Section 41-21-97

Source: Miss Code Ann. § 41-21-97.

Rule 6.1.2 PURPOSE: To ensure the privacy of individuals served by the Department of Mental Health and to comply with the laws of the State of Mississippi and federal regulations.

Source: Miss Code Ann. § 41-21-97.

Rule 6.1.3 AUTHORITY TO RELEASE:

Information concerning a current or former patient/client shall be released only:

A. Upon written authorization of the patient/client or authorized representative.

B. Upon order of a court of competent jurisdiction.

C. When the continued treatment of the patient/client requires the exchange of information between the Department of Mental Health and other treatment facilities.

D. When in the opinion of the Director of the facility/program, release of information is necessary for the determination of eligibility for benefits, compliance with statutory reporting requirements, or other lawful purpose.

E. When the patient/client has communicated to a treating physician, psychologist, or master social worker an actual threat of physical violence against a clearly identified or reasonably identifiable potential victim or victims.

Source: Miss Code Ann. § 41-21-97.

Rule 6.1.4 REQUEST FOR DOCUMENTS:

When information is requested:

A. The appropriate facility must be in receipt of written authorization or authority for release of information prior to any search of records.

B. Upon request for release, the facility will make every effort to comply with request within five (5) working days. If for some reason this is impractical, the facility will notify the person requesting the information of the delay and the approximate time the information will be available.

C. Release of information to potential victims under 1.03 E of this regulation will be made as soon as possible.

D. Request for information must be specific as to whether all available Information or what part thereof is being requested.

Source: Miss Code Ann. § 41-21-97.

Rule 6.1.5 COSTS:

A. Estimates as to cost will be made upon request.

B. Fees charged will be according to the following schedule: Photocopies - $10.00 for first five pages and $1.00 for every page thereafter.

C. Requested information will not be released until fees are paid.

Source: Miss Code Ann. § 41-21-97.

Subchapter 2. Request for Public Information

Rule 6.2.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and 24-61-1, et seq.

Source: Miss Code Ann. § 41-4-1 et seq. and § 24-61-1, et seq.

Rule 6.2.2 PURPOSE: To ensure that public documents are disseminated according to statutory requirements.

Source: Miss Code Ann. § 41-4-1 et seq. and § 24-61-1, et seq.

Rule 6.2.3 REQUEST:

A. A request for information under the Mississippi Public Records Act of 1983 shall be submitted in writing to the Department of Mental Health, Suite 1101, Robert E. Lee Building, Jackson, Mississippi 39201, or directly to any of the Department of Mental

Health facilities.

B. All requests for information should be marked "Request for Public Documents," and shall describe with particularity the documents sought. Where possible, file numbers, dates, county program, or the office where the requested documents are located shall be set forth in the request.

Source: Miss Code Ann. § 41-4-1 et seq. and § 24-61-1, et seq.

Rule 6.2.4 TIME OF RELEASE:

If the requested information cannot be provided within fourteen (14) days, the person requesting the information will be notified in writing of the approximate date of availability.

Source: Miss Code Ann. § 41-4-1 et seq. and § 24-61-1, et seq.

Rule 6.2.5 DENIAL OF REQUEST:

If the request for information is denied, the person requesting the information will be notified of the reason of the denial.

Source: Miss Code Ann. § 41-4-1 et seq. and § 24-61-1, et seq.

Rule 6.2.6 FEES:

A. No request for information shall be granted until the fees have been received by the agency. Cost of reproduction of the requested information will be provided to the person making the request. The fees charged will be according to the following schedule:

1. Photocopies - $ .25 per page

2. Other printed material – cost determinant upon materials

3. Records search – clerical, $7.50 per hour

4. Records search – technical or professional, $20.00 per hour

5. Records search – automated, $18.00 per hour

B. Fees will be charged for records searches even when the requested information cannot be found.

Source: Miss Code Ann. § 41-4-1 et seq. and § 24-61-1, et seq.

Subchapter 3: Administrative Procedures Act

Rule 6.3.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and 23-43-1, et seq.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.2 PURPOSE: To ensure the flow of information and for the participation of persons desiring to access agency information, participate in the promulgation of regulations, appeal decisions. Also, to ensure that the public be aware of the procedure for such actions and procedures.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.3 RULE ADOPTION/AMENDMENT:

A. Interested Parties

Persons interested in being notified of proposed rule adoption/amendment shall request such notification in writing. Notification may be made by mailing a copy of the proposed adoption/amendment (fee charged) or by electronic means. Such requests must be in writing and include the subject matter of interest. Within three (3) days of the filing of a proposed adoption/amendment with the Secretary of State, the Department of Mental Health shall notify all persons who have submitted in writing to the agency a request to receive notification of such adoption/amendment.

B. Request to Participate in Oral Proceeding on Proposed Rule

The Department may hear oral comments on a proposed rule or rule amendment. If such oral proceedings are scheduled, participating parties must provide any written materials (12 copies) in support of their position ten (10) days prior to the scheduled oral proceeding. These materials will be provided to the Board of Mental Health in advance of the scheduled meeting. Parties will have fifteen (15) minutes for oral comments. Modifications on procedure for presentation of oral comments may be altered or established as deemed appropriate by the Board Aggrieved parties may appeal the promulgation of rules by the Board of Mental Health in accordance with pertinent state laws.

C. Regulation Changes

No rule shall be modified/altered unless these changes are within the scope of the matter announced in the notice of the proposed rule adoption and are in character with the issues raised in the notice. The differences shall be a logical outgrowth of the contents of that

notice of proposed rule adoption and the comments submitted in the responses thereto.

D. Service

1. Whenever a person is permitted or required to file any pleading, motion or other document, filing must be made by delivery of the document by mail or transmission by electronic means. Filing by electronic means is complete when the electronic equipment being used by the agency acknowledges receipt of the material. If the equipment used does not automatically acknowledge transmission, service is not complete until the filing party obtains acknowledgment. Filing by mail is complete upon receipt by the agency.

2. Computation of time shall be in accordance with the guidelines set out in the Administrative Procedures Act.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.4 DECLARATORY OPINIONS:

Persons with a substantial interest in a subject matter within the jurisdiction of the Department of Mental Health may make a written request for a declaratory opinion. This request must clearly set forth the specific facts upon which an opinion is asked for and shall be limited to a single transaction or occurrence. This request must be on the form or in the same format developed by the Department and available from the Department. These requests shall be addressed to the Director of the Bureau who oversees the matter in question. Responses to requests for declaratory opinions shall be in accordance with guidelines set out in the Administrative Procedures Act. The Department shall not issue opinions on matters outside the jurisdiction of the Department or on any matter protected by confidentiality laws or regulations.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.5 APPEALS OF FINAL ORDERS:

Persons desiring to appeal Final Orders shall send written notice of the appeal to the Executive director. This notice of appeal must be received within fifteen (15) days of the date of the Final Order being appealed. All appeals of Final Orders shall be in accordance with procedures set out in Board Regulation, Appeals to the Board, Chapter II, Section 2.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.6 NOTICE TO INTERESTED PARTIES:

A. Upon filing with the Secretary of State of the intent to adopt, repeal or amend a regulation, the Department of Mental Health shall notify all persons who have submitted in writing to the agency a request to receive notification of such changes.

B. Written comments from interested parties should be submitted to the Executive Director or his designee prior to the expiration of the twenty-five day comment period.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.7 OPPONENTS OF PROPOSED:

Opponents of proposed rule adoption, repeal or amendment who give timely notice within the twenty-five (25) day comment period) of their desire to contest the making, amendment or repeal of such a regulation, shall have an opportunity to present their views.

A. Under this provision an opponent will submit written comments setting out the nature and reasons for such opposition. Comments should be submitted to the Executive Director within twenty (20) days of notification of opposition.

B. Written comments in opposition will be presented to the Board prior to a request or final adoption for their consideration. Oral comments may be presented when deemed appropriate by the Board in compliance with Section 3, 1.03 B of this regulation.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Rule 6.3.8 REVIEW OF ADVERSE RULING:

A. Notification of Board action will be forwarded to opponents within ten (10 calendar days of Board's decision. Opponents of the Board's action may request a review of such action.

B. Such requests should be in writing and be accompanied by an explanation of the request and should be received by the Executive Director within ten (10) calendar days of opponent's receipt of Board's adverse ruling.

C. Board review under this section may be based upon written documentation or may be presented orally, as deemed appropriate by the Board.

D. Board will review request for adverse ruling as soon as practical and notify opponent of its decision within ten (10) days.

Source: Miss Code Ann. § 41-4-1 et seq. and § 23-43-1, et seq.

Part 1 Chapter 7: Planning And Advisory Councils

Subchapter 1: Mississippi State Mental Health Planning Advisory Council

Rule 7.1.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-9

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.1.2 PURPOSE: To advise and assist the Department of Mental Health, Bureau of Mental Health and Bureau of Administration in developing, reviewing and updating a state plan for community mental health services for adults with serious mental illness and children with serious emotional or mental disorders. The Planning Council will also provide a mechanism for consumers, family members, mental health service providers and providers of support services to work together to identify needs and plan services to address those needs. The Planning Council will allow this broad constituency an additional avenue to evaluate progress on state plan objectives on an ongoing basis, to review goals and objectives and make recommendations for revisions as needs and available resources change.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.1.3 ESTABLISHMENT:

In accordance with the Bylaws of the Mississippi Board of Mental Health, the Board may appoint representatives or agents with such powers to perform acts or duties on behalf of the Board. Therefore, the Board hereby authorizes the Executive Director of the Department of Mental Health to appoint individuals to a Mississippi State Mental Health Planning and Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.1.4 PARTICIPANTS:

A. Membership shall be in keeping with the guidelines set forth by applicable federal law(s), specifically, P.L. 102-321, the "ADAMHA Reorganization Act," and its successors.

B. Membership of the State Mental Health Planning and Advisory Council shall include individuals and representatives of entities concerned with the need, planning, operation, and funding of mental health services. The Council shall be composed of a balanced number of both service providers and non- service providers, including consumers of mental health services and families.

C. Members of the Mississippi State Mental Health Planning and Advisory Council shall

serve for a term of one calendar year (January through December) and may be reappointed.

D. Vacancies on the Council at any time during the year shall be filled by the Executive Director of the Mississippi Department of Mental Health.

E. Routine operation of the Mississippi State Mental Health Planning and Advisory Council shall be in accordance with the established Bylaws of the Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.1.5 FUNCTIONS:

The responsibilities and functions of the Mississippi State Mental Health Planning and Advisory Council shall be in accordance with applicable federal law(s), specifically, P.L. 102-321, "The ADAMHA Reorganization Act," and its successors.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.1.6 MEETINGS:

A. Meetings shall be held at least quarterly and more often as deemed necessary by the Council or the Department of Mental Health.

B. Determination of date, time and location of meetings and notification of meetings shall be in accordance with the Bylaws of the Mississippi State Mental Health Planning and Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Subchapter 2: Bureau of Mental Retardation State Plan Advisory Council

Rule 7.2.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and 41-4-9.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.2.2 PURPOSE: To assist the Department of Mental Health, Bureau of Mental Retardation, in developing a state plan for services for individuals with mental retardation. The Council shall also provide an avenue for clients, family members, and service providers to communicate and work together in identifying and planning an array of services for those citizens of the state with mental retardation. The Council shall participate in the annual update of the plan by reviewing the plan and making recommendations for additions/revisions.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.2.3 ESTABLISHMENT:

In accordance with the Bylaws of the Mississippi Board of Mental Health, the Board may appoint representatives or agents with such powers to perform acts or duties on behalf of the Board. Therefore, the Board hereby authorizes the Executive Director of the Department of Mental Health to appoint individuals to a Bureau of Mental Retardation State Plan Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.2.4 PARTICIPANTS:

A. The Executive Director of the Department of Mental Health shall appoint eight (8) individuals to participate in the Council;

B The eight (8) participants shall be representatives from various areas of the state, including urban and rural areas;

C. The participants shall be representatives for individuals with mental retardation or parents/guardians of individuals with mental retardation, service providers, regional mental retardation facilities, community mental health centers, Developmental Disabilities Council, Mississippi Disability Resource Commission, and other related service agencies;

D. Participants will be appointed for a four-year term. Participants may be reappointed;

E. Any individual who becomes a participant shall immediately be entitled to vote; and,

F. In the event of a vacancy, the Executive Director of the Department of Mental Health shall appoint another individual to complete the term.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.2.5 FUNCTIONS:

A. The Bureau of Mental Retardation State Plan Advisory Council shall advise and support the Bureau of Mental Retardation in the development of a state plan for services and supports for individuals with mental retardation;

B. The Bureau of Mental Retardation State Plan Advisory Council shall advocate for

services and supports that meet the needs of individuals with mental retardation;

C The Bureau of Mental Retardation State Plan Advisory Council shall review the existing plan;

D. The Bureau of Mental Retardation State Plan Advisory Council shall provide information on needs for services and supports in their area;

E. The Bureau of Mental Retardation State Plan Advisory Council shall make recommendations for plan additions/revisions; and,

F. The Bureau of Mental Retardation State Plan Advisory Council shall support the implementation of the State Plan for Services, and support for Individuals with Mental Retardation/Developmental Disabilities.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.2.6 MEETINGS:

A. Meetings shall be held at least quarterly and more often as deemed necessary by the Council or the Department of Mental Retardation.

B. Determination of date, time, and location of meetings and notification of meetings shall be in accordance with the By-Laws of the Bureau of Mental Retardation State Plan Advisory Council

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Subchapter 3: Mississippi Alcohol and Drug Abuse Advisory Council

Rule 7.3.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and 41-4-9

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.3.2 PURPOSE: To advise and assist the Department of Mental Health, Bureau of Mental Health in developing, reviewing and updating a state plan for alcohol and drug abuse services. The Advisory Council will also provide a mechanism for consumers, family members, substance abuse service providers and providers of support services to work together to identify needs and plan services to address those needs. The Advisory Council will allow this broad constituency an additional avenue to evaluate progress on state plan objectives on an ongoing basis, to review goals and objectives, and make recommendations for revisions as needs and

available resources change.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.3.3 ESTABLISHMENT:

In accordance with the Bylaws of the Mississippi Board of Mental Health, the Board may appoint representatives or agents with such powers to perform acts or duties on behalf of the Board. Therefore, the Board hereby authorizes the Executive Director of the Department of Mental Health to appoint individuals to a Mississippi Alcohol and Drug Abuse Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.3.4 PARTICIPANTS:

A. Membership shall be in keeping with the guidelines set forth by applicable federal law(s), specifically, P.L. 102-321, the "ADAMHA Reorganization Act," and its successors.

B. Membership of the Alcohol and Drug Abuse Advisory Council shall include individuals and representatives of entities concerned with the need, planning, operation, and funding of substance abuse services. The Council shall be composed of a balanced number of both service providers and non-service providers, including consumers of substance abuse services and families and consists of not less than twenty- five (25) members.

C. Members of the Mississippi Alcohol and Drug Abuse Advisory Council shall serve for a term of four years.

D. Vacancies on the Council at any time during the year shall be filled by the Executive Director of the Mississippi Department of Mental Health.

E. Routine operation of the Mississippi Alcohol and Drug Abuse Advisory Council shall be in accordance with the established Bylaws of the Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.3.5 FUNCTIONS:

The responsibilities and functions of the Mississippi Alcohol and Drug Abuse Advisory Council shall be in accordance with applicable federal law(s), specifically, P.L. 102-321, "The ADAMHA Reorganization Act," and its successors.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.3.6 MEETING:

A. Meetings shall be held at least quarterly and more often as deemed necessary by the Council or the Department of Mental Health.

B. Determination of date, time and location of meetings and notification of meetings and notification of meetings shall be in accordance with the Bylaws of the Mississippi Alcohol and Drug Abuse Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Subchapter 4: Mississippi Alzheimer's Disease and Other Dementia Planning Council

Rule 7.4.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and 41-4-9

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.4.2 PURPOSE: To advise and assist the Department of Mental Health, Bureau of Mental Health and Bureau of Administration in developing, reviewing and updating a long range state plan for individuals with Alzheimer's disease and other forms of dementia.

The Planning Council will also provide a mechanism for patients, family members, care givers, and providers of services to individuals with Alzheimer's disease and other forms of dementia, to work together to identify needs and provide training and education. The Planning Council will allow this broad constituency an additional avenue to evaluate progress on state plan objectives on an ongoing basis, to review goals and objectives and make recommendations for revision as needs and available resources change.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.4.3 ESTABLISHMENT:

In accordance with the Bylaws of the Mississippi Board of Mental Health, the Board may appoint representatives or agents with such powers to perform acts or duties on behalf of the Board. Therefore, the Board hereby authorizes the Executive Director of the Department of Mental Health to appoint individuals to a Mississippi Alzheimer's Disease and other Dementia Planning Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.4.4 PARTICIPANTS:

A. Membership shall be in keeping with the guidelines set forth by applicable state law(s).

B. Membership of the State Alzheimer's Disease and Dementia Planning Council shall include individuals and representatives of entities concerned with the training/education, planning, operation, and funding of services for individuals with Alzheimer's disease and other forms of dementia. The Council shall be composed of both service providers and non service providers, including family members of individuals diagnosed with Alzheimer's disease or other forms of dementia and shall include three representatives from the states five congressional districts, to include no more than fifteen (15) members.

C. Members of the Mississippi Alzheimer's Disease and other Dementia Planning Council shall serve for a term of four (4) years (January through December) and may be reappointed.

D. Vacancies on the Council at any time during the year shall be filled by the Executive Director of the Mississippi Department of Mental Health.

E. Routine operation of the Mississippi Alzheimer's Disease and other Dementia Planning Council shall be in accordance with the established Bylaws of the Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.4.5 FUNCTIONS:

A. The Mississippi Alzheimer's Disease and other Dementia Planning Council shall provide information and training on needs for services and supports in Mississippi.

B. The Mississippi Alzheimer's Disease and other Dementia Planning Council shall advocate for services and supports for persons in Mississippi with Alzheimer's and other dementia.

C. Routine operation of the Mississippi Alzheimer's Disease and other Dementia Planning Council shall be in accordance with the established Bylaws of the Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Rule 7.4.6 MEETINGS:

A. Meetings shall be held at semi-annually and more often as deemed necessary by the Council or the Department of Mental Health.

B. Determination of date, time, and location of meetings shall be in accordance with the By-laws of the Mississippi Alzheimer's Disease and other Dementia Planning Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-9.

Subchapter 5: Office of Constituency Services Planning Advisory Council

Rule 7.5.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-7 (y)

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (y).

Rule 7.5.2 PURPOSE: To advise and assist the Office of Constituency Services in the development of procedures for investigating and resolving consumer complaints and maintaining a toll-free grievance reporting telephone system for the receipt of complaints by clients of state and community mental health/retardation facilities, as well as responding to requests for information and referrals for services for persons with mental illness, mental retardation and substance abuse.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (y).

Rule 7.5.3 ESTABLISHMENT:

In accordance with the Bylaws of the Mississippi Board of Mental Health, the Board may appoint representatives or agents with such powers to perform acts of duties on behalf of the Board. Therefore, the Board hereby authorizes the Executive Director of the Department of Mental Health to appoint individuals to the Office of Constituency Services Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (y).

Rule 7.5.4 PARTICIPANTS:

A. Membership of the Office of Constituency Services Advisory Council shall include individuals and representatives of entities concerned with the need, planning, operation, and funding of mental health services. The Council shall be composed of both service providers and non-service providers, including consumers of mental health/mental retardation services and families.

B. Members of the Office of Constituency Services Advisory Council shall serve for a term of four years (January through December) and may be reappointed.

C. Vacancies on the Council at any time during the year shall be filled by the Executive Director of the Mississippi Department of Mental Health.

D. Routine operation of the Office of Constituency Services Advisory Council shall be in accordance with the established Bylaws of the Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (y).

Rule 7.5.5 FUNCTIONS:

A. The Advisory Council shall provide a mechanism for consumers, family members, mental health, mental retardation, and substance abuse service providers to work together to identify and address needs of the consumers.

B. The Advisory Council shall, through periodic review of the documentation of the nature and frequency of calls to the consumer helpline, identify trends which necessitate a change in the focus of the Department of Mental Health's focus on consumer needs.

C. The operation of the Office of Constituency Services Advisory Council shall be in accordance with established Bylaws of the Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (y).

Rule 7.5.6 MEETINGS:

A. Meetings shall be held at least semi-annually and more often as deemed necessary by the Council or the Department of Mental Health.

B. Determination of date, time, and location of meetings and notification of meetings shall be in accordance with the Bylaws of the Office of Constituency Services Advisory Council.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (y).

Part 1 Chapter 8: Business

Subchapter 1: Rate Setting and Sliding Fee Scale

Rule 8.1.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq., 41-7-79 and 41-4-7(e)

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.2 PURPOSE To ensure that no person is denied services because of inability topay for such services

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.3 ABILITY TO PAY:

The director or the governing board of each facility, as appropriate, shall investigate or cause to be investigated the financial ability of each patient, his or her estate, and all other persons legally liable for the cost of care of the patient. The charges assessed shall be in accordance with the ability of the person to pay. The determination shall not work an undue hardship on any patient or person legally responsible for such a patient. The value of a homestead shall not be considered in determining the ability to pay. The number of dependents of a patient or the party legally responsible for such patient shall be considered in determining ability to pay The value of real and/or personal property may also be considered. If it is determined that a person receiving services is unable to pay the total fee, the Department shall collect any amount such person is able to pay.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.4 SCHEDULE OF RATES:

The director of each facility is instructed to prepare and, at least annually, update a schedule of private pay rates for such services that a private pay rate is applicable. In establishing such rates, the director shall insure that the rate so established is in accordance with relevant Mississippi statutes, and that such rates are set at such value to ensure no loss of third party reimbursement (Medicare, Medicaid, or any other) which is limited to the lesser of the private pay rate or the rate approved by the third party. Upon notification of any rate or per-diem changes by any third party, the director of such facility shall immediately amend private pay rates to ensure the private pay rate at least equals the third party reimbursement for which such notification was received.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.5 RATE CHANGES:

Directors of facilities shall abide by any relevant rules and regulations governing notice of rate changes before reflecting the proposed rates on any billings to patients or patients' responsible parties.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.6 BOARD NOTICE OF RATE CHANGES:

At the next Board of Mental Health meeting following such a rate change, the director of the facility shall present a report to the Board of Mental Health listing all private pay rates and indicating, for those rates that have changed since the last presentation, the old rate and the new rate. The Board may, at its option, disapprove the change; but unless the Board takes any action contrary, the rates in effect for the facility, including the new rates, shall be deemed to have Board Approval.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.7 SLIDING FEE:

There shall be a Department wide sliding fee discount scale adopted. This sliding fee discount shall take into consideration family size and income as reflected in federal poverty guidelines and shall be adjusted annually when such federal poverty guidelines are adjusted. This sliding fee discount scale shall specify percentage discounts from regular rates based on family size and income. In the event that the person even with such discount cannot pay, further discounts even zero, are permitted based on the individual facts and circumstances of each case. In no event shall a person be denied service solely because of inability to pay.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.8 INCOME:

In determining a person's or family's income, the following definition will be used:

A. Income includes the total annual cash receipts before taxes from all sources, with the exceptions noted below.

B. Income includes money wages and salaries before any deductions; net receipts from non-farm self employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); net receipts from farm self employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses); regular payments from unemployment compensation, strike benefits from union funds, workers' compensation, public assistance (Aid to Families with Dependent Children or Temporary Assistance for Needy Families, and non-federally funded General Assistance or General Relief money payments, and training stipends), alimony, child support, and military family allotment or other regular support from an absent family

member or someone not living at the household; and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

C. Income does not include the following types of money received: capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; or tax refunds, gifts, loans, lump-sum inheritances, one time insurance payments, or compensation for injury. Also excluded are non-cash benefits, such as the employer paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner occupied non-farm or farm housing, and such federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

D. Income received from the following sources are not subject to the discounted rate: regular payments received from social security, railroad retirement, veterans payments, supplemental security income, private pensions, government employee pensions (including military retirement pay). The ability to pay for persons receiving income from any of these sources will be determined on a case by case basis.

E. Any item of income which does not fit within any of the categories listed for inclusion or exclusion in this definition will be evaluated on a case by case basis to determine whether such income should be included or excluded.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.9 POVERTY GUIDELINES:

Annual poverty guidelines published by the U.S. Department of Health and Human Services shall be used to determine a discount to be applied to the regular private pay charge. Families receiving income equal to 200% or more of the federal poverty guideline applicable to their family size shall receive no discount. Families receiving less than 200% of the federal poverty guideline shall receive the discount specified in the column of the Sliding Fee Scale for their level of income and family size. Once an amount due is determined, additional discounts may be made on a case by case basis to ensure that no person is denied services based on inability to pay for such services.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Rule 8.1.10 DISCOUNTED RATES:

A. In determining the discounted rate, the facility may require submission of proof of

income amounts claimed (W-2, pay check stub, etc.). The facility may require such documentation when granting discounts above the percentage discount, but is not required to do so

B. Even where a discounted rate is determined, billings may still indicate the full private pay rate with the discount shown separately. The purpose of this provision is to ensure that, in the event of an estate settlement, the full interest of the state in collecting from such estate shall be preserved.

C. The discounted rate shall apply only to private pay amounts. Amounts due from third party insurers, including Medicare and Medicaid, shall not be discounted using this policy but may be discounted below the full private pay rate in the case of participation agreements with such third parties. In cases where the third party payment is deemed payment in full, the remaining balance shall not be billed to the patient. In cases where the third party payment is not deemed payment in full, the remaining balance may be discounted.

D. The discounted rate calculated under this policy will not be applied to nursing home admissions. Private pay rates for nursing home residents will be determined by the facility based on each resident's ability to pay and giving due consideration to requirements of third party payers

Source: Miss Code Ann. § 41-4-1 et seq., § 41-7-79, and § 41-4-7(e).

Subchapter 2: Audit Guide

Rule 8.2.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-7(c)

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.2.2 PURPOSE: To ensure the Board and Department of Mental Health fulfills its obligations set out in Mississippi law and state and federal regulations and to ensure all facilities and programs are aware of the relevant regulations and procedures relating to business function.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.2.3 NAME:

The auditing procedures of all programs shall be included in either the:

A. Central Office Auditor's Guide

B. Regional Facility Internal Audit Policies and Procedures

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.2.4 CONTENT:

A committee known as the Audit Guide Committee, appointed by the Executive Director, shall select a standard format to be utilized in all manuals and a standard outline of topics to be addressed in each manual.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.2.5 DEVELOPMENT:

A. Each facility/program shall review and provide recommendations for modification of the audit guides to the Audit Guide Committee.

B. The facility/program director shall review these recommendations prior to submission to the Audit Guide Committee.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.2.6 REVIEW:

A. The Central Office Auditor's Guide and the Regional Facility Internal Audit Policies and Procedures shall be reviewed for revisions at least every three (3) years.

B. Recommendations concerning proposed changes in format or content shall be made at least three (3) months prior to the review date.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.2.7 DISSEMINATION:

Copies of the Central Office Auditor's Guide and Regional Facility Internal Audit Policies and Procedures shall be provided to all appropriate staff as determined by the Director of the Bureau of Administration.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Subchapter 3: Authority to Contract

Rule 8.3.1 SOURCE OF AUTHORITY: Section 41-4-7(d)

Source: Miss Code Ann. § 41-4-7(d).

Rule 8.3.2 PURPOSE: To authorize facility directors to contract on behalf of the facility pursuant to all applicable state and federal laws and regulations.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Rule 8.3.3 AUTHORITY:

A. The Director of each facility shall have the authority to enter into contracts on behalf of the facility in accordance with all applicable state and federal laws and regulations.

B. The Executive Director of the Department of Mental Health, or his designee, shall be granted the authority to enter into contracts on behalf of the Central Office and/or Department of Mental Health in the same manner as granted to facility Directors.

C. This authority shall include contracting directly with Medicare/Medicaid for the purpose of billing and receiving funds.

D. This authority shall continue until specifically revoked by the Board of Mental Health.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(c).

Part 1 Chapter 9: Personnel

Subchapter 1: Fingerprinting and Background Checks

Rule 9.1.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-7 (dd)

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(dd).

Rule 9.1.2 PURPOSE: To ensure the safety of the people we serve and to ensure compliance with state law all facilities/programs are required to obtain fingerprints and request background information on potential employees, employees, potential volunteers, and volunteers.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(dd).

Rule 9.1.3 FINGERPRINT:

A. Each potential employee and potential volunteer shall be fingerprinted by the

Department of Mental Health.

B. All employees and volunteers working with children shall be fingerprinted. No potential employee and/or potential volunteer who has a criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of children as specified in Section 45-31-12(5) of the Mississippi Code shall be employed or approved as a volunteer in a program that serves children.

C. Employees being considered for promotion and others in sensitive positions as deemed necessary by the facility directors shall also be fingerprinted.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(dd).

Rule 9.1.4 NOTICE:

Current employees and volunteers and prior to the offering of a position, potential employees or volunteers shall be advised that:

A. each person shall be fingerprinted.

B. a records check of documented disciplinary actions of a current or former employer, and disciplinary actions of a professional licensing agency, etc., shall be requested.

C. the potential employee or volunteer must authorize fingerprinting and a records check in writing.

D. it is the right of the Department of Mental Health to require fingerprinting and a records check as a condition of employment or approval as a volunteer.

E. a person has the right to challenge, within fourteen (14) calendar days, the accuracy and completeness of any information received by the employer as a result of such a check.

F. a person has the right to challenge, within fourteen (14) calendar days, the agency's decision to refuse to hire or to terminate a person based on the result of such a check.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(dd).

Rule 9.1.5 INFORMATION:

A. No information received shall be re-disseminated to the fingerprinted person or any other employee not authorized by personnel, except as required by other pertinent

law, and/or to inform the person of a negative result of such a check.

B. If no disqualifying record is identified at the state level, the fingerprints shall be forwarded by the Department of Public Safety to the FBI for a national criminal history record check.

C. All records shall be received from the FBI via a secure fax machine or other secured means and shall be retained in a secure place for a minimum of thirty (30) days from the time the decision of whether or not to hire is made. After thirty (30) days, the records must then be destroyed by means of shredding.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(dd).

Rule 9.1.6 Fingerprint/Affidavit:

All persons employed prior to July 1, 2002, shall either be fingerprinted or sign an affidavit stating that he/she has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Section 45-33-23(f), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea. If it is later determined that the person actually had been convicted or pleaded guilty or nolo contendere to any of the offenses listed previously, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, disciplinary action will be taken which may lead to termination and the person referred for appropriate penalties provided by law.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(dd).

Subchapter 2: Chemical Testing

Rule 9.2.1 SOURCE OF AUTHORITY: Section 41-7-1, et seq.

Source: Miss Code Ann. § 41-7-1 et seq.

Rule 9.2.2 PURPOSE: To provide assurances that all employees of the Department of Mental Health and its facilities are not under the influence of chemical substances, either legal or illegal, which might impair their performance.

Source: Miss Code Ann. § 41-7-1 et seq.

Rule 9.2.3 The Department of Mental Health shall establish a policy outlining the procedures of testing employees and future employees for chemical substances.

Source: Miss Code Ann. § 41-7-1 et seq.

Rule 9.2.4 All potential employees shall be advised of the testing program prior to hiring.

Source: Miss Code Ann. § 41-7-1 et seq.

Subchapter 3: Licensure and Certification

Rule 9.3.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and Section 41-4-7 (n)

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 9.3.2 PURPOSE: The Division of Professional Licensure and Certification shall develop and maintain the rules, regulations, and application guidelines for case managers, mental health therapists, mental retardation therapists, mental health/retardation program administrators, addiction counselors and others as deemed appropriate by the Board of Mental Health.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 9.3.3 NAME:

The rules, regulations, requirements and application guidelines shall be delineated in booklet form and shall be entitled:

A. Mental Retardation Therapist Program

B. Mental Health Therapist program

C. Licensed Mental Health/Mental Retardation Administrator Program

D. Addiction Counselor Program

E. Case Management Certification Program

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 9.3.4 CONTENT:

The Department of Professional Licensure and Certification shall select a standard format to be utilized in all booklets and a standard outline of topics to be addressed in each program booklet.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 9.3.5 DEVELOPMENT:

The Director of the Division of Professional Licensure and Certification will be responsible for development of certification and licensure rules, regulations, and application guidelines utilizing input from appropriate sources.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 9.3.6 REVIEW:

All program booklets shall be reviewed for changes/modifications every two years, or more often if needed.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 9.3.7 DESSEMINATION:

Copies of the program booklets shall be available to anyone by request from the Division of Professional Licensure and Certification by calling (601) 359-1288 or writing to Department of Mental Health, Division of Mental Health, Division of Professional Licensure and Certification, 239 N. Lamar, Suite 1101, Jackson, Mississippi 39201.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Part 1 Chapter 10: General

Subchapter 1: Visitor Policy

Rule 10.1.1 SOURCE OF AUTHORITY: 41-4-1, et seq.

Source: Miss Code Ann. § 41-4-1 et seq.

Rule 10.1.2 PURPOSE: To assure the privacy and protection of person in the care of the Department of Mental Health and to provide an orderly procedure for campus visits.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 10.1.3 CHECK IN:

A. All visitors must check in at the facility's designated location.

B. Visitors will be required to sign in and provide pertinent data as required on the visitor registration form.

C. A visitor pass will be issued to authorized visitors

D. Visitors functioning in an official capacity for the purpose of monitoring, compliance, or licensure, may be escorted by facility staff while on facility

E. Other visitors may be escorted by facility staff while on facility grounds as deemed necessary to protect the therapeutic environment or confidentiality of residents.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 10.1.4 Visitation may be terminated at any time such visits are deemed disruptive to the resident/clients or to other residents/clients.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 10.1.5 Visitors will comply with all rules and regulations promulgated by Department of Mental Health facilities.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Rule 10.1.6 Unauthorized visitors will not be permitted on campus.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7 (n).

Subchapter 2: Health Insurance portability and Accountability Act Compliance (HIPPA)

Rule 10.2.1 SOURCE OF AUTHORITY: Sections 41-4-1 et seq., 41-4-97 and Federal Regulations

Source: Miss Code Ann. § 41-4-1 et seq., § 41-4-97, and Federal Regulations.

Rule 10.2.2 PURPOSE: To ensure adherence to federal regulations.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-4-97, and Federal Regulations.

Rule 10.2.3 IMPLEMENTATION:

The Department of Mental Health shall review all policies and regulations which come under

the purview of HIPPA and make modifications as needed for compliance.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-4-97, and Federal Regulations.

Rule 10.2.4 TRAINING:

Further, the facilities/programs shall develop a training program for all employees to ensure that employees understand their responsibilities relating to HIPPA compliance.

Source: Miss Code Ann. § 41-4-1 et seq., § 41-4-97, and Federal Regulations.

Subchapter 3: Minimum Standards for Community Mental Health/Mental Retardations Services

Rule 10.3.1 SOURCE OF AUTHORITY: Section 41-4-1 et seq. and 41-4-7(f)

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(f).

Rule 10.3.2 PURPOSE: To accomplish the Department of Mental Health's mission of developing a consistent, accessible, comprehensive service and support system for individuals with mental illness, alcohol and drug abuse problems, Alzheimer's disease and other dementia, and/or mental retardation and developmental disabilities, the Department has established minimum standards that must be met by community programs receiving funding.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(f).

Rule 10.3.3 DEVELOPMENT:

The Department of Mental Health shall be responsible for development of minimally acceptable operating standards in manual form to serve as requirements for community programs receiving funding from the Department of Mental Health utilizing input from appropriate sources.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(f).

Rule 10.3.4 CONTENT:

The Department of Mental Health shall select a standard format to be utilized and a standard outline of areas to be addressed in the manual. Each applicable Bureau shall participate in the development of the content of its applicable service areas.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(f).

Rule 10.3.5 REVIEW:

The Minimum Standards for Community Mental Health/Mental Retardations Services shall be reviewed for changes/modifications every three years, or more often if needed

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(f).

Rule 10.3.6 DISSEMINATION:

Copies of the manual shall be available to anyone free at *www.dmh.state.ms.us*, from the Bureau of Mental Health by calling (601) 359-1288, or writing to Department of Mental Health, Bureau of Mental Health, 239 N. Lamar, Suite 901 Robert E. Lee Building, Jackson, Mississippi, 39201.

Source: Miss Code Ann. § 41-4-1 et seq. and § 41-4-7(f).