



## **In-Home Respite Services Quality Assurance Standards**

The Division of Medicaid (DOM) Quality Assurance Standards set forth in this document defines required Standards of Practice for each provider to follow while providing Medicaid Home and Community- Based In-Home Respite (IHR) Services. In addition to the Quality Assurance Standards, all providers of Elderly and Disabled (E&D) Waiver services must satisfy all requirements set forth in Title 23 Miss. Administrative Code and the CMS approved Elderly & Disabled Waiver application.

### **IHR Services are:**

- Non-medical care and supervision,
- Provided to participants who require 24 hour assistance, and are unable to be left unattended for any period of time,
- Provided in the home of the waiver participant,
- Provided on a short-term basis,
- Provided to assist the caregiver(s) during a crisis situation and/or as scheduled relief ,
- Intended to prevent, delay or avoid premature institutionalization of the participant.

### **Physical Office must be/have:**

- Located in Mississippi,
- Accessible to participants, caregivers, and employees,
- No more than sixty (60) minutes from counties served or a satellite office will be required,
- Located in a non-residential building zoned for business,
- Maintained until the provider agreement is terminated,
- Signage matching the business name on the proposal,
- A working landline phone,
- Open daily, 8am-5pm, Monday-Friday,
- Secure Health Insurance Portability and Accountability Act (HIPAA) compliant storage for participant records.

### **Period of Approval:**

The Medicaid Provider Agreement and the period of certification for the Home and Community-Based Services (HCBS) Waiver service providers will be open ended and will continue to be in force, subject to the provisions of the agreement.

## **Qualification of Approved IHR Provider Agencies**

### **Approval:**

To be approved as an IHR provider, an agency must provide written documentation to the Division of Medicaid stating how it will meet the following standards:

1. There shall be a Medicaid Provider Agreement in which the provider agrees to the Home and Community-Based Waiver requirements.
2. There shall be a dually constituted authority and a governing structure for assuring responsibility and for requiring accountability for performance. (i.e. Board of Directors)
3. There shall be responsible fiscal management.
4. The unit rate for service that shall not exceed the amount stipulated in the Medicaid fee schedule.
5. There shall be responsible personnel management including:
  - Appropriate process used in the recruitment, selection, retention, and termination of IHR Staff, and;
  - Written personnel policies and job descriptions
6. There shall be a roster of IHR Staff who are trained and available as back-up IHR Staff for scheduled services.
7. There shall be written criteria for service provision, including procedures for dealing with emergency service requests.

### **IHR Agency Provider Standards**

IHR services must be provided by the IHR agency according to the approved Plan of Services and Supports (PSS) and by the following IHR agency provider standards. The IHR agency will:

1. Employ only (noncontract) persons qualified to perform IHR duties according to the Quality Assurance Standards as set by the Division of Medicaid (DOM);
2. Comply with all state and federal laws and regulations and labor laws;
3. Make appropriate IHR-participant assignments, considering both needs of the participant and the ability of the IHR Staff, i.e.: physical dependencies and cultural preferences of the participant with the training and experience of the IHR Staff;
4. Provide only the units of service approved in the PSS authorized by the Case Manager;
5. Maintain regular channels of communication with the IHR Staff in order that any change or requests for change is handled within at least one (1) business day, and in a manner that does not place the participant in jeopardy;
6. Assure that participant/care giver complaints and concerns regarding IHR services are handled timely and documented, and that the documentation addresses the matter satisfactorily;
7. Evaluate new participants within three (3) business days of referral, unless specified by the Case Managers, and initiate IHR services specified by the Case Managers; and

8. Maintain written procedures regarding the reporting and recording of incidents when an unusual situation such as participant or worker injury, participant refusing services, thefts, etc., occurs during the delivery of services.

### **Staffing Requirements and Responsibilities**

- A. The IHR provider shall ensure the agency has an adequate number of full-time and part-time staff to cover the serviced counties.
- B. There shall be a Director/Compliance Officer responsible for ensuring overall program compliance.

The Director/Compliance Officer shall have the following qualifications:

1. A Bachelor's Degree in Social Work, or a related profession, with one year of direct experience working with aged and disabled participants, and two years of supervisory experience, or
2. A Licensed Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.), with one year of direct experience working with aged and disabled participants, and two years of supervisory experience, or
3. A high school diploma with four years of direct experience working with the aged and disabled participants, and two years of supervisory experience.

Responsibilities include but are not limited to:

1. Ensuring continuing compliance with administrative code, provider agreement, all state and federal laws, quality assurance standards, and the waiver.
2. Ensuring all mandatory training and certifications are completed timely.
3. Ensuring all background checks are completed timely and maintained appropriately.
4. Ensuring all OIG and Nursing Exclusion checks are completed timely and maintained appropriately.
5. Ensuring all Corrective Action Plans are implemented appropriately if necessary.
6. Ensuring immediate access to all participant and employee records as required for audit purposes.

- C. There shall be sufficient Respite Supervisors employed to meet staffing ratios. Each one (1) supervisor may supervise a maximum of twenty (20) full-time equivalent respite staff. If less than twenty respite staff are working, only a pro rata share of a supervisor's time is needed. For example, if four full-time respite staff are employed, then 20% of a supervisor's time would be required to meet this standard.

The Respite Supervisor shall have the following qualifications:

1. A Bachelor's Degree in Social Work, or a related profession, with one year of direct experience working with aged and disabled participants, and two years of supervisory experience, or
2. A Licensed Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.), with one year of direct experience working with aged and disabled participants, and two years of supervisory experience, or
3. A high school diploma with four years of direct experience working with the aged and disabled participants, and two years of supervisory experience.

Responsibilities for the Respite Supervisor include but are not limited to:

1. Supervising no more than twenty (20) full-time IHR Staff;
2. Perform supervised (worker is present) visits in the person's home and unsupervised (worker is not present) visits which may be performed in the person's home or by phone, alternating on a biweekly basis to assure services and care are provided according to the PSS. Note: At least one of the visits per month must be completed in the person's home while the worker is present. All supervisory contacts/visits must be documented and maintained in the provider's records.
3. Reviewing and approving service plans;
4. Receiving and processing requests for service;
5. Being accessible to IHR Staff for emergencies, case reviews, conferences, and problem solving;

6. Interpreting agency policies and procedures relating to the IHR program;
7. Preparing, submitting, or maintaining appropriate records and reports;
8. Planning, coordinating, and recording ongoing in-service training for the IHR Staff.
9. Reporting directly to the Agency's Director;
10. Maintaining the regular, routine, activities of the IHR services program in the absence of the Director.

D. There shall be sufficient IHR Staff to ensure adequate provision of services to serviced counties.

The IHR Staff shall have at a minimum:

1. Must be a high school graduate, have a GED, or demonstrate the ability to read the written personal care services assignment and write adequately to complete required forms and reports of visits.

Additional requirements of the IHR Staff are as follows:

1. Be at least 18 years of age;
2. Must demonstrate the ability to work well with aged and disabled individuals who have limited functioning capacity;
3. Possess a valid state issued ID, and have access to reliable transportation;
4. Must maintain current and active first aid and CPR certification;
5. Be physically able to perform the job tasks required and assurance that communicable diseases of major public health concern are not present, as verified by a physician;
6. Have interest in and empathy for, people who are ill, elderly, or disabled;
7. Be emotionally mature and able to respond to participants and situations in a responsible manner;
8. Have good communication and interpersonal skills and the ability to deal effectively, assertively, and cooperatively with a variety of people;
9. Must not have been convicted of a crime substantially related to the dependent population or any violent crime;
10. Must be able to recognize the signs of abuse, neglect and/or exploitation and the procedures to follow as required in the Vulnerable Adult Act; and
11. Must have knowledge of how to prevent burns, falls, fires; and emergency numbers to contact emergency personnel if required.

## **Training**

- A. All direct care workers, including supervisors, unless otherwise excluded in the approved Elderly and Disabled waiver, must successfully complete a 40 hour curriculum training course upon hire prior to rendering services covering each of the following topics:
  - Vulnerable Persons Act: Identifying, Preventing and Reporting of Abuse, Neglect & Exploitation
  - Participant Rights and Dignity
  - Crisis Prevention and Intervention
  - Caring for Participants with Alzheimer's/Dementia
  - Care of Participants with Mental Illness
  - How to Deal with Difficult Participants
  - Assisting with Activities of Daily Living
  - Assisting with IADLs including Meal Preparation and Housekeeping
  - HIPPA Compliance
  - Recognition and Care of Individuals with Seizures
  - Elopement Risks
  - Safe Operation and Care of Individuals with Assistive Devices
  - Caring for Individuals with Disabilities

- Safety including Preventing and Reporting of Accidents/Incidents
- Professional Documentation Practices
- Signs and Symptoms of Illness
- Emergency Preparedness
- Universal Precautions & Infection Control
- Person Centered Thinking

In addition to the above, providers must have the following training:

- CPR Certification
- First Aid

B. Additionally, all direct care workers must successfully complete an annual curriculum training course covering at a minimum each of the following topics:

- Vulnerable Persons Act: Identifying, Preventing and Reporting of Abuse, Neglect & Exploitation
- Participant Rights and Dignity
- Crisis Prevention and Intervention
- How to Deal with Difficult Participants
- HIPPA Compliance
- Safety including Preventing and Reporting of Accidents/Incidents
- Professional Documentation Practices
- Emergency Preparedness
- Universal Precautions & Infection Control
- Person Centered Thinking

C. All training must include a scored examination to ensure retention of training information and materials by trainees.

D. All new hire training must include a hands-on skills assessment to ensure the trainees ability to provide the necessary care safely and appropriately.

E. All providers must maintain a current training plan as a component of their Policies/Procedures documenting their method of choice for the completion of required training. This training plan must be available to DOM upon request.

F. IHR services cannot be provided by anyone living in the same home as the participant regardless of relationship and/or the following family members:

- Spouse,
- Parent, step-parent, or foster parent,
- Child, step-child, grandchild or step-grandchild,
- Grandparent or step-grandparent,
- Sibling or step-sibling.

Documentation of completion of this training course must be maintained at the agency and be made available to the Division of Medicaid upon request. Failure of the Elderly & Disabled waiver provider to comply with training requirements will require an acceptable plan of correction by the provider. Continued non-compliance will result in suspension of Medicaid referrals and waiver admissions until successful completion of training requirements is met.

## **Unit of Service**

One unit of service equals 15 minutes of relief to the caregiver. Respite will be approved for no more than sixty (60) hours per month to any participant. Any respite greater than sixteen (16) continuous hours must have prior approval by the Case Management team.

## **Minimum Program Requirements/Service Activities**

All providers of IHR services under the Home and Community-Based Service Waiver program must adhere to the following minimum program requirements and service activities:

- A. The IHR Staff must provide one or more of the following primary activities: companionship, support or general supervision, feeding and personal care needs. The provision of these services does not entail hands-on nursing care.
- B. Safety--The IHR Staff should be aware of potential hazards in the participant's home environment and should do everything possible to ensure a safe environment for the participant, including but not limited to:
  - 1. Maintaining basic first aid and CPR certification;
  - 2. Ensuring use of proper sanitation/universal precautions;
  - 3. Following procedures to prevent burns, falls, and fires;
  - 4. Maintaining emergency numbers to contact emergency personnel if required; and
  - 5. Recognizing signs of abuse, neglect, and/or exploitation and following the reporting procedures as required in the Vulnerable Adults Act.

## **Delivery Characteristics**

The following guidelines represent the basis by which IHR services must be provided. These guidelines serve as minimum instructions:

- A. IHR services must be available as needed and flexible to meet the waiver participant's needs. At the least, must be available during the office hours Monday-Friday between 8:00 a.m. till 5:00 p.m.
- B. IHR Staff must wear safety items such as gloves and partial facial masks when needed to prevent the spread of infections or diseases.
- C. IHR Staff must wear uniforms that may consist of a smock top, a hospital scrub suit, lab jacket, apron, or other designated uniform. The uniform must be the same in color, style, and design for all IHR Staff/supervisors in a particular agency. It is left to the discretion of the service provider to supply the uniform or require the staff to purchase them.
- D. IHR Staff must maintain a clean, neat appearance at all times. Nails must be clean, neat, and short in length. IHR staff must wash their hands before and after coming in contact with participants.
- E. IHR Staff must wear in plain view an identification (ID) badge or picture ID that contains the provider agency's name and the IHR Staff member's name and title. It is left to the discretion of the provider to decide how the badge is designed or obtained.
- F. IHR Staff must maintain HIPPA compliance and confidentiality of waiver participant information. *Ex. Do not discuss participant outside of the participant's home with anyone other than agency supervisory*

*staff, do not photograph participant or their home for the purpose of sharing or posting on any social media site without prior written permission, etc.*

- G. In the absence of regularly scheduled staff, the participant/caregiver should be offered immediate replacement staff. If the participant/caregiver refuses a replacement, the Case Management Agency should be notified immediately.

### **Prohibited Service Activities**

The IHR Staff may be faced with ethical issues while caring for a participant, and may be asked in the work place to perform tasks that are not part of the job description. The following activities are prohibited:

- A. Using the participant's car or transporting the participant;
- B. Consuming the participant's food, drink, or medications;
- C. Using the participant's telephone for any reason other than an emergency or for respite related activities;
- D. Engaging in the discussion of personal problems, religious, or political beliefs with the participant/caregiver;
- E. Breaching the participant's confidentiality;
- F. Accepting any gifts or tips;
- G. Bringing friends, relatives, or other guests to the participant's home;
- H. Engaging in consumption of alcoholic beverages in the participant's home or consumption of alcoholic beverages before or during service delivery to the participant;
- I. Smoking in the participant's home;
- J. Soliciting money or goods from the participant/caregiver;
- K. Performing or engaging in yard maintenance;
- L. Performing or engaging in pet grooming;
- M. Performing or engaging in household repairs;
- N. Administering medication/injections or providing any other medical care;
- O. Using illegal drugs;
- P. Using abusive language in the participant's home;
- Q. Engaging in sexual misconduct with the participant or others residing in the home of the participant.
- R. Engaging in heavy cleaning such as; hanging or laundering curtains, waxing floors, or moving heavy furniture.

### **Communication with Case Management**

The Case Management Agency is the first line of contact with the participant and problem cases are reported to the Division of Medicaid. The IHR Supervisor shall maintain regular and ongoing communication with the Case

Management provider regarding case-managed respite participants. Such communication will keep both the IHR Provider and Case Manager informed of the participant's status, and will help in deciding whether to continue or terminate services.

- A. The Case Manager shall develop and direct the Plan of Services and Supports (PSS) for case managed participants that are referred for in-home respite services.
- B. The IHR Provider shall note on the record of contact all factual observation, contacts, or visits with the participant, and actions or behavior displayed by the participant. This documentation is essential in determining if changes should be made in the PSS. It is also essential to show that certain tasks were performed on certain dates and times. Furthermore, the case record documentation is a valuable source of information in case of legal action.
- C. IHR Staff shall not allow or be subjected to sexual harassment or advances by participants. This kind of behavior should not be tolerated. The staff must firmly state to the participant and/or family member in the home that such behavior will be reported to the supervisor and Case Management staff. The participant and caregiver should be notified that the continuation of such behavior could jeopardize the service being received in the future.
- D. The IHR Supervisor is to report immediately to the Case Management Agency any participant situation that is, or may be harmful to the participant, and/or others, or any situation deemed potentially dangerous.
- E. A decision to terminate is ultimately the responsibility of the Division of Medicaid. After the State has notified the Case Management Agency that the respite service is being terminated, the Case Management Agency provides to the participant written notification of the decision, the right to appeal, and the procedures for requesting an appeal. Participants receiving respite services may be terminated by DOM based on the following criteria:
  - 1. Death;
  - 2. Relocation out of state or services area;
  - 3. Increase of informal or formal support;
  - 4. Improved health status or condition;
  - 5. Participant and/or caregiver becomes abusive and belligerent, including sexual harassment;
  - 6. Participant and/or caregiver refused services;
  - 7. Caregiver/participant reports that he/she no longer needs the service;
  - 8. Caregiver does not return to relieve respite provider as scheduled. Exceptions may be made in extreme cases of emergency;
  - 9. Participant is placed in a long term care facility;
  - 10. Participant is not Medicaid eligible;
  - 11. The participant's home environment is not safe for services to be rendered.

Any situation involving the above criteria must be reported to the IHR Supervisor and Waiver Case Manager, and documented in the participant's case record. In case of death or suspicions of abuse, neglect, or exploitation, the IHR Provider must report the incident to the Division of Medicaid Office of Long Term Care and the Case Management Agency within 24 hours of the occurrence.



## **MediKey - Electronic Visit Verification (EVV) System**

MediKey is an electronic visit verification system designed to ensure the Division of Medicaid's mission of providing access to quality health care coverage for vulnerable Mississippians with accountability, consistency and respect. The system automates the manual processes associated with provider agency submission of claims. The system is currently utilized by providers of IHR services on the Elderly & Disabled (E&D) Waiver. Provider agency staff must clock-in/clock-out by calling into an automated visit verification system via the beneficiary's telephone land line. Beneficiaries without reliable land lines are assigned a one-time password (OTP) device that staff will use to clock in and out. The visit verification line will recognize if a device has been assigned and prompt the caller with instructions.

Requirements for the use of the MediKey system include, but are not limited to:

- A. IHR provider employees are prohibited from removing the one-time password (OTP) device from the home of the person if an OTP is being utilized.
  1. Removal of the OTP device from the person's home will result in the provider's inability to adequately substantiate the services billed, including the units of service; therefore the provider will not be reimbursed for services billed during the time period that the OTP device was removed from the person's home.
  2. If it is discovered, post-payment, that the OTP Device was being removed from the home, the provider will be required to refund the Division of Medicaid any money received from the Medicaid program for the time period that the OTP device was removed from the home [Refer to Miss. Admin. Code Part 305].
- B. The provider's employee must obtain and document the OTP codes designating service start and end times while in the home of the person, if not utilizing the person's telephone land line to substantiate services billed including the units of service.

To enroll please contact the LTSS helpdesk at 1-844-366-5877 or [LTSSMississippiHelpDesk@feisystems.com](mailto:LTSSMississippiHelpDesk@feisystems.com)

Training materials for MediKey can be found at

<https://evv-www-two.ltssmississippi.org/TrainingResource/TrainingResource/List/>

## **Compliance Monitoring, Evaluation, and Reporting**

The Division of Medicaid will monitor respite service providers at least annually.

- A. All professional, institutional, and contractual providers participating in the Medicaid program must:
  1. Maintain all records substantiating services rendered and/or billed under the program, and
  2. Upon request, make such records available to representatives of the Department of Health and Human Services (DHHS), the Centers for Medicare and Medicaid Services (CMS), the Division of Medicaid (DOM), or the Mississippi Medicaid Fraud Control Unit (MFCU) in substantiation of any and all claims.
- B. All case records shall be retained for five years after participant has been terminated from the program.
- C. If a participant has been terminated and re-enters the system within five years from the date of termination, the previous case record shall be retrieved and utilized.
- D. All case records shall be maintained in an area inside the office location that will protect confidentiality of information, and protection from damage, theft, and unauthorized inspection or use. The waiver participant's case record must consist of the following:

- Copy of Referral form (copy form returned to Case Manager)
- Plan of Services and Supports (PSS)
- Record of Contact (used for documentation of visits and other pertinent information)
- Activity Sheet
- Emergency Preparedness Plan
- Any other documentation relating to the participant's care