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| Policy # | CHAPTER-01 Behavioral Health Community Services | Updates | Applicable Communi Providers |
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| A. Behavioral Health Community Services | | | |
| 01-101 | DUI Intervention Program | | Yes |
| 01-102 | Region of Responsibility Determination for Behavioral Health Providers | | Yes |
| 01-103 | Accreditation and Standards Compliance Requirements for Providers of Behavioral Health Services | | Yes |
| 01-104 | Informed Consent for Psychotropic Medication Treatment For Child and Adolescent Population | | Yes |
| 01-106 | Requirements to Access DBHDD Funds for Child & Adolescent Behavioral Health Services | | Yes |
| 01-107 | Payment by Individuals for Community Behavioral Health Services | | Yes |
| 01-108 | Management of Personal Needs Spending Accounts for Individuals Receiving Behavioral Health Services | | Yes |
| 01-109 | Priority Admission, Medication Assisted Treatment, and Interim Services for Women Seeking Substance Use Treatment | | Yes |
| 01-110 | Form 1013 and Form 2013 – Certificate Authorizing Transport to Emergency Receiving Facility and Report of Transportation | | Yes |
| 01-111 | Recruitment & Application to become a Provider of Behavioral Health Services | | Yes |
| 01-112 | Provider Manual for Community Behavioral Health Providers | Revised | Yes |
| 01-113 | Noncompliance with Quality Review, Performance, Staffing, and Accreditation Requirements for Community Behavioral Health Providers | | Yes |
| 01-114 | Assertive Community Treatment (ACT) Program Tool Kit | | Yes |
| 01-115 | Discharge Planning for Assertive Community Treatment (ACT) | | Yes |
| 01-117 | Transportation Reimbursement for Assertive Community Treatment, Community Support Team and Supported Employment Services | | Yes |
| 01-118 | Suicide Prevention, Screening, Brief Intervention and Monitoring | | Yes |
| 01-119 | Best Practices for Serving "Emerging Adults" - Transitioning from Late Adolescence to Young Adulthood | | Yes |
| 01-120 | Georgia Housing Voucher Program (GHVP) and Need for Supportive Housing Survey (NSH) | | Yes |
| 01-121 | Georgia Department of Behavioral Health and Developmental Disabilities' Definition of Severe and Persistent Mental Illness | | Yes |
| 01-123 | Training and Certification of Peer Specialists | | Yes |
| 01-270 | Standards and Key Performance Indicators for Providers of Community Crisis Services | | Yes |
| 01-506 | Birth Certificate Request | | Yes |
| 01-507 | Transition Planning Process for Individuals on the Americans with Disabilities Act (ADA) Ready to Discharge List and Follow-Up for Individuals Discharged | | Yes |
| B. Community Provider Network | | | |
| 01-199 | Community Behavioral Health Provider Network Structure | | Yes |

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| 01-200 | Comprehensive Community Provider (CCP) Standards for Georgia's Tier 1 Behavioral Health Safety Net | | Yes |
| 01-201 | CCP Standard 1 - Access to Services | | Yes |
| 01-202 | CCP Standard 2 - Crisis Management | | Yes |
| 01-203 | CCP Standard 3 - Transitioning of Individuals in Crisis | | Yes |
| 01-204 | CCP Standard 4 - Engagement in Care | | Yes |
| 01-205 | CCP Standard 5 - Substance Use Disorder Treatment & Supports | | Yes |
| 01-207 | CCP Standard 7 - Recovery Oriented Care | | Yes |
| 01-209 | CCP Standard 9 - Administrative & Fiscal Structure | | Yes |
| 01-210 | CCP Standard 10 - Required Staffing | | Yes |
| 01-213 | CCP Standard 13 - Administrative Services Organization and Audit Compliance | | Yes |
| 01-218 | CCP Standard 18 - Suicide Prevention | | Yes |
| 01-219 | CCP Standard 19 - Housing Access | | Yes |
| 01-221 | CCP Standard 21 - Community Coordination and Engagement | | Yes |
| 01-222 | CCP Standard 22 - Evidence Based Treatment | | Yes |
| 01-223 | High Utilization Management (HUM) | | Yes |
| 01-225 | Process for Reporting Compliance with Standards for Tier 1 Comprehensive Community Providers (CCPs) | | Yes |
| 01-230 | Community Medicaid Provider (CMP) Standards for Georgia's Tier 2 Behavioral Health Services | | Yes |
| 01-231 | CMP Standard 1 - Administrative Infrastructure | | Yes |
| 01-231a | CMP+ Standard 1 - Administrative Infrastructure | | Yes |
| 01-232 | CMP Standard 2 - Accreditation, Certification and Licensing | | Yes |
| 01-233 | CMP Standard 3 - Access to Services | | Yes |
| 01-234 | CMP Standard 4 - Engagement in Care | | Yes |
| 01-236 | CMP Standard 6 - Substance Use Disorder Treatment & Supports | | Yes |
| 01-238 | CMP Standard 8 - Required Staffing | | Yes |
| 01-238a | CMP+ Standard 8 - Required Staffing | | Yes |
| 01-239 | CMP Standard 9 - Administrative Services Organization (ASO) & Audit Compliance | | Yes |
| 01-240 | CMP Standard 10 - Recovery Oriented Care | | Yes |
| 01-241 | CMP Standard 11 - Transitioning of Individuals in Crisis | | Yes |
| 01-242 | CMP Standard 12 - Crisis Management | | Yes |
| 01-245a | CMP+ Standard 15 - Benefits Eligibility | | Yes |
| 01-246a | CMP+ Standard 16 - Suicide Prevention | | Yes |
| 01-249 | Process for Reporting Compliance with Standards for Tier 2 Community Medicaid Providers (CMPs) | | Yes |
| 01-249a | Process for Reporting Compliance with Standards for Tier 2 Community Medicaid Providers (CMP+) | | Yes |
| 01-280 | The Georgia State Opioid Treatment Authority | | Yes |
| 01-281 | State Opioid Treatment Authority Central Registry | | Yes |
| 01-282 | Actions Necessary Upon Closure or Termination of Opioid Treatment Programs | | Yes |
| 01-283 | State Opioid Treatment Authority Communication Strategy | | Yes |
| 01-284 | State Opioid Treatment Authority Disaster Emergency Closure | | Yes |
| 01-285 | State Opioid Treatment Authority Complaints and Incidents | | Yes |
| C. Crisis Stabilization Units | | | |
| 01-270 | Standards and Key Performance Indicators for Providers of Community Crisis Services | | Yes |
| 01-324 | Behavioral Health Crisis Centers (BHCC)/Crisis Stabilization Units (CSU) Jail Referrals and Legal Charges | | Yes |
| 01-325 | Behavioral Health Provider Certification and Operational Requirements for Certified Crisis Stabilization Units (CSUs) | | Yes |
| 01-326 | CSU: General Certification Requirements | | Yes |
| 01-327 | CSU: Application Requirements | | Yes |
| 01-328 | CSU: Operation Scope of Services | | Yes |
| 01-329 | CSU: Program Description | | Yes |
| 01-330 | CSU: Evaluations and Admissions | | Yes |
| 01-331 | CSU: Provision of Individualized Care | | Yes |
| 01-332 | CSU: Documentation of Care | | Yes |
| 01-333 | CSU: Protection and Safety of the Individual and Others | | Yes |
| 01-334 | CSU: Pharmacy Services and Management of Medication | | Yes |
| 01-335 | CSU: Laboratory Services | | Yes |
| 01-336 | CSU: Food Services | | Yes |
| 01-337 | CSU: Infection Prevention and Control | | Yes |
| 01-338 | CSU: Rights and Responsibilities of Individuals | | Yes |
| 01-339 | CSU: Confidentiality | | Yes |
| 01-340 | CSU: Documentation of Legal Status | | Yes |
| 01-341 | CSU: Performance Improvement Plan and Activities | | Yes |
| 01-342 | CSU: Environment of Care | | Yes |

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| 01-343 | CSU: Fire Prevention and Fire or Disaster Safety Requirements | | Yes |
| 01-344 | CSU: Human Resources | | Yes |
| 01-345 | CSU: Transportation | Revised | Yes |
| 01-348 | CSU: Sanctions and Penalties | Revised | Yes |
| 01-350 | CSU: Medical Evaluation Guidelines and Exclusion Criteria for Admission to Crisis Stabilization Units | | Yes |
| 01-351 | CSU: Use of Seclusion or Restraint in Crisis Stabilization Services | | Yes |
| 01-352 | Discharge Planning for Crisis Stabilization Units and Behavioral Health Crisis Centers | | Yes |
| 01-353 | CSU: Child and Adolescent Autism Spectrum Disorder | | Yes |
| 01-354 | CSU: Telemedicine Use | | Yes |
| D. Certified Community Behavioral Health Clinics | | | |
| 01-400 | Certified Community Behavioral Health Clinic (CCBHC) Tier 1+ Demonstration Sites | | Yes |
| 01-401 | CCBHC Standard 1 - Access to Services | | Yes |
| 01-402 | CCBHC Standard 2 - Crisis Management | | Yes |
| 01-403 | CCBHC Standard 3 - Transitioning of Individuals in Crisis | | Yes |
| 01-404 | CCBHC Standard 4 - Engagement in Care | | Yes |
| 01-405 | CCBHC Standard 5 - Substance Use Disorder Treatment & Supports | | Yes |
| 01-407 | CCBHC Standard 7 - Recovery Oriented Care | | Yes |
| 01-409 | CCBHC Standard 9 - Administrative & Fiscal Structure | | Yes |
| 01-410 | CCBHC Standard 10 - Required Staffing | | Yes |
| 01-413 | CCBHC Standard 13 - Administrative Services Organization and Audit Compliance | | Yes |
| 01-418 | CCBHC Standard 18 - Suicide Prevention | | Yes |
| 01-419 | CCBHC Standard 19 - Housing Access | | Yes |
| 01-421 | CCBHC Standard 21 - Community Coordination and Engagement | | Yes |
| 01-422 | CCBHC Standard 22 - Evidence Based Treatment | | Yes |
| 01-423 | CCBHC Standard 23 – Preventative Care and Screening | | Yes |
| 01-424 | CCBHC Standard 24 – Satisfaction Survey | | Yes |
| 01-425 | Certification of Georgia-Certified Community Behavioral Health Clinics | | Yes |
| Policy # | CHAPTER-02 Developmental Disability Community Services | Updates | Applicable Communi Providers |
| A. Intake and Evaluation | | | |
| 02-101 | Planning Lists for Developmental Disability Services for Individuals Living in the Community | | Yes |
| B. Support Coordination, Planning List Administration, and State Services Coordination | | | |
| 02-301 | State-Funded Supported Employment Services | | Yes |
| 02-430 | Operating Principles for Support Coordination & Intensive Support Coordination Providers | | Yes |
| 02-431 | Standards of Conduct and Ethics for Support Coordinator Providers | | Yes |
| 02-432 | Support Coordination Caseloads, Individual Admission, and Discharge Standards | | Yes |
| 02-433 | Support Coordination Contact Frequency Requirements | | Yes |
| 02-434 | Support Coordination Documentation | | Yes |
| 02-435 | Outcome Evaluation: "Recognize, Refer, and Act" Model | | Yes |
| 02-436 | Support Coordinator Responsibility for Assessments, Evaluations, and Healthcare Plans, or Behavioral Plans, and Risk Mitigation Documents | | Yes |
| 02-438 | The Service Planning Process and Individual Service Plan Development | | Yes |
| 02-439 | Intensive Support Coordination for Individuals in Crisis Support Homes | | Yes |
| 02-440 | Support Coordination and the Incident Process | | Yes |
| 02-441 | Selection of Support Coordination/Intensive Support Coordination Provider | | Yes |
| 02-442 | Support Coordination and Intensive Support Coordination Eligibility Determination and Conditions for Transfer Between Services | | Yes |
| 02-443 | Addressing Immediate and Critical Needs due to Changes in Condition and/or Changes in Circumstances for NOW and COMP Waiver Participants | | Yes |
| 02-444 | Service Changes via the Individual Service Plan and Requests for Clinical Review for NOW and COMP Waiver Individuals | | Yes |
| C. Crisis and Emergency Response | | | |
| D. Family Support and Respite | | | |
| 02-102 | State Funded Respite for Individuals with Intellectual and/or Developmental Disabilities | | Yes |
| 02-401 | Family Support Services for Developmental Disability Services - All Procedures | | Yes |
| 02-403 | Family Support Services Provider Requirements | | Yes |
| 02-406 | Family Support Services Participant Eligibility | | Yes |
| 02-407 | Family Support Services Program Application Process | | Yes |
| 02-408 | Family Support Services Program: Enrollment and Disenrollment Process | | Yes |
| 02-409 | Family Support Services, Direct/Brokered Goods, and Services List and Protocols | | Yes |
| 02-410 | Family Support Services Transfer Process | | Yes |
| 02-411 | Family Support Respite Services | | Yes |

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| 02-412 | Family Support Grievance Process | | Yes |
| 02-413 | Family Support Services Records Requirements Process | | Yes |
| 02-414 | Family Support Services Reporting Requirements | | Yes |
| 02-415 | Family Support Services Quality Assurance Process | | Yes |
| 02-417 | Family Support Services Provider Budget | | Yes |
| E. Delivery of Community Services | | | |
| 02-602 | Region of Responsibility Determination for Developmental Disability Providers | | Yes |
| 02-266 | Healthcare Plans for Individuals with Intellectual/Developmental Disabilities (I/DD) Authorized to Receive Skilled Nursing Services | | Yes |
| F. Provider Enrollment and Requirements | | | |
| 02-701 | Recruitment and Application to Become a Provider of Developmental Disability Services | | Yes |
| 02-702 | Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Community Residential Alternative Services | | Yes |
| 02-703 | Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services | | Yes |
| 02-704 | Process for Enrolling, Matching, and Monitoring Host Home/Life-Sharing Sites for DBHDD Developmental Disability Community Service Providers | | Yes |
| G. Health and Safety | | | |
| 02-801 | Prevention of Choking and Aspiration for Individuals with Intellectual/Developmental Disabilities Living in the Community | | Yes |
| 02-802 | Bowel Management for Individuals with Intellectual and Developmental Disabilities, Living in Community Residential Alternative Settings | | Yes |
| 02-803 | Health Risk Screening Tool (HRST) | | Yes |
| 02-804 | Enhanced Supports Services Submission and Review Procedures | | Yes |
| 02-806 | Prevention of Health Complications Related to Seizures | | Yes |
| 02-807 | Risk Mitigation of Health Conditions in Intellectual and/or Developmental Disability (I/DD) Services | | Yes |
| 02-808 | Registered Nursing Oversight in I/DD Community Settings | | Yes |
| H. Clinical Technical Assistance and Support | | | |
| I. Training | | | |
| J. Quality Management | | | |
| 02-1101 | Human Rights Council for Developmental Disability Services | | Yes |
| K. DD Administration | | | |
| 02-1201 | Provider Manuals for Community Developmental Disability Providers | Revised | Yes |
| 02-1202 | NOW and COMP Waivers for Community Developmental Disability Services | | Yes |
| 02-1203 | Waiver Supplemental Services (WSS) | | Yes |
| 02-1204 | Reporting the Detention or Incarceration of Individuals Receiving NOW or COMP Waiver Services, 02-1204 | | |
| 02-1205 | Expedited Fair Hearing Requests | | |
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| 03-102 | Advance Directives for Health Care and Psychiatric Advance Directives | | |
| 03-106 | Peer Councils in DBHDD Hospitals | | |
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| 03-115 | Workplace Violence Prevention Program | | |
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| 03-202 | Nursing Staff Scheduling, Holdover, and Staff Sharing | | |
| 03-203 | Cardio-Pulmonary Resuscitation (CPR), Automated External Defibrillator (AED) and First Aid Certification Requirements | | |
| 03-204 | Emergency Code Designations for State Hospitals | | |
| 03-205 | Medical Emergency Response System - All Hospitals | | |
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| 03-205-CS | Medical Emergency Response System for Central State Hospital | | |
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| 03-207-EC | Automated External Defibrillator Use for East Central Regional Hospital | | |
| 03-207-SV | Automated External Defibrillator Use for Georgia Regional Hospital - Savannah | | |
| 03-207-WC | Automated External Defibrillator Use for West Central Georgia Regional Hospital | | |
| 03-209 | External Transfer Information Form for Emergency Medical Services | | |
| 03-210 | Contraband, Monitored Use and Discretionary Items in Adult Mental Health and Forensic Units | | |
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| 03-635 | Food Safety and Sanitation | | |
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| 03-639 | Snacks, Supplements, and Juices | | |
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| 03-644 | Timeout Prior to Dental Surgery | | |
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| 03-648 | Dishwashing Procedures | | |
| 03-649 | Pharmacy Quality Assurance and Performance Improvement | | |
| 03-650 | Psychosocial-Related Assessment for SNF and ICF/IID Units | Revised | |
| 03-651 | Supervised Self-Medication Program for Individuals in Adult Mental Health Units and Forensic Units | | |
| 03-652 | Food Services Special Functions | | |
| 03-653 | Food and Nutrition Policies | | |
| 03-654 | Hazardous Dental Materials Management and Handling | | |
| 03-655 | Dental Desensitization | | |
| 03-656 | Women's Health | Revised | |
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| 03-660 | Fire Safety Program and Fire Safety Management Plans | | |
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| 03-917 | Body Checks | | |
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| 03-922 | Minimum Staff Ratio | | |
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| 03-930 | DBHDD Skilled Nursing Facilities Quality Assurance Performance Improvement Plan | | |
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F. Information Management

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| 03-700 | Hospital System Information Management | | |
| 03-701 | Recording and Monitoring Via Electronic Media | | |
| 03-702 | Use of Wireless Communication Devices in DBHDD Hospitals | | |
| 03-703 | Creation, Structure and Content of Medical Records | | |
| 03-704 | Preservation, Alteration, Falsification, Removal and Destruction of Medical Records | | |
| 03-705 | myAvatar User ID and Password Sharing | | |
| 03-706 | DBHDD Clinical Documentation Scanning | | |
| 03-707 | Hospital Clinical Systems Downtime Plan | | |
| 03-708 | Maintaining Unit Records | | |

G. Health and Safety

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| 03-680 | Above Ceiling Permits at DBHDD Hospitals | | |
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| Policy # | CHAPTER-04 Administrative Issues for BH & DD Community Services | Updates | Applicable Communi Providers |
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A. Administrative Issues Related to BH & DD Service Delivery

| | | | |
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| 04-100 | Access to DBHDD Policies for Community Providers | Revised | Yes |
| 04-101 | Professional Licensing or Certification Requirements and the Reporting of Practice Act Violations | | Yes |
| 04-102 | Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers | | Yes |
| 04-103 | Guardians and Other Surrogates in Community-Based Services | | Yes |
| 04-104 | Background Checks for DBHDD Network Provider Applicants | | Yes |
| 04-106 | Reporting Deaths and Other Incidents in Community Services | Revised | Yes |
| 04-107 | Requests for Waivers of Service Requirements Contained in DBHDD Provider Manuals or Policystat | | Yes |
| 04-108 | Community Mortality Review Committee | | |
| 04-109 | Guiding Principles Regarding Co-Occurring Mental Health and Addictive Diseases Disorders | | Yes |
| 04-110 | Guiding Principles Regarding Serving Individuals with Co-Occurring Behavioral Health Disorders and Intellectual and Developmental Disabilities | | Yes |
| 04-111 | Background Checks for Individual Provider Applicants | | Yes |
| 04-112 | DBHDD Abbreviations and Acronyms | | Yes |
| 04-117 | Maintenance of Records for Closed Providers | | Yes |
| 04-118 | Investigating Deaths and Other Incidents in Community Services | | Yes |
| 04-119 | Actions Necessary Upon Termination or Suspension of a DBHDD Community Services Provider | | Yes |
| 04-120 | Transition Process for Individuals with Intellectual and/or Developmental Disabilities Moving from State Hospitals to Their Family Home or Community | | Yes |
| 04-121 | Actions Necessary Upon Voluntary Closure or Voluntary Suspension of Services of a DBHDD Community Services Provider | | |

| Policy # | CHAPTER-06 Forensic Services | Updates | Applicable Communi Providers |
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A. Forensic Services

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| 06-101 | Pretrial Evaluation of Criminal Defendants | Revised | |
| 06-102 | Evaluation and Treatment of Defendants Adjudicated Incompetent to Stand Trial (IST) | | |
| 06-103 | The STEP System - Forensic STepwise Environmental Progression | | |
| 06-104 | Risk Assessment on Forensic Inpatient Units | | |

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| 06-105 | Forensic Review Committees | | |
| 06-106 | Victim Notification | | |
| 06-107 | NGRI: Evaluation, Treatment and Release of Defendants Acquitted as Not Guilty by Reason of Insanity | | |
| 06-108 | Forensic Evaluator Certification | | |
| 06-109 | Use of Telephones by Individuals Served in Forensic Units | | |
| 06-110 | Initial Placement and Transfer of Individuals on Secure and Maximum Secure Units | Revised | |
| 06-111 | Key Control for the Cook Forensic Facility | | |
| 06-113 | Discharge Planning on Forensic Units | | |
| 06-114 | Key Control For Forensic Units at Regional Hospitals | Revised | |
| 06-115 | Control Room and Electromagnetic Locks in Cook Facility | Revised | |
| 06-116 | Use of Electronic Media Devices by Individuals Served in Forensic Units | | |
| 06-117 | Development and Maintenance of the Forensic File | | |
| 06-118 | Visitation to Forensic Units | | |
| 06-119 | Use of a Security Device While Transporting an Individual Under the Jurisdiction of the Criminal Justice System | | |
| 06-120 | Evaluation and Remediation of Juveniles in Juvenile Court | | |
| 06-125 | External Forensic Review Committees | | |
| 06-200 | Community Integration Homes - All Procedures | | |
| 06-201 | Community Integration Home Criteria for Admission | | |
| 06-202 | Community Integration Home Referral Process | | |
| 06-203 | Community Integration Home Admission Procedures and Orientation | | |
| 06-204 | Discharge Planning at Community Integration Homes | | |
| 06-211 | Individual Recovery Plans for Residents in Community Integration Homes | | |
| 06-213 | Community Activities for Community Integration Home Residents | | |
| 06-214 | Intensive Residential Services at Community Integration Homes | | |
| 06-221 | Crisis Plans, Assessment, and Management of Aggressive, Self-Injurious, or Suicidal Behaviors at Community Integration Homes | | |
| 06-222 | Behavior Services in Community Integration Homes | | |
| 06-223 | Elopement Procedure for Community Integration Homes | | |
| 06-225 | Drug Screening of Community Integration Residents | | |
| 06-231 | Providing Medical Care for Community Integration Home Residents | | |
| 06-232 | Documentation of Community Integration Home Residents' Vital Signs and Routine Monitoring of Bowel Management | | |
| 06-233 | Pain Management for Community Integration Home Residents | | |
| 06-234 | Supervision of Residents' Self-Administration of Medication at Community Integration Homes | | |
| 06-235 | Medication Storage, Inspection, Inventory and Disposal at Community Integration Homes | | |
| 06-241 | Resident Record of Care, Treatment, and Services in Community Integration Homes | | |
| 06-251 | Monitoring for Contraband in Community Integration Homes | | |
| 06-252 | Management of Residents' Personal Funds in Community Integration Homes | | |
| 06-260 | Staffing Requirements for Community Integration Homes | | |
| 06-261 | Staffing Requirements for Community Integration Homes | | |
| 06-262 | Maintaining Competency and Productivity Files at Community Integration Homes | | |
| 06-263 | End of Shift Report Communication at Community Integration Homes | | |
| 06-264 | Performance Improvement at Community Integration Homes | | |
| 06-265 | Protocol for Corrective Action Plan Management at Community Integration Homes | | |
| 06-271 | Emergency Management Program and Emergency Operations Plans for Community Integration Homes | | |
| 06-273 | Smoking Policy for Community Integration Home Residents | | |
| 06-274 | Community Integration Home Handling and Management of Hazardous and Biohazardous Waste | | |
| 06-275 | Safety Management for Community Integration Home Staff and Residents | | |
| 06-276 | Food Purchasing, Receiving, Storage and Preparation at Community Integration Homes | | |
| 06-277 | Actions Taken Before, During, and After an Active Shooter Incident in Community Integration Homes | | |
| 06-278 | Community Integration Home Resident Employment | | |
| 06-279 | Community Intregation Home Transportation | | |
| 06-280 | Visitation at Community Integration Homes | | |
| 06-281 | Wireless Communication Devices for Community Integration Home Residents | | |
| 06-286 | Infection Prevention and Control at Community Integration Homes | | |
| 06-287 | Cleaning at Community Integration Homes | | |

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| Policy # | CHAPTER-07 Jail Restoration Center | Updates | Applicable Communi Providers |
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| 07-101 | DBHDD Jail Restoration Center Operations Manual and Inmate Brochure | | |
| 07-102 | DBHDD Jail Restoration Center Inmate Communications | | |
| 07-200 | DBHDD Jail Restoration Center Inmates' Rights | | |
| 07-201 | DBHDD Jail Restoration Center Inmate Grievances | | |
| 07-202 | DBHDD Jail Restoration Center Control Center Operations | | |
| 07-204 | DBHDD Jail Restoration Center Key Control | | |
| 07-205 | DBHDD Jail Restoration Center Perimeter Security and Control | | |
| 07-206 | DBHDD Jail Restoration Center Prevention and Intervention for Sexually Abusive Behavior | | |
| 07-207 | DBHDD Jail Restoration Center Physical Control Measures | | |
| 07-208 | DBHDD Jail Restoration Center Contraband | | |
| 07-209 | DBHDD Jail Restoration Center Security Management | | |
| 07-210 | DBHDD Jail Restoration Center Disciplinary Reports and Hearings | | |
| 07-211 | DBHDD Jail Restoration Center Death Investigations | | |
| 07-212 | DBHDD Jail Restoration Center Safety Management Plan | | |
| 07-300 | DBHDD Jail Restoration Center - Competency Restoration Services | | |
| 07-301 | DBHDD Jail Restoration Center Psychiatric Assessments and Physician Progress Note Documentation | | |
| 07-302 | DBHDD Jail Restoration Center Medication Administration | | |
| 07-303 | DBHDD Jail Restoration Center Involuntary Medication | | |
| 07-304 | DBHDD Jail Restoration Center Nursing Note Documentation | | |
| 07-305 | DBHDD Jail Restoration Center Incident Management | | |
| Policy # | CHAPTER-13 Accountability & Compliance | Updates | Applicable Communi Providers |
| 13-101 | Corrective Action Plan Management | | Yes |
| 13-102 | Compliance Outcomes for DBHDD Behavioral Health Community Providers | | Yes |
| 13-104 | Investigation of Deaths Reported by DBHDD Hospitals | | |
| 13-107 | Emergency Receiving Facility Reporting | | |
| 13-111 | Detecting and Preventing Fraud, Waste and Abuse | | |
| 13-200 | Community Service Board Oversight | | Yes |
| 13-201 | Community Service Board Oversight: Authority and General Responsibilities | | Yes |
| 13-202 | Community Service Board Oversight: Fiscal Standards and Practices | | Yes |
| 13-203 | Community Service Board Oversight: Financial Audits Practice | | Yes |
| 13-205 | Community Service Board Oversight: Approval of Executive Director Selection and Compensation | | Yes |
| 13-208 | Community Service Board Risk Assessment, Mitigation and Intervention | | Yes |
| 13-900 | Federal Grant and Award Management System Policies and Procedures | | |
| 13-901 | PATH Program Federal Award Internal Controls (CFDA 93.150) | | |
| 13-903 | Georgia Home for Recovery Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-904 | Georgia Suicide Safer Communities for Youth Project Program Federal Award Internal Controls (CFDA 93.959) | | |
| 13-906 | Accountability Courts Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-907 | Temporary Assistance for Needy Families (TANF) Program Federal Award Internal Controls (CFDA 93.558) | | |
| 13-908 | CMS Medicaid Program Federal Award Internal Controls (CFDA 93.778) | | |
| 13-909 | Mental Health Block Grant: Adult, Child, and Adolescent Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-910 | Care Management Entity Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-911 | Georgia Mental Health Consumer Network Federal Award Internal Controls (CFDA 93.958) | | |
| 13-912 | Light Early Treatment Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-913 | Mental Health Resiliency Support Clubhouse Program for Youth Federal Award Internal Controls (CFDA 93.958) | | |
| 13-914 | PEER Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-915 | Supported Employment Program Federal Award Internal Controls (CFDA 93.958) | | |
| 13-916 | Substance Abuse Block Grant Adult Program Federal Award Internal Controls (CFDA 93.959) | | |
| 13-917 | Substance Abuse Block Grant Child and Adolescent Program Federal Award Internal Controls (CFDA 93.959) | | |
| 13-918 | National Suicide Prevention Lifeline Program Federal Award Internal Controls (CFDA 93.959) | | |
| Policy # | CHAPTER-15 Access to Services | Updates | Applicable Communi Providers |

A. Limited English Proficiency and Sensory Impairment

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| 15-100 | Nondiscrimination and Accessibility for Individuals with Disabilities and Individuals with Limited English Proficiency | | |
| 15-101 | DBHDD Hospital Access Coordinators | | |
| 15-103 | DBHDD Regional Field Office Access Coordinators | | |
| 15-104 | DBHDD State Office Access Coordinators | | |
| 15-111 | Provider Procedures for Referral and Reporting of Individuals with Hearing Loss | | Yes |
| 15-112 | Communication Assessment Procedures for Individuals with Hearing Loss | | Yes |
| 15-114 | Accessibility of Community Behavioral Health Services for Individuals Who are Deaf and Hard of Hearing | | Yes |
| 15-115 | Accessibility of Community Intellectual and Developmental Disabilities Services for Individuals Who are Deaf and Hard of Hearing | | Yes |
| 15-150 | Recovery, Wellness, and Independence | | Yes |
| Policy # | CHAPTER-16 Audits | Updates | Applicable Communi Providers |
| A. Audits | | | |
| 16-101 | External Entities Audit Standards | | Yes |
| 16-102 | DBHDD Audits and Audit Standards | | |
| 16-103 | Financially Weak and High Risk Contractors and Grantees | | |
| 16-104 | Audits and Other Examinations Performed by Outside Agencies | | |
| 16-105 | Audit Exceptions, Fund Deferrals and Disallowance | | |
| Policy # | CHAPTER-17 Budget and Finance | Updates | Applicable Communi Providers |
| A. Budget | | | |
| 17-101 | Federal Grant Earmarking Requirements Verification Calculations | | |
| 17-102 | Federal Funding Accountability and Transparency Act (FFATA) Preparation and Submission | | |
| B. Grants and Funds Management | | | |
| 17-201 | Grant Application and Award Processing | | |
| 17-202 | Federal Fund Source and Parent Project Code Assignments | | |
| 17-203 | Federal Financial Report Preparation, Reconciliation and Submission | | |
| 17-204 | Substance Abuse Prevention and Treatment Block Grant Set-Aside/Earmarking Requirements | | |
| 17-205 | Women Services and Women with Dependent Children Maintenance of Effort Requirements | | |
| C. General Accounting | | | |
| 17-301 | Journal Voucher and Journal Entry Processing | | |
| 17-302 | Cash Donations And Other Non-Appropriated Funds Management | | |
| 17-303 | Patient Trust Fund Account | | |
| D. Payroll | | | |
| E. Accounts Payable | | | |
| 17-501 | Travel Reimbursement for DBHDD Employees | Revised | |
| 17-502 | Managing and Reporting Open Purchase Orders and Encumbrance Balances for State Funds | | |
| 17-503 | Reimbursement to Employees for Damaged Clothing and Related Items Caused by Individuals Receiving Services | | |
| Policy # | CHAPTER-18 Communications and Media Relations | Updates | Applicable Communi Providers |
| A. Communications | | | |
| 18-100 | Purpose, Scope, Roles, and Responsibilities of DBHDD's Office of Public Affairs | | |
| 18-101 | Branding, Style, and Logo Use | | Yes |
| 18-104 | Communication of DBHDD Information via Social Media | | |
| 18-105 | Requests from Media Sources to DBHDD Staff for Comments or Information | | |
| 18-106 | DBHDD Written Communications to Elected Officials and Staff | | |
| 18-107 | Requests for Letters of Support | | Yes |
| Policy # | CHAPTER-19 Public Affairs | Updates | Applicable Communi Providers |
| A. Complaints | | | |
| 19-101 | Complaints and Grievances Regarding Community Services | | Yes |
| Policy # | CHAPTER-20 Facilities and Property Management | Updates | Applicable Communi Providers |
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| 20-201 | Tobacco-Free and Smoke-Free Environment in DBHDD Facilities | | |
| 20-202 | Handling Mail Across the DBHDD Enterprise | | |
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| 20-300 | Personal Property Management and Building & Capital Improvements | | |
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| D. Real Property | | | |
| 20-102 | Tornado Planning at DBHDD State Office (2 Peachtree St) | | |
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| Policy # | CHAPTER-21 Procurement and Contracts | Updates | Applicable Communi Providers |
| A. Procurement | | | |
| 21-102 | Purchasing Card (P-Card) Process and Procedures | | |
| 21-103 | Delegation of Authority to Execute Contracts | | |
| B. Contracts | | | |
| 21-201 | Accounts Payable Contract Forms | | |
| Policy # | CHAPTER-22 Human Resources | Updates | Applicable Communi Providers |
| A. General Policies | | | |
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| 22-102 | State of Georgia Sexual Harassment Prevention | | |
| 22-104 | Access to Human Resources Policies | | |
| 22-105 | Delegation of Authority | | |
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| 22-121 | Pregnant Workers Fairness Act | | |
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| 22-302 | Movement from Classified to Unclassified Employment | | |
| D. Recruitment and Selection | | | |
| 22-401 | Recruitment | | |
| 22-403 | Medical and Physical Examination Program (MAPEP) | | |
| 22-404 | Reemployment of ERS Retirees | | |
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| 22-502 | Working Test and Permanent Status for Classified Employees | | |
| 22-503 | Verifying Identity and Employment Eligibility | | |
| 22-504 | Background Checks for DBHDD Employees | | |
| 22-505 | Background Checks for Nursing Home Units | | |
| F. Records and References | | | |
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| 22-902 | Flexible Benefits Program | |
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| 23-100 | Confidentiality and HIPAA | | Yes |
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| 23-102 | Reporting and Notification of Breaches of Confidentiality | | Yes |
| 23-103 | Confidentiality and HIPAA Privacy Complaints | | Yes |
| 23-104 | Sanctions for Confidentiality Violations and Breaches | | Yes |
| 23-105 | Rights of Individuals Regarding Their Confidential and Protected Health Information | | Yes |
| 23-106 | Disclosure of Confidential and Protected Health Information | | Yes |
| 23-107 | Confidentiality and HIPAA Practices Involving Business Associates | | Yes |
| 23-108 | Faxing Protected Health Information (PHI) | | Yes |
| 23-109 | Georgia Health Information Network (GaHIN) | | |
| 23-110 | Authorization for Release of Information (ROI) Forms | | |
| B. Information Security Standards | | | |
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| 23-205 | Physical and Environmental Security to Prevent Unauthorized Disclosure of Information | | |
| 23-206 | Sponsored Computer Software and Intellectual Property Rights | Revised | |
| 23-208 | Role-Based Access to Information Technology | | |
| 23-210 | Systems Development and Maintenance to Ensure Information Security | Revised | |
| 23-211 | Information Security Compliance Standards | Revised | |
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| 23-214 | Use of Removal Storage Media | | |
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| 23-216 | Expectation of Privacy When Using DBHDD Technology Devices | | |
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| 23-218 | Password Structure | | |
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