MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES

Standard Operating Procedure

Procedure Name: Licensure Requirements for Congregate Care Providers - Admission and Care and Services	Chapter: 12
Procedure Number: 2.12.3	Effective Date: 20 DEC 2024

1.0 Purpose. The purpose of this procedure is to provide guidance for the admission and care and services for congregate care providers and private child placing agencies. This procedure is three of seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met to be a licensed provider.

2.0 Definitions.

A. LCSW – Licensed Clinical Social Worker

B. LPC – Licensed Professional Counselor

C. LMFT – Licensed Marriage and Family Therapist

3.0 Responsible Parties. Questions concerning this procedure should be directed to the Deputy Commissioners for Clinical Support. All requests for rule changes should be sent via email to the Director of Congregate Care at congregate.care@mdcps.ms.gov.

Procedure 4.5 - Admission.

A. Admission Procedures

1) The Partner Provider must have written admission policy or procedures as follows:

a) The Partner Provider must have a clearly defined written policy and procedure regarding admissions. All denials for admission must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).

b) The Partner Provider must have a written admission policy or procedures outlining the admissions process to include capacity to provide support to MDCPS in locating appropriate homes for youth placement twenty-four (24) hours – seven days per week to include holidays and weekends, to include provider's 24 hour on-call process for emergency admissions.

c) The Partner Provider must describe its history and current capacity to serve youth in foster care that have experienced complex trauma often manifested by high-risk behaviors such as elopements, verbal outbursts, physical intimidation and/or aggression, self-harm histories, poor school attendance/grades, etc. This description must also include any outcomes of current utilization of evidenced-based intervention models.

d) Partner Provider must describe its plan to adequately inform foster parents of the potential characteristics and behavior manifestations of youth who have experienced complex trauma.

e) Partner Provider's ability to ensure that each youth receives an Initial Safety/Risk Assessment within 24 hours of admission.

f) Partner Provider's must describe its ability to ensure that each youth receives a comprehensive initial assessment and individual service plan to be performed by a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist) within 14 days of admission.

g) Denials for admission based upon past behaviors not involving acts of physical violence and/or acts of sexual aggression shall be considered a violation of contract agreement.

h) The Partner Provider must provide written justification for the denial of admission within 24 hours, and it will be reviewed to determine if the reasons meet the terms of MDCPS's policy and agreed upon contract. Written justification may be provided by the provider's licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).

i) All Congregate Care and Child Placing Agencies shall receive child/youth referrals from the MDCPS Therapeutic Placement Department via a Residential Services Application (RSA) sent to the Partner Provider's designated email address provided to MDCPS.

j) Partner Providers shall have up to **24 hours** to respond to the RSA email with Acceptance or Denial of admission (this excludes emergency placements)

k) The Partner Provider is encouraged to interview any child via in person/remote within a reasonable timeframe to assist youth with a comfortable transition and pre-welcome (except for emergency placements).

l) Placement change procedures for the child including.

i) Notification of parent or guardian.

ii) Documentation to social worker prior to any placement change.

iii) Method used to assign a child to an appropriate group.

iv) Method used to determine whether the Partner Provider is equipped to adequately serve the child's needs.

m) An MDCPS approved pre-placement visit plan for the child to the Partner Provider as well as the date and outcome of the visit must be documented in the child's record, if applicable.

n) Placement must comply with all federal civil rights laws.

o) The Partner Provider may only accept children within the age range of their license.

p) Sibling groups in which one or more of the siblings are under the age of ten (10) must not be placed in congregate care settings for more than sixty (60) days. Any approvals must be provided by MDPCS.

B. Requirements for Children Placed in Congregate Care.

1) The Partner Providers MDCPS refers, and places children in must be licensed by MDCPS.

2) Therapeutic Group Homes, Therapeutic Foster Care, Teen Maternity Homes, Specialized Group Care for Minor Victims of Human Trafficking and Supervised Independent Living must be licensed by MDCPS *and certified by the Mississippi Department of Mental Health (DMH).*

3) No child under ten (10) years of age shall be placed in a congregate care setting, including group homes and Intake and Assessment Center, unless:

a) The child has exceptional needs that cannot be met in a licensed foster home; or

b) To keep a sibling group together for a temporary period; or

c) To enable a mother and baby to be placed together and there is not an available foster home for both.

d) The appropriate MDCPS Assistant Deputy Commissioner has granted express written approval for the congregate care placement.

4) MDCPS must select an appropriate facility for a child and document in the case record the following:

a) The child's level of development, social and emotional needs and the reason the child needs a group living experience.

b) The child's Family Service Plan.

c) The parent-child relationship and the potential for parental, Foster Parent, or guardian participation in the program and visitation.

d) The plan for sibling visitation if not placed together.

e) Documentation on why siblings are not placed together and plan to reunite siblings.
f) The reason the congregate care Partner Provider was selected as the most appropriate for the child.

g) Statement regarding proximity of placement to child's family and county of jurisdiction.

5) The facility must also meet the definition of a CCI at sections 472(c)(2)(A) and (C) of the Social Security Act, including that it must be licensed (in accordance with section 471(a)(10) of the Social Security Act) and that criminal record and child abuse and neglect registry checks must be completed in accordance with section 471(a)(20)(D) of the Social Security Act.

C. Admitting Adults into Partner Provider Facility. Partner Providers may not admit adult(s) as residents into child caring facilities.

D. Medical Information. The Partner Provider must obtain, from MDCPS prior to admission, the report of a medical examination of the child performed within thirty (30) calendar days. In an emergency admission, the medical examination must be performed within seven (7) working days following the placement.

E. Orientation and Expectations.

1) The Partner Provider must provide, prior to or at admission, an orientation to living in the facility for each child and MDCPS or parent(s).

2) The Partner Provider must provide each child and MDCPS or parent(s) with a written list of rules governing the care of children including visitation plan, discipline policies, religious practices, resident's right and responsibilities, and all other services available, including independent living services.

3) During orientation, the Partner Provider must provide a written description of procedures which the child and MDCPS or parent(s) may use to file a grievance and inform the child/parent of the process.

4) The child/parent must be informed that should they desire to report a grievance, the Partner Provider must always give access to MDCPS specialist(s) for registering a complaint.

F. Placement Agreements.

1) The placement Partner Provider must have a signed agreement with MDCPS or foster parent(s) which must include:

a) A description of roles and responsibilities of all Partner Providers and persons involved with the child in placement.

b) Arrangements regarding visits, mail, telephone calls, vacations, gifts and family contact and involvement.

c) The confidentiality statement regarding sharing information about the child signed by MDCPS's designee.

d) Methods of payment for the child's care; and

e) The amount of the board payment and breakdown of child's allowances.

f) Foster Parent Bill of Rights.

g) Foster Parent Grievance Procedures.

h) Child Rights.

i) Child Grievance Procedures

2) A copy of the signed agreement must be placed in the child's record maintained by the Partner Provider.

3) A copy must be given to the assigned MDCPS specialist and foster parent(s).

G. Discharge Policy.

1) The Partner Provider must have and follow written policies and procedures for discharge that include coordinating child and family team meetings targeting the preservation of placement in advance of discharge. Providers shall also submit a discharge summary to MDCPS at least 14 days in advance of discharge (within 7 days in the event of emergency discharge). All discharges must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).

2) The Partner Provider must have a clearly defined written policy and procedure regarding discharges from a facility. All discharges must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).

3) If a youth is sent to a higher level of care such as acute care and is ready to be released, the provider must re-admit the youth provided:

a) The youth continue to meet the provider criteria.

b) The acute care facility recommends return to the provider and returning to the provider is in the best interest of the youth; and

c) While the youth is in a higher level of care, the provider shall continue to receive board payments for up to fourteen (14) days as a placement holder. If the provider does not allow the youth to return, such board payments shall be forfeited.

4) The youth may not be released from the provider's care until suitable placement is obtained unless the youth presents as an immediate danger to self or others or other safety issues are present. If the youth does not present as an immediate danger, the provider must establish a written safety plan and safety contract with the youth. Examples of immediate danger may include:

a) Refusal to relinquish access to a weapon.

b) Repeated acts of physical violence toward others.

c) Active suicidal and/or homicidal attempts that cannot be managed safely.

5) The provider's therapeutic program is expected to establish a safety plan to address the needs of the youth while awaiting discharge. Reasons for all denials and discharges must be sent to the MDCPS Coordinated Care Department's email address at Therapeutic.Placement@mdcps.ms.gov.

6) The provider must provide written justification for the denial of discharge, and it will be reviewed to determine if the reasons meet the terms of MDCPS's policy. Written justification may be provided by the provider's licensed clinician and/or licensed medical professional (psychiatrist/psychiatric nurse practitioner). When the discharge request is approved, the Provider will receive a Discharge Memo from the Coordinated Care Department within five (5) business days of receipt.

7) The Partner Provider may not discharge youth prematurely without providing MDCPS with 14 calendar days' notice, in writing by a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist). The provider shall assist with ensuring appropriate assessments and/or evaluations are completed to determine the level of care needed for the youth and/or if the youth may be safely maintained in setting with additional supports provided.

8) The Partner Provider shall provide MDCPS with a comprehensive discharge plan to include clinical recommendations. The Partner Provider shall also work, collaboratively, with MDCPS in securing appropriate aftercare services and/or placement.

9) The provider must maintain the youth under close supervision according to the mutually developed and agreed upon safety plan until an appropriate placement is found and the transfer is complete - unless the safety and well-being of the youth are compromised.

10) A youth who is sent to a detention center may be dismissed from the Partner Provider if there are charges that result in the youth being sent to the training school, there is incarceration, a need for acute care, or the youth continues to be a danger to self or others.

a) This dismissal must be justified by court order or via a written recommendation of a psychiatrist, psychiatric nurse practitioner, licensed psychologist or other licensed clinical staff.

b) The provider must assist MDCPS with placing the youth in an acute care facility, a congregate care treatment center, or other appropriate placement by making placement recommendations when appropriate.

11) A youth may not be discharged due to challenging behaviors. Challenging behaviors are defined as, but not limited to, fighting, non-compliant or defiant behavior, verbal altercations and/or minor property destruction.

Procedure 4.6 - Care and Services

A. Service Plan.

1) The Partner Provider must complete an initial assessment and individual service plan on each child admitted - to be conducted by a fully licensed mental health professional with 14 days of youth's placement and reviewed with MDCPS worker.

2) In developing and implementing the written service plan for the child and the child's family, the Partner Provider must collaborate with:

a) All appropriate staff members.

b) Appropriate MDCPS staff.

c) Outside parties that may help support the child's needs including but not limited to:

i) Education services.
ii) Extracurricular activities coaches.

iii) MDCPS Independent Living staff, etc.

d) Parents or legal guardians, and

e) The child, if age appropriate.

3) The Partner Provider's individual service plan for the child must include the following:

a) The date the plan is approved.

b) An assessment of the child's and family's strengths and needs.

c) Defined goals, staff assignments, time schedules and steps to be taken to meet the goals.

d) The plan for family visitation, including siblings, unless prohibited by the court.

e) An alternate permanency plan in the event a determination is made by MDCPS that reunification is not in the best interest of the child.

f) A plan regarding estimated length of placement, discharge, and aftercare.

g) A scheduled meeting no more than ninety (90) days from date of approval of initial plan to review or amend plan.

h) A signed copy of MDCPS's Client's Rights and Responsibilities for the appropriate age group of the child.

i) Services to the child by the Partner Provider.

j) Services to the family by the Partner Provider.

k) A plan that is maintained by the Partner Provider to provide transportation for youth to and from school, work, and extracurricular activities; and

l) A plan for youth fourteen (14) and above that have spent at least one (1) day in care for facilitating participation in the MDCPS Transition to Independent Living Program, including transportation to and from TILP activities.

4) The plan must be signed by the child's parent or legal guardian, Partner Provider program director, assigned MDCPS specialist.

5) A copy of the signed plan must be given to each signing party, with the original maintained by the MDCPS specialist.

6) The Partner Provider must maintain contact with MDCPS. If appropriate within the parameters of a court order, the Partner Provider must maintain contact with the child's parent(s) and should encourage the parent(s) to communicate and visit the child in accordance with the service plan.

B. Partner Provider Service Plan Review

1) The Partner Provider must review each child's service plan at least every ninety (90) days. All parties present at the previous planning meeting should be encouraged to attend the review.

2) The service plan must be revised by the Partner Provider to reflect any progress made toward achieving the goals established in the previous service plan and any changes made in the service plan.

3) If changes are made to the service plan the Partner Provider must detail the reasons for the change and include plans to achieve the new service plan goals.

4) Written documentation of the review must be signed and dated by the Partner Provider program director or case manager, the assigned MDCPS specialist, the parent(s) or legal guardian if appropriate, and the child if appropriate.

5) The reviewed service plan and other supporting documents must be copied and filed in the child's record. A copy must also be given to all signing parties, with the original maintained by the MDCPS specialist.

C. Visiting Family.

1) If the Partner Provider uses private family homes for visitation by children during weekends, holidays or vacations, to support family or community connections, the Partner Provider must develop written policy and procedures including forms to be used in approving and utilizing these homes. Visiting families must have limited involvement and decision-making authority over the day-to-day activities of the children with whom they visit. Decisions about the

safety, permanency and well-being of the child must be made by the primary caretaker parent, legal guardian or MDCPS.

2) Visiting home policies and records must include the following:

a) Child's specialist must give prior written approval for all visits.

b) A completed application listing demographic information and the family's reasons for requesting to be a visiting family home.

c) A site visit and home assessment which addresses safety issues to include pictures of the home and a safety checklist.

d) Documentation that a visiting child must have their own bed and must not share a bedroom with any adult or persons of the opposite sex.

e) Two (2) written references which indicate the family can provide proper temporary care and supervision for a child.

f) Partner Providers must submit a MACWIS Inquiry Data Sheet to the MDCPS Congregate Care Department.

g) Criminal background check, Central Registry check, and fingerprinting on all household members ages eighteen (18) years and older.

h) A written and signed agreement which states the roles and responsibilities of both the Partner Provider and family.

i) A signed statement agreeing to confidentiality regarding the child's situation and circumstances.

j) A signed statement from the parent or legal guardian authorizing the child's participation in a visiting family home program.

3) Employees of MDCPS may not be utilized as visiting family homes.

4) Visits must not exceed fourteen (14) consecutive nights.

5) Prior to visitation, the Partner Provider must discuss with the visiting family the child's likes, dislikes, needs, behavior and health issues including any allergies and medications.

6) The Partner Provider must provide the visiting family with emergency contact names and telephone numbers.

7) The child must agree to each visit.

8) After visitation, the Partner Provider must talk with the child to determine their feelings and experiences and must be recorded in the child's records.

D. Child Access to Social Worker or Counselor. A child must always have access to a social worker or counselor and be able to schedule private appointments upon their own initiative.

E. Daily Routines. The Partner Provider must post the daily schedule in a prominent place. The Partner Provider's daily routine must provide time for privacy and individual pursuits of all children in the Partner Provider's care.

F. Meals, Food, and Nutrition.

1) Generally,

a) The facility must assign one (1) staff member to the overall management of the food service. If this person is not a professionally qualified dietitian, monthly scheduled consultations must be obtained on menus from a professionally qualified dietitian.

b) Facilities participating in the USDA Child Care Food Program administered by MDCPS of Education meet this requirement.

2) Menus.

a) The staff member in charge of food service must plan menus at least a week in advance.

b) At least three (3) meals must be served each day, each with a different menu.

c) Menus must be written in advance and must be kept on file for one (1) year and available for review.

d) Menus, as served, must be retained on file for one (1) year.

3) Meals and Snacks

4) The childcare Partner Provider must provide wholesome nutritious and properly prepared daily meals, including:

a) Meats or meat substitutes,

b) Vegetables.

c) Milk.

d) Fruit.

e) Cereal.

f) Bread; and

g) Dessert.

h) Nutritious between meals and evening snacks must be available, except when restricted for dietary or health reasons.

i) The Partner Provider must serve staff members and children in care the same food, except when age, special dietary requirements, or cultural consideration dictate differences. Food must be served in a family style setting and at least one (1) staff member on duty in living units must eat meals with the children.

5) Food. Handling, storage, and preparation of food must comply with state health standards as dictated by the Mississippi Department of Health.

a) When special dietary needs are identified, professional consultation must be requested, and modifications made as needed.

b) Special dietary needs must be provided as recommended by a physician.

c) Food must be of appropriate portions for the age, growth, and development of the child.

G. Clothing and Personal Belongings.

1) Inventory

a) The Partner Provider must maintain an inventory of clothing, personal belongings, and monetary fund's belonging to each child.

b) Each child must have their own inventory list. Inventory lists encompassing more than one (1) child is not permissible and will be viewed as a mishandling of child assets.

c) The inventory log must be signed by the child, parent, guardian, or MDCPS designee upon admission and discharge.

2) Clothing.

a) The Partner Provider must ensure that each child has their own clean, well fitting, attractive, seasonal clothing, including shoes, which are appropriate to age, sex, individual needs, and comparable to the community standards.

b) The Partner Provider must involve the child in the selection, care, and maintenance of personal clothing as appropriate to age and ability.

c) The Partner Provider must send all clothing with the child when they leave the facility.

3) Personal Belongings

a) The Partner Provider must provide each child with individual items for personal hygiene and grooming, such as bathroom supplies, laundry needs or other items.

b) The Partner Provider must allow a child to bring and acquire personal belongings.

c) The Partner Provider may limit or supervise the use of personal belongings while the child is in care provided the limitation or supervision is not a used as form of punishment or discipline.

d) The Partner Provider must send all clothing and belongings in appropriate luggage with the child when they leave the facility. Whenever possible, the child or youth should be present when their clothing and belongings are packed.

4) Allowances

a) All unused personal and clothing allowances, as well as any other funds received by the child, must be maintained in a personal account solely benefiting the child and distributed to the child upon discharge from the Partner Provider.

b) The Partner Provider must have a means of keeping children's money safe and separate from the facility's financial accounts. All allowance amounts are outlined in the "Congregate Care/Child Placing Agencies Rates" (linked below in paragraph 6).

c) The Partner Provider must use the child's clothing allowance for the child or place funds in the child's personal account.

d) In the event a child opts to save their clothing allowance, the Partner Provider must show documentation signed by the child that explains the savings goal. The documentation must be maintained in the child's file indefinitely.

e) The Partner Provider must give personal allowances to the child and allow reasonable choices in spending allowances.

f) In the event a child opts to save their personal allowance, the Partner Provider must show documentation signed by the child that explains the savings goal. The documentation must be maintained in the child's file.

g) The Partner Provider must provide documentation signed by the child showing the child received their clothing and personal allowances. This documentation must be filed in the child's record and kept for one (1) year.

H. Financial Education.

1) The Partner Provider must provide opportunities for children to learn the value and use of money through allowances, earnings, spending, and savings.

2) Youth over the age of fourteen (14) must be allowed to participate in the Independent Living programs offered through MDCPS.

I. Recreation and Leisure Activities

1) The Partner Provider must have and follow written policies to involve children in community activities. The Partner Provider must arrange transportation and supervision as needed for use of community resources.

2) The Partner Provider must have and follow a written plan for a range of indoor and outdoor recreational and leisure activities.

3) The Partner Provider must collaborate activities with other Federal and State programs for youth including transitional living youth projects, abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops) and

school-to- work programs offered by high schools or local workforce Partner Providers, if applicable.

4) In co-ed facilities, boys and girls must have opportunities for recreation and social activities together. Such activities must be based on the group and individual interests and needs of the children in care.

5) Activities must be offered throughout the year with an emphasis during the summer months. Potential activities include, but are not limited to:

a) Youth retreats, youth conferences, or other activities offered through MDCPS.

b) Religious or secular activities, including retreats; and

c) School activities.

6) The Partner Provider must have a current schedule of the activities posted in a conspicuous area, as well as copies to provide to youth for personal use.

7) It is recommended that the Partner Provider allow no more than two (2) to three (3) hours of quality TV and videos per day.

8) The Partner Provider must provide support and instruction in Life Skills for Youth which include, but are not limited to, the following:

a) Career planning.

b) Education.

c) Daily living.

d) Home life.

e) Housing.

f) Money management.

g) Self-care.

h) Social relationships.

i) Work life; and

j) Work and study skills.

J. Discipline

1) The Partner Provider must have and follow written policies on discipline which must be available to the child, the child's parent(s) or guardian, and MDCPS.

2) The policies must include positive reinforcement by praising and encouraging children when they exhibit self-control and desired behavior, and methods for protecting children and others when a child is out of control.

3) All children must be educated on the rules of the Partner Provider at the time of admittance. In the event a rule is changed or added, all children in the care of the Partner Provider must be educated as to the changes. The Partner Provider must maintain a current copy of the rules signed by each child stating they have read, understand, and agree to abide by all the rules of the Partner Provider.

4) The Partner Provider is responsible for thorough training of all staff members on policies and practices concerning discipline.

5) All discipline must be reasonably related to the child's age, understanding, need, and level of behavior.

6) All discipline must be limited to the least restrictive appropriate method, administered by appropriately trained staff, and documented in the child's record.

7) The following forms of punishment are strictly forbidden by MDCPS and may not be used when disciplining a child:

a) Corporal punishment.

b) Punishment administered by peers.

c) Assignment of excessive or inappropriate work.

d) Denial of daily needs, such as meals, snacks, and program activities.

e) Denial of personal and hygienic needs, including but not limited to haircuts, feminine products, showers, etc.

f) Denial of planned visits, telephone calls, mail or contacts with family that are required by the service plan.

g) Denial of personal allowances, clothing allowances, or any other funds intended for the child's use.

h) Harsh, degrading or humiliating punishment, including physical or emotional abuse; or

i) Verbal abuse of a child and derogatory remarks about a child or his family.

8) Use of the above forms of discipline may result in revocation of licensure.

9) A child who must be isolated from his peers must be monitored by staff, with age-appropriate adult supervision and proper time frames.

10) All discipline must be limited to the least restrictive appropriate method, administered by appropriately trained staff, and documented in the child's record.

K. Family Visits and Communication

1) The Partner Provider must have and follow written policies that encourage and support family visitation, mail, telephone calls, and other forms of communication with family, friends, and significant others.

2) The policy must include approval of the visit based on the court order or MDCPS's approval.

3) A copy of the policies must be provided to all children, staff, parent(s) or guardian, and MDCPS.

L. Spiritual Enrichment

1) The Partner Provider must provide opportunities for the child to have spiritual enrichment and education in accordance with the child's own statement of preference.

2) Children must not be coerced to affiliate with any religious organization if there is no religious preference identified.

3) Where sponsorship of specific children or youth exists, no child may be compelled against their will to visit such sponsors.

M. Photography and Publicity of Children and Youth in Care

1) Under no circumstances may photos, video recordings, livestream videos, or audio recordings of children in care be shared via social media, email, cellular phone, internet websites, or any other form of communication without the express prior written consent of MDCPS. Failure to adhere to this rule may result in revocation of licensure.

2) The Partner Provider must not engage in practices which exploit the rights of children.

3) The Partner Provider must ensure that all records involving children-in-care are kept confidential and may be disclosed only in accordance with the law. An Order of Limited Disclosure must be issued by the court of competent jurisdiction for a child before information is released.

4) Prior express written approval must be obtained from MDCPS for all photographs of the children.

5) All activities involving the use of children for publicity and fund raising must be voluntary and have:

a) A Court Order of Limited Disclosure from the judge having jurisdiction.

b) The prior documented written approval of MDCPS.

c) The prior documented written consent of the parents or legal guardian if the guardian is not MDCPS; and

d) The prior documented written consent of the child.

6) Public appearances and photographing of the children is permitted only when:

a) There is positive and constructive benefits for the children;

b) The activities respect their dignity and confidentiality; and

c) The Partner Provider has obtained prior written permission from MDCPS.

N. Transportation.

1) Transportation of Children

a) Partner Providers who transport children must:

i) Use age-appropriate passenger restraint systems.

ii) Provide adequate passenger supervision as required by statute or regulation.

iii) Properly maintain vehicles and obtain required registration and inspection; and

iv) Provide the Partner Provider with annual validation of current licenses, driving records, and appropriate insurance.

b) When transporting children, Partner Provider staff must not make additional, unapproved stops except for fuel and emergencies.

2) Vehicle Restrictions

a) Partner Provider must purchase a van in the Partner Provider's name within one (1) year of opening the facility.

b) Partner Provider and privately-owned vehicles used to transport children must be equipped with a first aid kit and fire extinguisher at the time of transportation.

c) Partner Provider staff's private cars may only be used in case of an emergency.

3) Safety Restrictions

a) The number of people in a Partner Provider owned vehicle used to transport children must not exceed the number of available seats.

b) Partner Providers must not transport children in the back or bed of a truck, regardless of distance.

c) Seatbelts or age-appropriate child safety restraints prescribed by law must be used when transporting children.

d) The Partner Provider staff must provide information regarding special medical needs or problems to the operator of any vehicle transporting children.

4) Prohibition on Youth in Care Operating Vehicles

a) No youth in care may operate a motor vehicle to transport other persons.

b) Negligence or willful misconduct of a driver under seventeen (17) years of age is imputed to person signing application for license and will be imputed to the Partner Provider in the event a youth in their care operates a vehicle.

O. Children's Grievance Procedures.

1) The Partner Provider must have and follow a written grievance procedure which allows children in care to make complaints without fear of retaliation.

2) The grievance form must be placed in an area and made available, with easy accessibility, to the residents.

3) This procedure must be written in clear and simple language and must be explained to children and their legal guardian. A copy must be provided to each individual party or a child placing Partner Provider upon request.

P. Health Services.

1) Generally. The Partner Provider must have and follow a written plan for providing medical and dental services to all children in care.

a) All MDCPS Nurses must always have access to children in the care of a Partner Provider without exception. All medical records must be always made accessible to MDCPS nurses.

b) MDCPS must refer all children in custody ages three (3) and under to the Statewide Early Intervention Program for a comprehensive evaluation and screening. This recommendation can also be made by the Partner Provider or in conjunction with the parent or legal guardian.

2) Pre-Admission Medical Exams

a) The Partner Provider must require a pre-admission medical examination for all children in care except for Intake and Assessment Centers/Emergency Shelters.

b) Documentation of a tuberculosis (TB) screen and medical examination must be included in the child's file and if not previously conducted must be performed within seven (7) days after admission. A copy of the written report should be submitted to MDCPS.

c) The Partner Provider must arrange for each child to have follow-up medical treatment or examinations as recommended by the medical examination.

3) Annual Medical Exams

a) The Partner Provider must ensure that each child has a medical examination annually. All findings must be sent to MDCPS upon request.

b) The Partner Provider must arrange for each child to have follow-up medical treatment or examinations as recommended by the medical examination.

c) The Partner Provider must ensure that each child has a dental examination annually and cleaning every six (6) months and all findings should be sent to MDCPS.

d) The Partner Provider must ensure that each child has annual vision and hearing examinations or as often as medically necessary. All findings must be sent to MDCPS.

4) Mental Health Assessment. MDCPS will ensure that a child's/family's needs and strengths are assessed within thirty (30) days of child's placement by an independent assessor and provide the Partner Provider with a copy of the final assessment.

5) Routine Medical Care

a) The Partner Provider must make arrangements with a licensed physician(s) or licensed nurse practitioner to provide ongoing medical treatment for children in care.

b) The Partner Provider must make arrangements with a licensed hospital for the admission and treatment of children in care.

c) The Partner Provider must make arrangements with a licensed dentist(s) to provide dental care and all findings should be sent to MDCPS.

6) First Aid Kit

a) The Partner Provider must have a first aid kit in each living unit consistent with the guidelines of the American Red Cross.

b) The staff must know the location of the box and ensure its contents are checked every thirty (30) calendar days and restocked accordingly.

c) The first aid kit must be kept locked and inaccessible to children in care.

7) Medical Records. The Partner Provider must maintain medical, dental and mental health records for children in care. The records must include the dates of all immunizations, examinations and any treatment for specific illnesses or medical emergencies.

Q Administration of Medication.

1) The Partner Provider must have and follow written procedures for the prescription, administration of medication, and the disposal of outdated and unused medication. This procedure must be given to all Partner Provider staff members responsible for prescribing and administering medication.

2) The administration of all prescription drugs and other medical procedures must be directed and supervised by a licensed physician or licensed nurse in accordance with the Mississippi Nursing Practice Law and Rules and Regulations.

3) The facility must keep all medication in a locked cabinet within a separate room with a locked door. A log must be maintained on all medication administered as well as a youth's refusal to take medications. MDCPS should be notified of all refusals via Serious Incident Report (SIR) within 24 hours.

4) The facility must not permit medication prescribed for one child to be given to another.

R. Disposal of Medication.

1) Per the Mississippi Board of Pharmacy, the best practice for medication disposal is to turn the medication in to an appropriate Medical Disposal Bin found at most pharmacies or any Mississippi Highway Patrol Office.

2) If disposal in a Medical Disposal Bin is unfeasible, medication must be rendered inactive meaning it is unusable for use. Controlled substances such as narcotics require witnessed disposal.

3) Quantity of medication disposed of and method of disposal of medication must be documented on the medication documentation form.

S. Educational Services.

a) School Attendance

i) Each child in care must attend school in accordance with state law.

ii) The Partner Provider, legal guardian, or MDCPS must enroll children in school within seven (7) days of placement change. A child must remain enrolled in their school of origin until the BID is completed.

iii) The Partner Provider must collaborate with MDCPS to ensure children are enrolled in the appropriate grade and classes and when applicable, request an IEP placement meeting to ensure that the child receives the protections outlined in federal and state law. To include but not limited to, timelines for evaluations, implementation of an IEP and placement in the least restrictive environment.

b) The Partner Provider must ensure that the appropriate contact has been made and documented with MDCPS within seven (7) days of the child's admission. This includes:

i) Receipt of educational documentation to enroll the child in school (ex. BID, enrollment letter, grade report, IEP when applicable, etc.)

ii) Active parent log in information, such as, name on the account and password

c) If a Partner Provider is unable to enroll a child in school within the seven (7) day timeframe, an education referral should be made to the education hotline number 601-576-1558 or email the Education Unit education@mdcps.ms.gov. An Education Liaison will respond within forty-eight (48) hours of receiving the referral to assist.

d) Children should be encouraged to participate in all school clubs, sports and other extracurricular activities, including all Independent Living activities. Transportation to these activities must be provided by the Partner Provider.

e) When the Partner Provider provides therapeutic or psychiatric treatment, they must integrate such treatments with the child's educational program.

f) Partner Providers must not withdraw children or change a child's school without consultation with MDCPS.

6) Best Interest Determination

a) The Partner Provider must obtain the BID document from MDCPS for children in foster care within seven (7) days of placement.

b) The best interest determination will be made by MDCPS, and the location education agency point of contact.

c) MDCPS and MDE retain final authority in any disputes as to school placement.

7) Alternative Academic Settings

a) If the needs of congregate care children can only be met by the provision of an on-campus educational program, such programs must maintain standards of instruction comparable to those of the local public schools. Enrollment in said alternative academic setting must be approved by MDCPS.

b) The Partner Provider must arrange for specialized training for each child based on the needs of the child.

c) Partner Providers requesting to have a child placed in a day treatment program must seek approval from MDCPS.

8) Children Not Enrolled in School. Children of legal working age who are not in school must be encouraged to seek employment in the community in accordance with their service plan and MDCPS approval, and in compliance with state and federal laws.

5.0 Regulatory Requirements

A. Miss. Code Ann §43-15-105

B. Miss. Code §63-1-25

6.0 Appendix.

A. Link to Policy for Licensure Requirements for Congregate Care Providers (Esper #1.12.1): MDCPS Policy for Licensure of Congregate Care Providers (Esper 1.12.1)

B. Link to Licensure Requirements for Congregate Care Providers: Provider and Licensure Requirements - 4.1 Provider and 4.2 Licensure Requirements (ESPER #2.12.1): Licensure Requirements for Congregate Care Providers (Procedures 1 and 2) Esper 2.12.1

C. Link to Licensure Requirements for Congregate Care Providers: Personnel Functions / Qualifications and Record keeping - 4.3 Personnel Functions/Qualifications and 4.4 Record keeping (ESPER #2.12.2): Licensure Requirements for Congregate Care Providers (Procedures 3 and 4) Esper 2.12.2

D. Link to Licensure Requirements for Congregate Care Providers: Admission and Care and Services - 4.5 Admission and 4.6 Care and Services (ESPER #2.12.3): Licensure Requirements for Congregate Care Providers (Procedures 5 and 6) Esper 2.12.3

E. Link to Licensure Requirements for Congregate Care Providers: Physical Facility and Traditional Group Homes and Therapeutic Group Homes - 4.7 Physical Facility and 4.8 Traditional Group Homes and Therapeutic Group Home Requirements (ESPER #2.12.4): Licensure Requirements for Congregate Care Providers (Procedures 7 and 8) Esper 2.12.4

F. Link to Licensure Requirements for Congregate Care Providers: Qualified Residential Treatment Programs, Teen Maternity Home, Supervised Independent Living for Youth Ages 18 and Older - 4.9 Qualified Residential Treatment Programs, 4.10 Prenatal and Parenting Teen Homes, 4.11 Supervised Independent Living for Youth Ages 18 and Older (ESPER #2.12.5): Licensure Requirements for Congregate Care Providers (Procedures 9-10-11) Esper 2.12.5

G. Link to Licensure Requirements for Congregate Care Providers - 4.12 Requirements for Private Childcare Agencies (ESPER #2.12.6) Licensure Requirements for Congregate Care Providers (Procedure 12) Esper 2.12.6

H. Link to Licensure Requirements for Congregate Care Providers – Requirements for Adoption Services, Intake and Assessment Centers, Permanency Assessment Centers, Adolescent Diversion Units / Access Units - 4.13 Requirements for Adoption Services, 4.14 Intake and Assessment Centers, 4.15 Permanency Assessment Centers, 4.16 Adolescent Diversion Units/Access Units (ESPER #2.12.7) License Requirements for Congregate Care Providers (Procedures 13-14-15-16) Esper 2.12.7

I. Link to the "Draft" Congregate Care – Level of Care Structure / Foster Care Maintenance Payment (ESPER #4.12.1) Congregate Care - Level of Care Structure / Foster Care Maintenance Payment (Esper 4.12.1)

J. Link to the Bi-Annual Review / Congregate Care Provider Scorecard (Esper #4.12.2) Congregate Care Provider Scorecard / Bi-Annual Review (Esper #4.12.2)

K. Link to the Foster Care Maintenance Payment (ESPER #4.12.3): 2024 Foster Care Board Payment Chart (Esper #4.12.3)

L. Link to the Initial Application for Foster Care License (Esper #4.12.4): MDCPS Application for Licensure (Esper #4.12.4)

M. Link to the Renewal Application for Foster Care License (Esper #4.12. 5): MDCPS Renewal Application for Licensure (Esper #4.12.5)

N. Link to the Serious Incident Forms (Esper #4.19.9): MDCPS Serious Incident Forms (Esper #4.19.9)