PUBLIC NOTICE
August 16, 2019

Pursuant to 42 C.F.R. Section 441.304(f), public notice is hereby given to the submission of the Elderly and Disabled (E&D) Waiver amendment. The Division of Medicaid, in the Office of the Governor, will submit this proposed waiver amendment to the Centers for Medicare and Medicaid Services (CMS) for the E&D Waiver effective October 1, 2019.

1. The proposed changes to the E&D Waiver are to:

    a. Begin the Extended Home Health waiver service on visit thirty-six (36) instead of visit twenty five (25) to correspond with the increase of state plan home health visits,

    b. Add the option for telephone interviews to supplement home visits as a method for completing participant quality surveys,

    c. Correct Community Transition Service typographical error in Appendix J,

    d. Remove the In-Home Respite worker experience requirement from four (4) or more years' experience as a direct care provider to the aged or disabled to mirror Personal Care Services,

    e. Change Personal Care Service and In-Home Respite worker requirements to replace driver's license with a state issued identification (ID),

    f. Update Personal Care Service, In-Home Respite, and Adult Day Care provider requirements to reference Quality Assurance Standards,

    g. Update Training requirements for Personal Care Services and In-Home Respite workers,

    h. Update the Transition Plan regarding the open enrollment of Case Management,

    i. Update the language in B6e regarding Level of Care instrument, and

    j. Clarify language regarding community assistance and Personal Care Services.

2. The expected annual aggregate expenditures in state funds is budget neutral. The cost associated with the home health visit state plan increase will result in a decrease of waiver expenditures but an increase in state plan expenditures.

3. 42 C.F.R. 441.304 requires the Division of Medicaid to submit a waiver amendment in order to make substantive changes to the waiver. Senate Bill 2836 passed during the 2018 legislative session allowed the Division of Medicaid to increase state plan home health visits from twenty-five (25) to thirty-six visits per state fiscal year.

4. A copy of the proposed waiver will be available in each county health department office and

in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov, or requested at 601-359-2081 or by emailing at Margaret.Wilson@medicaid.ms.gov.

5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

6. A public hearing on this waiver will not be held.

Drew L. Snyder
Executive Director
Division of Medicaid
Office of the Governor

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The **State** of **Mississippi** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. Program Title:
Elderly and Disabled (E&D)

C. Waiver Number:MS.0272
Original Base Waiver Number: MS.0272.90.R1

D. Amendment Number:

E. Proposed Effective Date: (mm/dd/yy)
10/01/19

Approved Effective Date of Waiver being Amended: 07/01/17

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The following changes are included in this amendment:

Update Extended Home Health limits to reflect State Plan changes.

Add the option for telephone interviews to supplement home visits as a method for completing participant quality surveys.

Correct Community Transition Service typo in Appendix J.

Remove the In Home Respite worker experience requirement from four or more years' experience as a direct care provider to the aged or disabled to mirror Personal Care.

Change Personal Care Service and In Home Respite worker requirements to replace driver's license with State Issued ID.

Update Personal Care Service, In Home Respite, and Adult Day Care provider requirements to reference Quality Assurance Standards.

Update Training requirements for Personal Care Services and In Home Respite workers.

Update the Transition Plan regarding the open enrollment of Case Management.

Update the language in B6e regarding Level Of Care instrument.

Clarify language regarding community assistance and Personal Care Services.

3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

Component of the Approved Waiver	Subsection(s)
[X] Waiver Application	I. Public Input
[ ] Appendix A Waiver Administration and Operation	

Component of the Approved Waiver	Subsection(s)
[X] Appendix B Participant Access and Eligibility	B-6-e
[X] Appendix C Participant Services	C-1/C-3 Service Definition for Personal Care Services and Provider Qualifications for Adult Day Care; In Home Respite and Personal Care Services
[X] Appendix D Participant Centered Service Planning and Delivery	D-1-b
[ ] Appendix E Participant Direction of Services	
[ ] Appendix F Participant Rights	
[X] Appendix G Participant Safeguards	G QIS PM3 Data Source
[ ] Appendix H	
[ ] Appendix I Financial Accountability	
[X] Appendix J Cost-Neutrality Demonstration	J-2-d Year 2 Average Cost Per Unit for Community Transition Services

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

- [ ] **Modify target group(s)**
- [ ] **Modify Medicaid eligibility**
- [ ] **Add/delete services**
- [x] **Revise service specifications**
- [x] **Revise provider qualifications**
- [ ] **Increase/decrease number of participants**
- [x] **Revise cost neutrality demonstration**
- [ ] **Add participant-direction of services**
- [x] **Other**

Specify:

The following changes are included in this amendment:

Update Extended Home Health limits to reflect State Plan changes.

Add the option for telephone interviews to supplement home visits as a method for completing participant quality surveys.

Correct Community Transition Service typo in Appendix J.

Remove the In Home Respite worker experience requirement from four or more years' experience as a direct care provider to the aged or disabled to mirror Personal Care.

Change Personal Care Service and In Home Respite worker requirements to replace driver's license with State Issued ID.

Update Personal Care Service, In Home Respite, and Adult Day Care provider requirements to reference Quality Assurance Standards.

Update Training requirements for Personal Care Services and In Home Respite workers.

Update the Transition Plan regarding the open enrollment of Case Management.

Update the language in B6e regarding Level Of Care instrument.

Clarify language regarding community assistance and Personal Care Services.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

Public input was sought through meetings with stakeholders & providers who actively participated with recommendations for waiver changes. Meetings with various stakeholders were held on 1/24/17, 1/27/17, & 2/15/17. A public hearing was held on 5/3/17 where various stakeholders were able to offer additional recommendations. See summary below.

DOM also obtains public input through the Waiver review and audit process. DOM regularly audits each E&D Waiver CMA and service providers. This process includes home visits/telephone interviews with ~~of~~ a sample population ~~for~~ of waiver participants served across the state. During the home visit/telephone interview, direct feedback is received from the waiver participant and/or their representatives regarding the participant's satisfaction with their services, their case management, and any comments related to additional beneficial services. This feedback is then utilized to improve and/or further develop waiver services.

Another mechanism through which public input is obtained is from telephone correspondence with applicants/participants, and/or their representatives, regarding inquiries, complaints, or appeals.

The State notifies the Mississippi Band of Choctaw Indians (MBCI) Health Administration via written notice regarding the waiver renewal greater than 60 days prior to submission of the waiver in order to provide an opportunity for their input. Copies of the draft are provided to the Mississippi Band of Choctaw Indians prior to waiver submission to CMS. For the July 1, 2017 waiver renewal the MBCI was notified on February 28, 2017. The State accepts any input from the provider community, advocacy groups, Medicaid beneficiaries and waiver participants at any given time.

Summary of Public Comments & Responses for the E&D Waiver:
Public comments were received with objections to reinstitution of a maximum 100 participant caseload limit for CM service providers.
Response: DOM does not plan to remove the caseload maximum limit at this time. It allows the state to ensure that CMs are able to offer high quality, person-centered care to all individuals enrolled in this waiver. However, DOM will add language to allow for exceptions to the caseload maximum limit if a provider has adequate justification and prior approval from DOM.
Comments were received with concerns regarding the change in the rates for Adult Day Care services as well as lifting the requirement that individuals must stay at the facility for at least 4 hours.
Response: DOM removed the 4 hour minimum stay at the facilities to comply with person-centered care requirements set forth in the Home and Community Based Final Rule issued by CMS. After reviewing public comments & concerns, DOM has proposed an alternate rate calculation, wherein Adult Day Care service providers would be reimbursed for care at a rate of $3.88 in 15 minute increments up to maximum daily rate of $62.08.
Comments were received regarding concerns that PCS providers are not authorized to transport the person into the community, as well as a general lack of transportation services statewide.
Response: DOM does not plan to adopt this recommendation at this time due to resource limitations. DOM will continue to partner with other stakeholders across the state to explore opportunities to increase transportation options and availability.
Comments were received requesting clarity surrounding the Home Delivered Meal service rates listed in the draft waiver renewal application.
Response: The average costs per unit for Home Delivered Meals in the renewal application to be submitted to CMS has been updated to reflect a 2.6% annual increase.
Comment was received suggesting that the waiver renewal include language that required providers to direct participants to a particular entity for assistance with dispute resolution.
Response: DOM does not plan to adopt this recommendation at this time. The dispute resolution process outlined in the proposed renewal requires that CMAs notify individuals enrolled of their rights with regards to disputes, complaints/grievances and hearings. Additionally it allows individuals to address disputes with DOM at any time, & does not conflict with their right to a State Fair Hearing.
Comment was received requesting that DOM encourage more providers to accept Medicaid funds and recruit more new providers to the State.
Response: DOM allows for continuous open enrollment of providers, and will continue to do so.
Comment was received requesting DOM place some minimum stay requirements on ADC services that prevent the participants from taking advantage of the new rules that remove the 4 hour minimum stay.
Response: DOM does not plan to include minimum stay guidelines for ADC services at this time. DOM removed the minimum stay guidelines to comply with person-centered care requirements set forth in the HCB Final Rule issued by CMS.
Comment was received requesting DOM to allow the ADCs to bill for transportation in addition to the new rate or

DOM continues to work ~~requests a transition period ending January 1, 2018~~ to implement processes to ensure that there is open enrollment of all willing and qualified providers for case management and home delivered meal services. Due to limited resources, the state has been unable to complete all of the systematic changes necessary to implement the planned implementation at the time of this amendment.~~Additionally, this time will allow DOM to ensure that processes are in place to assure that case management services are free from conflict. DOM is working with guidance from technical assistance provided by CMS to comply with all assurances. This transition period would allow for enrollment of qualified providers, provider training, and changes to operational/systematic processes.~~

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

◉ **Other**
Specify:

A provider agreement exists between Medicaid and the case management agencies for the provision of case management services. The case management agencies are responsible for performing assessments and reassessments of the level of care of persons.

c. Qualifications of Individuals Performing Initial Evaluation: Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

The case managers performing the initial assessment are part of a case management team that consists of a Mississippi licensed social worker (LSW) and a Mississippi registered nurse (RN). The case managers must meet all provider qualification requirements outlined in Appendix C. The case managers must have received training and certification as a qualified assessor on the assessment instrument as designated by the State.

d. Level of Care Criteria. Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the state's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

Level of care for the Elderly & Disabled Waiver is determined through the application of the comprehensive long term services & supports (LTSS) assessment instrument encompassing activities of daily living, instrumental activities of daily living, sensory deficits, cognitive deficits, behaviors and medical conditions/services. The LTSS assessment data is entered into a scoring algorithm to generate a numerical score. The score is compared to a numerical threshold for level of care, with those at or above the threshold deemed clinically eligible. Applicants/persons scoring below the threshold may qualify for a secondary review by a DOM nurse and a tertiary review by a physician before waiver services are denied.

e. Level of Care Instrument(s). Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

○ **The same instrument is used in determining the level of care for the waiver and for institutional care under the state Plan.**

◉ **A different instrument is used to determine the level of care for the waiver than for institutional care under the state plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

~~The same level of care instrument will be used for the waiver and for institutional care under the State Plan by March 31, 2018. The algorithms that drive the score for both instruments are similar and the outcomes of both were tested for reliability, validity, and comparability prior to the waiver implementing the new instrument.~~

Through the Balancing Incentive Grant received by the state, DOM has implemented the InterRAI Home Care assessment across waiver populations in its long term services and supports system. DOM worked with the LTSS vendor, FEI, as well as the creators of the InterRAI assessment, AIS, to develop an algorithm based on the assessment currently still in use for nursing facility level of care determinations. Crosswalks and validation testing were done to ensure that the assessment tools resulted in appropriate scoring mechanisms based on defined level of care requirements.

While the same instrument is not currently being utilized for the Elderly & Disabled Waiver and institutional placement in nursing facilities, the algorithms that drive the score for both instruments are similar and the outcomes of both were tested for reliability, validity, and comparability prior to the waiver implementing the new instrument. It is the intent of the state to proceed with the implementation of the comprehensive long term services & supports (LTSS) assessment for institutional care pending the availability of necessary technical resources.

Adult Day Care providers must meet the Quality Assurance Standards, as defined by the Division of Medicaid, including, but not limited to, the following requirements:

The ADC must have a sufficient number of employees with the necessary skills to provide essential administrative and direct care functions to meet the needs of the waiver persons. Additionally, the ADC must meet the physical and social needs of each waiver persons.

The ADC program will comply with State Medicaid administrative codes/policies regarding the following:
• Activity programs
• Activities of Daily Living
• Medication oversight while in the ADC
• Coordination of care with the case managers
• Providing social services to waiver persons and families
• Provide choices of food and drinks to persons at any time during the day to meet their nutritional needs which includes, at a minimum:
(a) A mid-morning snack,
(b) A noon meal, and
(c) An afternoon snack.
• Providing safe reliable transportation, at no extra cost to the person or their family, to and from the ADC, as well as to and from center-sponsored outings.
• Emergency procedures including medical and non-medical
• Providing ancillary services
• Facility layout, design and construction
• Providing a safe, non-hazardous environment
• Utilization of volunteers
• Quality assurance measures
• Liability insurance to meet the needs of the entity

Mississippi Administrative Code Title 23: Medicaid Part 208 Chapter 2 Rule 1.3 requires that all Adult Day Care Agencies must keep a record of the volunteer's hours and activities. Volunteers must be individuals or groups who desire to work with adult day service persons. Volunteers must successfully complete an orientation/training program. The responsibilities of volunteers must be mutually determined by the volunteers and staff. Duties must be performed under the supervision of facility staff members. Duties must either supplement staff in established activities or provide additional services for which the volunteer has special talent/training. The facility must not use volunteers in place of required staff and should use volunteers only on a periodic/temporary basis.

All ADC provided and contracted transportation providers must also adhere to the following standards for the transportation driver and the vehicles:
DRIVER REQUIREMENTS
• All drivers must abide by state and local laws.
• All drivers must be at least 18 years of age and have a current valid driver's license to operate the transportation vehicle(s) for the ADC.
• Drivers who receive citations and are convicted of two moving violations or accidents related to transportation will not be permitted to provide transportation.
• Drivers must not have had their driver's license suspended or revoked for moving traffic violations in the previous five (5) years.
• The ADC must require that the drivers comply with Mississippi Statute regarding national criminal background checks, including fingerprinting. The ADC must conduct criminal background checks on all drivers. Any person who has been convicted of a felony or certain misdemeanors in this state or any other jurisdiction is not eligible to be employed as a direct care provider. Drivers must not have been convicted of or pleaded guilty to or nolo contendere to a felony or certain misdemeanors which include, but are not limited to, possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense, 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.

In-Home Respite providers must meet the Quality Assurance Standards, as defined by the Division of Medicaid, including, but not limited to, the following requirements:

~~The In-Home Respite agency will employ qualified in-home respite providers and qualified in-home respite supervisors.~~

IN-HOME RESPITE PROVIDER

In-Home Respite providers/workers must meet the minimum requirements as follows:

- Must be at least 18 years of age;
- Must be a high school graduate, have a GED or demonstrate the ability to read and write adequately to complete required forms and reports of visits;
- Must maintain current and active first aid and CPR certification; CPR certifications from on-line services are not acceptable;
- Must not 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 Section 45-33-23(f) of the Mississippi Codes, 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;
- Must be able to carry out and follow verbal and written instructions;
- Must have no physical/mental impairments to prevent lifting, transferring, or providing any other assistance to the persons;
- Must 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;
- Must possess a valid state issued identification, and have access to reliable transportation;
- Must be able to communicate effectively; and
- Must have completed training/instruction that covers the purpose, functions, and tasks associated with the in-home respite services.

~~Must be a high school graduate, or have a GED, and four or more years' experience as a direct care provider to the aged or disabled. Must demonstrate the ability to work well with aged, and disabled persons who have limited functioning capacity. Must exhibit basic qualities of warmth and maturity, and be able to respond to clients and situations in a responsible manner.~~

~~Additional requirements of the in-home respite provider are as follows:~~

~~- Be at least 18 years of age;~~
~~- Possess a valid driver's license, and have access to reliable transportation;~~
~~- Be first aid and CPR certified. CPR certifications from on-line services are not acceptable;~~
~~- 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 persons 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 adhere to the state and federal regulations regarding national criminal background checks, including fingerprinting. Any person who has been convicted of a felony or certain misdemeanors in this state or any other jurisdiction is not eligible to be employed as a direct care provider.~~
~~- Must not 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 Section 45-33-23(f) of the Mississippi Codes, 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.~~
~~- Must be able to recognize the signs of abuse, neglect 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 SUPERVISOR
Must 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 clients, 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 clients, and two years of supervisory experience, or
3) A high school diploma with four years of direct experience working with the aged and disabled clients, and two years of supervisory experience.

The In-Home Respite Supervisor must have the following responsibilities:
- Supervise no more than twenty full-time respite workers;
- Make home visits with respite workers to observe and evaluate job performance and submit Supervisory reports along with monthly activity sheet;
- Review and approve service plans;
- Receive and process request for service;
- Be accessible to respite workers for emergencies, case reviews, conferences, and problem solving;
- Evaluate the work, skills, and job performance of the respite worker;
- Interpret agency policies and procedures relating to the In-Home Respite program;
- Prepare, submit, or maintain appropriate records and reports; and
- Plan, coordinate, and record ongoing in-service training for the in-home respite staff.

The In-Home Respite Supervisor is directly responsible to the Agency's Director, and is responsible for the regular, routine activities of the In-Home Respite Program in the absence of the director.

Training Requirements
Providers may use any training resources deemed appropriate to meet the following requirements set forth by DOM, including in-service trainings completed by supervisory staff or online training by a vendor of their choice.

A. All direct care workers, unless otherwise excluded in the approved Elderly and Disabled waiver, must successfully complete a 40 hour curriculum training course upon hire and 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
- HIPAA 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 upon hire and prior to rendering services:
- 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
- HIPAA Compliance
- Safety including Preventing and Reporting of Accidents/Incidents
- Professional Documentation Practices
- Emergency Preparedness
- Universal Precautions & Infection Control
- Person Centered Thinking

In addition to the above, providers must have the following training annually:
- CPR Certification
- First Aid

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.

Verification of Provider Qualifications

Entity Responsible for Verification:

Personal Care Services (PCS) are non-medical support services to assist the person in meeting daily living needs and ensure optimal functioning at home and/or in the community. Services must be provided in accordance with a person's PSS. Personal Care Service include: assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. Meal preparation may be provided, however, the cost of meals is not covered. Housekeeping chores may be provided if the care is essential to the health and welfare of the individual, rather than the individual's family. Personal Care Service may also involve hands-on assistance or cuing/prompting the person to perform a task; accompanying and assisting the person in accessing community resources and participating in community activities; supervision and monitoring in the person's home, during transportation, and in the community setting. ~~The Personal Care Service may accompany, when medically justified,~~ If the person's ~~during~~ transportation is being ~~with transport~~ provided by the Medicaid NET provider, the PCS provider may only accompany the person when medically justified. However, they may accompany the participant in the community without justification by any other means of transportation, provided that they are not driving the vehicle in which the participant is being transported.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Personal Care Service providers must meet the Quality Assurance Standards, as defined by the Division of Medicaid, including, but not limited to, the following requirements:

Qualifications
Personal Care Service providers or personal care attendants must meet the minimum requirements as follows:
- Must be at least 18 years of age;
- Must be a high school graduate, have a GED or demonstrate the ability to read and write adequately to complete required forms and reports of visits;
- Must maintain current and active first aid and CPR certification; CPR certifications from on-line services are not acceptable;
- Must not 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 Section 45-33-23(f) of the Mississippi Codes, 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;
- Must be able to carry out and follow verbal and written instructions;
- Must have no physical/mental impairments to prevent lifting, transferring, or providing any other assistance to the persons;
- Must 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;
- Must possess a valid ~~driver's license~~state issued identification, and have access to reliable transportation;
- Must be able to communicate effectively; and
- Must have completed training/instruction that covers the purpose, functions, and tasks associated with the personal care attendant services

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

The PCS Supervisor must have the following responsibilities:
1. Supervising no more than twenty (20) full-time PCA Staff;
2. Reviewing and approving service plans;
3. Receiving and processing requests for service;
4. Observing and evaluating the PCA performing assigned tasks in the participants home;
5. Performing supervised and unsupervised visits in the participant's home on a biweekly basis;
6. Being accessible to PCA Staff for emergencies, case reviews, conferences, and problem solving;
7. Interpreting agency policies and procedures relating to the PCS program;
8. Preparing, submitting, or maintaining appropriate records and reports;
9. Planning, coordinating, and recording ongoing in-service training for the PCA Staff.
~~10. Reporting directly to the Agency's Director;~~
11. Maintaining the regular, routine, activities of the PCS services program in the absence of the Director.

~~The PCA must receive, at a minimum, forty (40) hours of training, as designated by DOM, initially upon employment. The training, to be conducted, must include: disability awareness, ethical relationships, the need for respect for the individual's privacy and property, Vulnerable Person's Act/laws, boundaries of a caregiver, managing care of a difficult client, and emergency preparedness. Instructions will cover the basic elements of body functions, infection control procedures, maintaining a clean and safe environment, appropriate and safe techniques in personal hygiene and grooming to include: sponge, tub or shower bath, hair care, nail and skin care, oral hygiene, dressing, bladder and bowel routine, transfers, and equipment use and maintenance. A section on housekeeping instructions will cover meal preparation and menus that provide a balanced, nutritional diet.~~

~~The PCA must demonstrate competency to perform each task of assistance with activities of daily living to the hiring agency prior to rendering any services under the waiver.~~

Training Requirements

Providers may use any training resources deemed appropriate to meet the following requirements set forth by DOM, including in-service trainings completed by supervisory staff or online training by a vendor of their choice. An individual that has satisfactorily completed a nurse aide training program for a hospital, nursing facility, or home health agency or was continuously employed for twelve months during the last three years as a nurse aide, orderly, nursing assistant or an equivalent position by one of the above medical facilities shall be deemed to meet the training requirements.

A. All direct care workers, unless otherwise excluded in the approved Elderly and Disabled waiver, must successfully complete a 40 hour curriculum training course upon hire and 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
- HIPAA 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 upon hire and prior to rendering services:

- 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
- HIPAA Compliance
- Safety including Preventing and Reporting of Accidents/Incidents
- Professional Documentation Practices
- Emergency Preparedness
- Universal Precautions & Infection Control

- Person Centered Thinking

In addition to the above, providers must have the following training annually:
- CPR Certification
- First Aid

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.

~~An individual that has satisfactorily completed a nurse aide training program for a hospital, nursing facility, or home health agency or was continuously employed for twelve months during the last three years as a nurse aide, orderly, nursing assistant or an equivalent position by one of the above medical facilities shall be deemed to meet the training requirements.~~

~~The agency is required to provide annual training/in-services for each PCA pertinent to individual needs of the attendant, but at a minimum must include training on infection control, Vulnerable Person's Act/laws, and emergency preparedness. Evidence of such training must be readily available upon request of DOM.~~

The Agency must perform national criminal background checks on all direct care employees. The agency must ensure direct care providers have current and active license and or certifications, are not listed on the Mississippi Nurse Aide Abuse Registry or listed on the Office of Inspector General's Exclusion List.

Verification of Provider Qualifications

Entity Responsible for Verification:

Division of Medicaid

Frequency of Verification:

The case management agency develops the person-centered service plan and can only provide other waiver services to the person if there is no other willing provider in the geographic area, as defined by DOM. Oversight of waiver processes and periodic evaluations are completed by DOM Office of Long Term Care and Office of Financial and Performance Review.

Service plan development is a component of the Case Management service. Once completed, each service plan is submitted for review and approval by DOM Office of Long Term Care prior to direct service provision. All PSSs are approved by DOM Office of Long Term Care. The plan of services and supports, otherwise known as the PSS, is the fundamental tool by which the State ensures the health and welfare of waiver persons participating in the E&D Waiver. The process for developing a waiver person's PSS requires the plan to be based on a comprehensive assessment process. A registered nurse and a licensed social worker along with the waiver person, and interested parties as requested by the person, are jointly responsible for determining the waiver person's needs, preferences, and goals through a person centered planning process. The PSS includes a comprehensive emergency preparedness plan specific to meet the person's needs.

The State maintains complete oversight of the PSS development by the provider case management agencies. To ensure that service providers are exercising free choice options, developing the PSS in accordance with the person's needs and respecting the dignity and rights of the person, Initial PSS's are reviewed by DOM prior to waiver services being initiated.

The case management agency coordinates waiver services through the Plan of Service and Support (PSS). The person is involved in each step of the planning process, including the creation of Emergency Preparedness Plan and PSS. During the planning process, the case management agency fully discloses to the person their rights and choices of service providers. Disclosure is documented on the Bill of Rights and the Informed Choice as evidence by the person's and/or their representative's signatures. The person's risk are identified through the assessment process, reviewed with the person, and documented on the PSS. During the person centered planning process, the person is allowed to choose persons involved in the development of the PSS. The person has input in choice of services to be provided, including the frequency and duration. Once the PSS is developed the person and/or their representative is given a list of qualified HCBS providers to choose from in their service area. The person and/or their representative reviews the list of qualified providers to determine which provider would best meet their needs, preferences and goals. Once all options are taken into consideration, the person and/or representative selects the provider they feel best meets their needs, and a copy of the fully developed PSS is given to the person. As part of the person centered planning process, service provider signatures are captured on the PSS.

DOM maintains administrative oversight of the waiver to ensure persons receive freedom of choice of providers and to monitor potential conflicts of interest. This oversight is accomplished through audits and reviews by DOM staff conducting home visits/telephone interviews. Also, documentation of a signed freedom of choice form is reviewed during DOM compliance audits.

The person is informed by the case management agency, at the time of enrollment in the waiver, the specific criteria and processes for a dispute, complaint/grievance and State Fair Hearing. The person is given their bill of rights which addresses disputes, complaints/grievances and State Fair Hearings. The person has the right to address any disputes regarding services with DOM at any time.

The informal dispute resolution process may be initiated by the person with the case management agency at the agency local level and is understood as not being a pre-requisite or substitute for a state fair hearing. The types of disputes that can be addressed include issues concerning service providers, waiver services, and anything that directly affects the person's waiver services. Waiver persons may address disputes by first reporting the issue to their case management team, which includes a registered nurse and licensed social worker. The case management team will respond to the person within 24 hours. If a person believes that a resolution has not been reached within 72 hours, the case management team will report the issue to the case management supervisor. The supervisor must reach a resolution with the person within seven days. If the person believes a resolution has not been reached within this time frame, the issue is reported to DOM. DOM will consult with the case management agency to investigate the issue and work towards a resolution within seven days. In the event the dispute involves the case management team, the case management agency and DOM will work with the person to identify and select a new case management team. Once a new case management team is selected, the case management supervisor will evaluate the person's satisfaction with the new case management team within the following month and will notify DOM of the

Critical incidents are identified as follows:
Abuse (A) - willful or non-accidental infliction of a single or more incidents of physical pain, injury, mental anguish, unreasonable confinement, willful deprivation of services necessary to maintain mental and physical health, and sexual abuse.
Neglect (N) - can include but is not limited to a single incident of the inability of a vulnerable person living alone to provide for himself, failure of a caretaker to provide what a reasonably prudent person would do.
Exploitation (E) - Illegal or improper use of a vulnerable person or his resources for another's profit or advantage with or without the consent of the vulnerable person. This can include acts committed pursuant to a power of attorney and can include but is not limited to a single incident.

The Department of Human Services (DHS), Division of Aging and Adult Services, is the agency responsible for investigating allegations of A, N and E. There is a memorandum of understanding (MOU) established between DOM and DHS which allows for a free flow of information regarding critical incidents between the two agencies to ensure the health and welfare of waiver persons.

All reports of A, N and E are taken very seriously by DOM. DOM provides for the reporting and investigation of major and serious incidents of abuse, neglect and exploitation of a waiver persons. All reports of A, N and E are reported immediately verbally and in writing by the appropriate case manager to their supervisor and the Department of Human Services. The potential A, N and E are also to be reported in writing to the DOM/Office of LTC/E&D Waiver Program Division as it occurs. DOM staff review the documentation and report findings to the DOM E&D waiver director. If the waiver participant is at risk for harm or injury related to an unsafe environment, the case manager will call 911 to request immediate assistance. In addition, reports are simultaneously made to DHS who is the investigative agency in Mississippi responsible for investigating allegations of A, N and E. DOM and the case management agency follow up with DHS to ensure that reports are investigated and action is taken. The Mississippi Attorney General's Office is also contacted to report allegations of Vulnerable Adult Abuse.

Mississippi Vulnerable Persons Act, Section 43-47-9 (1). "Upon receipt of a report pursuant to Section 43-47-7 that a vulnerable person is in need of protective services, the department (The Mississippi Department of Human Services)shall initiate an investigation and/or evaluation within forty-eight (48) hours if immediate attention is needed, or within seventy-two (72) hours if the vulnerable person is not in immediate danger, to determine whether the vulnerable person is in need of protective services and what services are needed."

The process ensures an individual's rights to privacy, dignity, respect, and freedom from coercion and restraint.

c. Participant Training and Education. Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

Upon entry into the waiver, case managers will provide the person and/or their caregiver education and information concerning the State's protection of the person against abuse, neglect and exploitation including how persons may notify appropriate authorities when the person may have experienced abuse, neglect or exploitation. When person are initially assessed for the E&D Waiver, they are given the names and phone numbers of their case managers. The case manager maintains regular contact with each person by making monthly home visits. If there is a concern regarding abuse, neglect, exploitation, and the person and/or person's representative has notified the case manager of their concern, a home visit is conducted. The purpose of the home visit is to assess the situation, document an account of the occurrences, and notify the proper authorities.

DOM/LTC requests to always be notified of any suspected abuse, neglect, exploitation cases as they occur, and will offer their support in ensuring a prompt resolution, if feasible.

Training is provided to participants upon initial enrollment, recertification, and during home visits/telephone interviews performed by DOM QA staff.

d. Responsibility for Review of and Response to Critical Events or Incidents. Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and