

Office of the Governor | Mississippi Division of Medicaid

Long Term Care 1915(c) Waiver Provider Orientation

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Welcome and Introductions

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What is a Medicaid Waiver ?

- 1915(c) waivers allow the provision of long term care services in home and community-based settings (HCBS) under the Medicaid Program. States can offer a variety of services under an HCBS Waiver program.
- Programs can provide a combination of standard medical services and non-medical services in order for persons to remain in a home or community-based setting as an alternative to nursing facility or other institutional care.
- Mississippi has five HCBS 1915(c) waivers:
 - ❖ Elderly and Disabled (E&D) Waiver
 - ❖ Independent Living (IL) Waiver
 - ❖ Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver
 - ❖ Assisted Living (AL) Waiver
 - ❖ Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver

What is the Elderly & Disabled (E&D) Waiver and who is eligible ?

- The Elderly and Disabled Waiver program is administered directly by the Division of Medicaid (DOM) Office of Long Term Care (LTC). Case Management services are currently provided by the Mississippi Planning and Development Districts. The case management team is composed of a registered nurse and a licensed social worker who are responsible for identifying, screening and completing an assessment on individuals in need of at-home services.
- The E&D Waiver program provides home and community-based services to individuals age 21 years old and older who, but for the provision of such services, would require the level of care provided in a nursing facility. Beneficiaries of this waiver must reside in a private residence and qualify for Medicaid as Supplemental Security Income (SSI) beneficiaries or meet the income and resource eligibility requirements for income level up to 300% of the SSI federal benefit rate and meet medical criteria of the program.

What services can I provide under Elderly & Disabled (E&D) Waiver ?

- Personal Care Services
- In-Home Respite Services
- Adult Day Care Services



Freedom of Choice



- Medicaid beneficiaries have the right to Freedom of Choice of eligible providers for Medicaid covered services. Any individual eligible for medical assistance, including prescriptions, may obtain such assistance from any institution, agency, community pharmacy, or person qualified to perform the service or services required.
- Providers of Medicaid services agree to comply with this section of the Act in the Provider Agreement. This means that providers may not take any action to deny Freedom of Choice to individuals eligible for Medicaid by using systems, methods, or devices which would require persons eligible for Medicaid to obtain a service from a particular provider.
- This also means that providers may not require any individuals eligible for Medicaid to sign a statement of waiver, if such statement would, in any manner, deny or restrict that individual's free choice of a provider of any services for which the individual may be eligible. **Providers cannot use any method of inducement, including free transportation, refreshments, cash or gifts, to influence a beneficiary to select a certain provider.**

What to expect with the application process?

In Mississippi, there is a multi step process to becoming an E&D Provider.

Step 1: Waiver & service specific review of your proposal to ensure that your agency can meet provider specifications as defined in the approved waiver application, Quality Assurance Standards and Medicaid Administrative Code.

Step 2: Review by the Fiscal Agent and the DOM Office of Provider Enrollment to ensure appropriate credentialing is completed.



Step 1: Meeting Waiver Specific Criteria



- Provider Agencies submit proposals along with required supporting documentation to the DOM Office of Long Term Care for review.
- Proposal requirements are based on provider specifications outlined in the approved 1915(c) waiver applications.
- As each waiver has different provider specifications, Provider Agencies must undergo an intensive review to ensure that they meet the criteria to serve as a provider for services under a particular waiver prior to enrollment.

A few tips for submitting your proposal

- Read over the proposal carefully! If you forget to attached required documents or complete necessary fields, your proposal will be denied and you will have to start over.
- Once received, your proposal will be date stamped, logged, and scanned. Please do not staple your pages, or place documents in protective sleeves as this slows down that process. It is preferred that you simply place it in a binder clip.
- Keep your original documents. We do not send documents back or make copies.
- Your proposal will be reviewed in the order received. If the reviewer has any questions, we will contact you. If you have questions please compile and email them to HCBSProviders@medicaid.ms.gov so we can address them.

Step 2: Obtaining a MS Medicaid Provider Number

- After the DOM Office of Long Term Care approves the proposal packet, separate applications for each provider type are submitted to, and reviewed for completion of the paperwork, by the fiscal agent (FA).
- The FA is also responsible for credentialing the provider, owners and managing/directing employees per the regulation by checking the following databases: OIG, SAM and the Death Master File.
- The DOM Office of Provider Enrollment reviews the application to make sure that the credentialing requirements are met and application is complete before routing to the Offices of Long Term Care for final approval/denial.
- The database checks are performed by the FA at enrollment, revalidation, reenrollment and on a monthly basis for the provider, owners and managing/directing employees.
- NOTE: Providers are not required to be licensed.

Requirements for all Medicaid Providers:

- A National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),
- A copy of the provider's current license or permit, if applicable,
- Verification of a social security number using a social security card, driver's license with a social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification document must match the name noted on the W-9, and
- Written confirmation from the Internal Revenue Service (IRS) confirming the provider's tax identification number and legal business name.



Requirements for all E&D Waiver Providers

To become and remain a Home and Community-Based Services (HCBS) Elderly & Disabled (E&D) Waiver provider, the provider must:

- Be approved by Division of Medicaid after attending mandatory orientation and submitting a completed proposal package to the Office of Long-Term Care;
- Enter into a provider agreement with the Division of Medicaid within six (6) months of receipt of an approved proposal package from the Office of Long-Term Care;
- Have a duly constituted authority and a governing structure which assures responsibility and requires accountability for performance;
- Maintain responsible fiscal management and an established business line of credit for business operation from a reputable financial institution. The approval amount for the business line of credit must be enough to cover operational costs/expenditures for at least three (3) months at all branch locations;

E&D Provider Requirements, Cont.

- Establish an office in the state of Mississippi with a physical address prior to enrollment and maintain the office's physical address until the provider agreement is terminated.
- Successfully pass a facility inspection by the Division of Medicaid depending on the provider type.
- Conduct a national criminal background check with fingerprints on all employees and volunteers prior to employment and every two (2) years thereafter, and maintain the record in the employee's personnel file. *This must include a state and federal (FBI) check.*
- Conduct abuse registry checks, prior to employment and monthly thereafter, to ensure employees or volunteers are not listed on the Mississippi Nurse Aide Abuse Registry or listed on the Office of Inspector General's Exclusion Database and maintain the record in the employee's personnel file.
- Not apply for a Division of Medicaid provider number for the purpose of providing care to friends/family members.

E&D Provider Requirements, Cont.



- Not have been, or employ individuals or volunteers who have been, convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Miss. Code Ann. § 45-33-23(f), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.
- Have written criteria for service provision, including procedures for dealing with emergency service requests.
- Maintain a roster of qualified personnel necessary to provide authorized services.

E&D Provider Requirements, Cont.

- Have responsible personnel management including:
 - ✓ Appropriate process used in the recruitment, selection, retention, and termination of employees;
 - ✓ Written personnel policies and job descriptions, and;
 - ✓ Maintenance of a current training plan as a component of the policies/procedures documenting the method for the completion of required training. The training plan must require all employees to meet training requirements as designated by the Division of Medicaid upon hire, and annually thereafter.
 - ✓ Maintenance of a personnel file on every employee and volunteer with the following required information including, but not limited to, credentialing documentation, training records, and performance reviews which must be made available to the Division of Medicaid upon request.
- Be compliant with all federal and state regulations.

Provider Monitoring & Audits

- DOM audits all waiver providers annually. Additionally, providers may be audited by other DOM contractors, as well as State and Federal entities such as the Centers for Medicare and Medicaid Services (CMS) or the Office of the Inspector General (OIG).
- The provider must maintain auditable records to substantiate claims submitted to Medicaid and provide immediate access to the provider's physical services location, facilities, or any records relating to licensure, medical care, and services rendered to beneficiaries, and billings/claims during regular business hours (8 a.m. to 5 p.m., Monday – Friday) and all other hours when employees of the provider are normally available and conducting the business of the provider.
- Based on OIG and CMS guidance, DOM will be doing unannounced audits of all providers moving forward.

Elderly & Disabled Waiver Reimbursement

| Modifier | Procedure Code | Service Name | Rate | Maximum Allowable Units and Ages | Provider Type and Place of Service (POS) |
|---------------|----------------|------------------------|--|---|--|
| (U1 Modifier) | T1019 | Personal Care Services | \$4.41 per 15 minute unit | Ages: 21-999 Maximum: Individualized | Prov. Type: W01 POS: 12 |
| (U1 Modifier) | S5150 | In Home Respite | \$4.41 per 15 minute unit | Ages: 21-999 Maximum: Individualized | Prov. Type: W03 POS: 12 |
| (U1 Modifier) | S5100 | Adult Day Care | \$3.88 per 15 minute increment up to daily maximum | Ages: 21-999 Maximum: \$62.08 per day | Prov. Type: W04 POS: 11 |

Quality Management

Waiver providers must meet applicable service specifications as referenced in the Elderly and Disabled (E&D) Waiver approved by the Centers for Medicare and Medicaid Services (CMS).

Only the Division of Medicaid can initiate, in writing, any interpretation or exception to Medicaid rules or regulations.

Waiver providers must report:

- Changes in contact information, staffing, and licensure within ten (10) calendar days to the Division of Medicaid.
- Critical incidences of abuse, neglect, and exploitation (including the unauthorized use of restraints, restrictive interventions, and/or seclusion) within twenty (24) hours of the occurrence or knowledge of the occurrence to the Division of Medicaid and other applicable agencies as required by law.
- Any complaints not resolved within seven (7) days.



Adult Day Care Provider Requirements

Adult Day Care Services

Adult Day Care (ADC) is the arrangement of a structured, comprehensive program which provides a variety of health, social and related supportive services in a protective setting during the daytime and early evening. This community-based service is designed to meet the needs of aged and disabled people through an individualized care plan, including personal care and supervision, provision of meals (as long as meals do not constitute a full nutritional regimen), limited medical care, transportation to and from the site, social, health and recreational activities.

- ✓ ADC providers must be compliant with all applicable state and local building restrictions as well as all zoning, fire, and health codes and ordinances and meet the requirements of the Americans with Disabilities Act (ADA)
- ✓ ADC providers may only serve counties within sixty (60) minutes from the facility.
- ✓ ADC providers must provide choices of food and drinks during the day, this will require a contract with a food vendor, or a Food Safety certification to prepare meals onsite.

Adult Day Care Facility Requirements

An ADC facility must have:

- ✓ At least sixty (60) square feet of program space for multi-purpose use for each day service person,
- ✓ At least one toilet for every ten (10) persons attending the ADC and a separate one for staff,
- ✓ Sufficient, lighted parking available to accommodate family members, caregivers, visitors, employees and volunteers. A minimum of two (2) parking spaces must be identified as parking for those with a disability being at least thirteen (13) feet wide and located near the entrance door,
- ✓ A quiet rest area for persons that may become ill,
- ✓ Appropriate visible signage,
- ✓ A locked storage area for all toxic substances,
- ✓ At least two (2) well-identified exits with doors opening to the outside or no more than ten (10) feet from an outside exit; and
- ✓ A safe environment free from hazards including, but not limited to, weapons, high steps, steep grades, unstable furniture, and exposed electrical cords.

ADC Staffing Requirements

An ADC facility must have a sufficient number of employees, who must maintain current and active first aid and cardio pulmonary resuscitation (CPR) certification, with the necessary skills to provide essential administrative and direct care functions to meet the needs of the waiver persons as follows:

- There must be at least two (2) persons, with one (1) being a paid employee, at the adult day care center at all times when there are persons in attendance.
- The employee-to-persons ratio must be a minimum of one to six (1:6) in all programs except in programs serving a high percentage of persons who are severely impaired which must maintain an employee ratio of one to four (1:4).
- A qualified administrator; either a chief executive officer or president, responsible for the development, coordination, supervision, fiscal management, and evaluation of services.
- A program director, either center manager, site manager, or center coordinator, responsible for the organization, implementation, and coordination of the daily operation of the adult day care services program in accordance with the person's needs and any mandatory requirements.

ADC Staffing Requirements (continued)

- A qualified social service employee on staff. The employee must be a licensed social worker (LSW) with a master's degree in social work and at least one (1) year of professional work experience, either full-time or an equivalent, in a human services setting, or a bachelor's degree in social work and two (2) years of professional work experience, either full-time or an equivalent in a human services setting, or a bachelor's degree in a health or social services related field and two (2) years' experience, either full-time or an equivalent, in a human services field.
- A registered nurse (RN) on staff. The RN must have a valid state license and a minimum of one (1) year applicable experience, either full-time or the equivalent. The RN must adhere to the scope of practice pursuant to the Nursing Practice Law and the rules and regulations of the Mississippi Board of Nursing.
- An activities coordinator with a bachelor's degree and at least one (1) year of experience, either full-time or an equivalent, in developing and conducting activities for the type population to be served or an associate's degree in a related field and at least two (2) years of appropriate experience, either full-time or equivalent.

ADC Staffing Requirements (continued)

- A program assistant with a high school diploma or the equivalent and at least one (1) year experience, either full-time or an equivalent, in working with adults in a health care or social service setting. The program assistant must receive training in working with older adults and conducting activities for the population served.
- A food service director if the facility prepares food on site. The food service director must be a registered dietician (RD), dietetic technician registered (DTR), RD eligible, DTR eligible, or a four (4) year graduate of a baccalaureate program in nutrition/dietetics/food service. In addition, the food service director must have a minimum of one (1) year experience, either full-time or an equivalent, in working with adults in a health care or social service setting
- A secretary/bookkeeper who has, at a minimum, a high school diploma or equivalent and the skills and training to carry out the responsibilities of the position.
- A driver who maintains a valid state driver's license, a safe driving record, and training in first aid and cardiopulmonary resuscitation (CPR), also must maintain compliance with all state requirements for licensure/certification, and must be trained in basic transfer techniques and safe ambulation.

Personal Care Service and In-Home Respite Service Provider Requirements

Personal Care Services

Personal Care Services (PCS) are non-medical support services provided in the home of eligible persons by trained personal care attendants (PCA) to assist participants in meeting daily living needs and ensure optimal functioning at home and/or in the community. Services include assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living. Meal preparation and housekeeping chores may be provided if the care is essential to the participant's health and welfare. These services may also involve accompanying and assisting the participant in accessing community resources and participating in community activities; supervision and monitoring in the home, during transportation, and in the community setting.

- Personal Care Service may be furnished by family members if they are not legally responsible for the person and they do not live with the person. Family members must be employed by a Medicaid approved agency that provides Personal Care Services, must meet provider standards, and must be deemed competent to perform the required tasks.
- PCA workers may accompany persons during community activities but cannot drive the vehicle.

Personal Care Services Office Requirements

- 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 HIPAA compliant storage for participant records.

PCS Staffing Requirements

As a provider of PCA services, you will be required to ensure the agency has an adequate number of full-time and part-time staff to cover the serviced counties. All workers must successfully complete a curriculum training course covering topics as defined by DOM and pass a scored examination upon hire prior to rendering services, and annually thereafter. All new hire training must include a hands-on skills assessment to ensure the trainee's ability to provide the necessary care safely and appropriately.

PCS Staffing Requirements – Director/Compliance Officer

There must be a Director/Compliance Officer, with the following qualifications, responsible for ensuring overall program compliance.

- At least two (2) years supervisory experience in programs dealing with elderly and disabled individuals and meet one (1) of the following requirements:
- A Bachelor's Degree in Social Work, or a related profession, with one year of direct experience working with aged and disabled participants, or
- 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, or
- A high school diploma with four years of direct experience working with the aged and disabled participants.

Responsibilities for the Compliance Officer include but are not limited to:

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

PCS Staffing Requirements – PCA Supervisor

There must be sufficient PCS Supervisors employed to meet staffing ratios. The PCA Supervisor must have the following qualifications:

- At least two (2) years supervisory experience in programs dealing with elderly and disabled individuals and meet one (1) of the following requirements:
- A Bachelor's Degree in Social Work, or a related profession, with one year of direct experience working with aged and disabled participants,
- 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
- A high school diploma with four years of direct experience working with the aged and disabled participants, and two years of supervisory experience.

PCS Staffing Requirements – PCA Supervisor

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

- Supervising no more than twenty (20) full-time PCA Staff;
- Reviewing and approving service plans;
- Receiving and processing requests for service;
- Observing and evaluating the PCA performing assigned tasks in the participants home;
- 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;
- Being accessible to PCA Staff for emergencies, case reviews, conferences, and problem solving;
- Interpreting agency policies and procedures relating to the PCS program;
- Preparing, submitting, or maintaining appropriate records and reports;
- Planning, coordinating, and recording ongoing in-service training for the PCA Staff.
- Reporting directly to the Agency's Director;
- Maintaining the regular, routine, activities of the PCS services program in the absence of the Director.

PCS Staffing Requirements – PCA Staff

There must be sufficient PCA Staff to ensure adequate provision of services to serviced counties.

The PCA Staff shall have at a minimum:

- 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 PCA Staff are as follows:

- Be at least 18 years of age;
- Must demonstrate the ability to work well with aged and disabled individuals who have limited functioning capacity;
- Possess a valid state issued ID, and have access to reliable transportation;
- Must maintain current and active first aid and CPR certification;
- 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;
- Have interest in and empathy for, people who are ill, elderly, or disabled;
- Be emotionally mature and able to respond to participants and situations in a responsible manner;
- Have good communication and interpersonal skills and the ability to deal effectively, assertively, and cooperatively with a variety of people;
- Must not have been convicted of a crime substantially related to the dependent population or any violent crime;
- 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
- Must have knowledge of how to prevent burns, falls, fires; and emergency numbers to contact emergency personnel if required.

In-Home Respite Services

In-home respite services (IHR) are provided to participants who cannot be left alone or unattended. These services provide non-medical care and supervision/assistance in the absence of a primary full-time, live-in caregiver(s) on a short-term basis. Services are rendered to provide assistance to the caregiver(s) during a crisis situation and/or scheduled relief to the primary caregiver(s) to prevent, delay or avoid premature institutionalization.

IHR services cannot be provided by 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, or
- Anyone who resides in the home with the beneficiary regardless of relationship.

IHR Staffing Requirements

As a provider of IHR services, you will be required to ensure the agency has an adequate number of full-time and part-time staff to cover the serviced counties. All workers must successfully complete a curriculum training course covering topics as defined by DOM and pass a scored examination upon hire prior to rendering services, and annually thereafter. All new hire training must include a hands-on skills assessment to ensure the trainee's ability to provide the necessary care safely and appropriately.

IHR Staffing Requirements – Director/Compliance Officer

There must be a Director/Compliance Officer, with the following qualifications, responsible for ensuring overall program compliance.

- At least two (2) years supervisory experience and meet one (1) of the following requirements:
- A Bachelor's Degree in Social Work, or a related profession, with one year of direct experience working with aged and disabled participants, or
- 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, or
- A high school diploma with four years of direct experience working with the aged and disabled participants.

Responsibilities for the Compliance Officer include but are not limited to:

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

IHR Staffing Requirements – IHR Supervisor

There must be sufficient IHR Supervisors employed to meet staffing ratios. The IHR Supervisor must have the following qualifications:

- At least two (2) years supervisory experience and meet one (1) of the following requirements:
- A Bachelor's Degree in Social Work, or a related profession, with one year of direct experience working with aged and disabled participants,
- 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
- A high school diploma with four years of direct experience working with the aged and disabled participants, and two years of supervisory experience.

IHR Staffing Requirements – IHR Supervisor

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

- Supervising no more than twenty (20) full-time IHR Staff;
- 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;
- Reviewing and approving service plans;
- Receiving and processing requests for service;
- Being accessible to IHR Staff for emergencies, case reviews, conferences, and problem solving;
- Interpreting agency policies and procedures relating to the IHR program;
- Preparing, submitting, or maintaining appropriate records and reports;
- Planning, coordinating, and recording ongoing in-service training for the IHR Staff.
- Reporting directly to the Agency's Director;
- Maintaining the regular, routine, activities of the IHR services program in the absence of the Director.

IHR Staffing Requirements – IHR Staff

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

The IHR Staff shall have at a minimum:

- 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:

- Be at least 18 years of age;
- Must demonstrate the ability to work well with aged and disabled individuals who have limited functioning capacity;
- Possess a valid state issued ID, and have access to reliable transportation;
- Must maintain current and active first aid and CPR certification;
- 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;
- Have interest in and empathy for, people who are ill, elderly, or disabled;
- Be emotionally mature and able to respond to participants and situations in a responsible manner;
- Have good communication and interpersonal skills and the ability to deal effectively, assertively, and cooperatively with a variety of people;
- Must not have been convicted of a crime substantially related to the dependent population or any violent crime;
- 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
- Must have knowledge of how to prevent burns, falls, fires; and emergency numbers to contact emergency personnel if required.

MediKey Overview

MS Electronic Visit Verification (EVV)

- ❖ 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 personal care and in-home respite services on the Elderly & Disabled (E&D) Waiver, as well as home and community based services and in-home respite services on the Intellectual Disabilities/Developmental Disabilities (ID/DD) 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.

MediKey Utilization

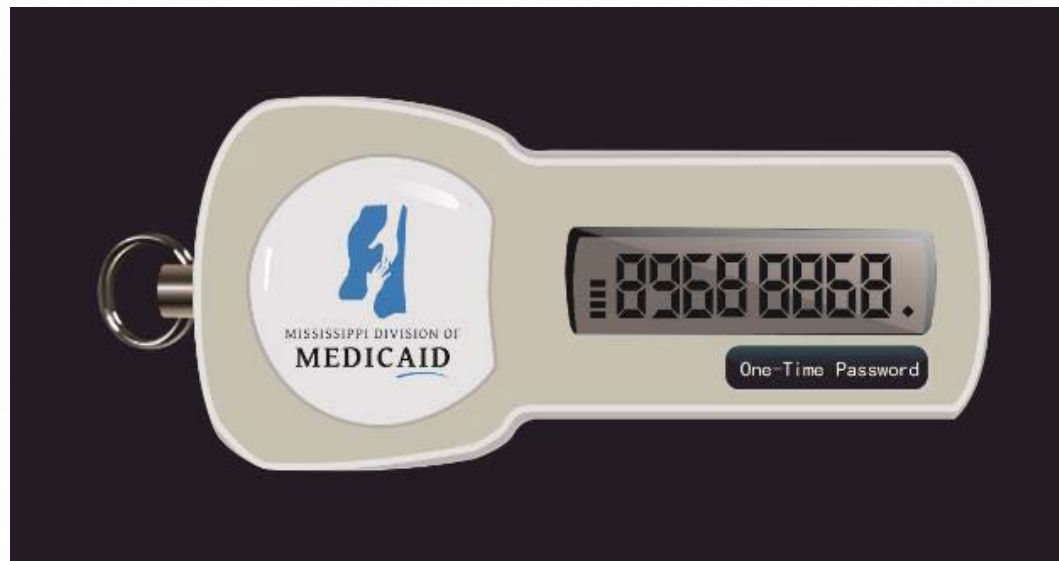
Requirements for the use of the EVV system include, but are not limited to:

1. Personal Care and In-Home Respite provider employees are prohibited from removing the one-time password (OTP) device from the home of the person if an OTP is being utilized.
 - a) 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.
 - b) 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].
2. 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.

MediKey Enrollment & Training

To enroll, please contact the LTSS HelpDesk at:

1-844-366-5877 or LTSSMississippiHelpDesk@feisystems.com



Training materials for Medikey can be found at:

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

Staying Informed

- ❖ Long Term Care Home and Community Based Providers
<https://medicaid.ms.gov/hcbs-waiver-providers/>
- ❖ Administrative Code, Part 200: General Provider Information
<https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf>
- ❖ Administrative Code, Part 208: Home and Community Based Services:
<https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-208.pdf>
- ❖ DOM Elderly & Disabled Waiver
<https://medicaid.ms.gov/wp-content/uploads/2017/05/ED-Approval.pdf>
- ❖ Sign up for our quarterly newsletter, the Provider Bulletin. Find it here:
<https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/>

Notification of Updates on the State Plan, Administrative Code or Waivers

- ❖ If a provider or individual would like to be added to the distribution list for notification of updates to the State Plan, Administrative Code, or Waiver please notify the Division of Medicaid at DOMPolicy@medicaid.ms.gov.

Contact Information

For more information about becoming a waiver provider, contact:

Mississippi Division of Medicaid, Office of Long Term Care

Toll-free: (800) 421-2408

Phone: (601) 359-6141

Website: <https://medicaid.ms.gov/long-term-care-waiver-providers/>

Email Address: HCBSProviders@medicaid.ms.gov

Address: Office of Long Term Care
Division of Medicaid
Walter Sillers Building
550 High Street
Jackson, MS 39201

Questions

