

Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver and Community Support Program (CSP) Case Manager FAQs

The term Case Manager refers to a Support Coordinator or Targeted Case Manager throughout this document.

Can beneficiaries opt to temporarily suspend their services to self-quarantine?

DOM Response: Yes. Beneficiaries who would like to suspend their services should reach out to Case Managers so that we can ensure an adequate care plan is in place throughout the suspension. Even if a beneficiary requests to suspend their community services, please have Case Managers continue to case manage and monitor them via phone.

Is there a possibility that case managers can do telephone calls instead of Home visits?

DOM Response: Yes, DOM has authorized case managers to conduct monthly/quarterly case management visits by telephone in accordance with HIPAA requirements. While Case Managers are highly encouraged to check in with their participants more than once this month by phone, a minimum of one Service Note documenting contact via phone will be required in LTSS for agencies to be reimbursed for monthly Case Management of a beneficiary.

Are two Case Managers still required for verbal consent on a change request, or can Case Managers document in service notes that only one Case Manager was present?

DOM Response: During this period, only one Case Manager Signature will be required to document verbal consent on a Change Request.

What can Case Managers do about Recertifications that may be pending completion?

DOM Response: Case Managers may conduct annual Plan of Services and Supports meeting by telephone. Case Managers may arrange service provider(s) and other people the person requests to participate through conference call. If providers/others are not available for the conference call, Case Managers must follow up with them to get input prior to submission of the recertification packet. All contact must be documented in Service Notes.

If beneficiaries go 30 days without services, should they be discharged?

DOM Response: No, at this time, they should not be discharged. Please contact us if you have concerns related to a particular participant who has been more that 30 days without services if that issue is not related to COVID-19.

How will level of care evaluations or re-evaluations be conducted?

DOM Response: Level of care evaluations or re-evaluations may be conducted telephonically, where appropriate, in accordance with HIPPA requirements.

How do I code Support Coordination or Targeted Case Management when Plan of Services and Supports (PSS) meetings or quarterly face-to-face meetings are provided telephonically?

DOM Response: Case Managers should bill the PSS or quarterly face-to-face meeting, if rendered telephonically or virtually, with a GT modifier and place of service (02).

Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver and Community Support Program (CSP) Provider FAQs

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Should Supported Living, Home and Community Supports (HCS), In Home Respite (IHR), or In Home Nursing Respite (IHNR) providers pull workers out of beneficiaries home?

DOM Response: DOM encourages providers to continue providing these much needed services where possible to vulnerable waiver participants. Many of our beneficiaries rely heavily on these services to ensure their health and safety. HCS, IHR, and IHNR staff should follow all safety protocols currently recommended by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). Please notify Case Managers if services cannot be provided as identified on the participant's Plan of Services and Supports.

If a HCS, IHR, or IHNR worker is out due to the coronavirus, should a replacement worker be sent to provide the beneficiaries care?

DOM Response: Yes, if possible, absences should be treated as they have previously been. If there is no alternate worker available and a beneficiary will not receive needed care, please notify Case Managers immediately so that they can assist with addressing any unmet needs.

What should providers do if they do not have enough staff to provide all of the hours authorized on participant's Plans of Services and Supports?

DOM Response: At this time we are encouraging all providers to remain in contact with Case Managers as well as participants and their caregivers and/or emergency contacts. We ask that you evaluate the needs of the participants, consider which services are needed the most, and provide the service to the best of your abilities following all safety protocols currently recommended by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). Please be mindful to maintain proper documentation of communication and changes in delivery of care.

What should providers do if a beneficiary says they have coronavirus or are under quarantine for exposure?

DOM Response: Notify the Case Manager(s) immediately so that appropriate reporting can be completed and actions can be taken to implement precautionary measures as indicated by the CDC or to suspend services once the concerns are verified, if necessary.

Can Day Services-Adult and Prevocational services be provided in a beneficiary’s home?

DOM Response: Yes, Day Services-Adult and Prevocational services may be provided in a DMH approved setting (Supervised Living, Supported Living, Shared Supported Living, or the beneficiary’s home).

Can Day Services-Adult and Prevocational services be provided via telephone or virtually?

DOM Response: Yes, providers may provide Day Services-Adult and/or Prevocational services telephonically or virtually in accordance with HIPPA requirements. Services must follow the same documentation requirements as if the service was rendered face-to-face and must document the service was rendered via telehealth. The beneficiary must give either verbal or written consent to receive telehealth services and the provider must document this in the case record. When rendered telephonically or virtually, service notes must be documented daily.

How do I code Day Services-Adult or Prevocational services when provided telephonically or virtually?

DOM Response: Providers should bill the appropriate code for services rendered. Additionally, all professional claims for services rendered using audio or visual telehealth components, should be billed at the lowest support level with a GT modifier and place of service 02.

How many units are allowed for Day Services-Adult or Prevocational services when provided telephonically or virtually?

DOM Response: These services are covered up to three (3) hours per day per service and will be reimbursed at the lowest support level. Services rendered telephonically or virtually must meet the scope of services as defined in DMH Operational Standards and DOM Administrative Code.

Who should I contact about billing questions for the ID/DD Waiver or CSP?

DOM Response: Providers should contact the following at the MS Division of Medicaid (DOM):

- Sonya Wade, Division Director, Office of Mental Health at Sonya.Wade@medicaid.ms.gov , or
- Kimberly Sartin Holloway, Bureau Director, Office of Mental Health at Kimberly.Sartin-Holloway@medicaid.ms.gov

What should providers do about staff with expiring state issued IDs, annual training, background checks?

DOM Response: Flexibility, which applies to all ID/DD Waiver and CSP providers, has been granted by CMS to temporarily waive or delay state issued ID requirements. Training for CPR, first aid, and other trainings may be conducted online. To ensure ongoing quality of care and safety, new provider staff will be required to have a name only background check with results that does not preclude them from providing care in accordance with state law. All new hires with name only background checks must be informed that continued employment is contingent with meeting all personnel requirements once resources for fingerprinting are available.

Providers should contact the following at the MS Department of Mental Health (DMH):

- Sandra Parks, Director of Bureau of Certification and Quality Outcomes at sandra.parks@dmh.ms.gov , or
- Dawn Owens, Director, Division of Certification at dawn.owens@dmh.ms.gov

Can new employees be hired that do not meet the credentialing requirements?

DOM Response: Yes, to ensure ongoing quality of care and safety, new provider staff will be required to have a name only background check with results that does not preclude them from providing care in accordance with state law and must meet training requirements. All new hires with name only background checks must be informed that continued employment is contingent with meeting all personnel requirements once resources for fingerprinting are available.

Are IDD Day Program providers required to close?

DOM Response: There is no mandate that IDD Day Programs providers close to the public. Day Programs/Services include Day Services – Adult and Prevocational Services, and Community Respite. We encourage all providers to follow all safety protocols currently recommended by the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). Additionally, we ask that if you do close to the public, you notify participants/caregivers, associated Case Managers, the DOM, and the DMH.

Can provider agencies close their offices?

DOM Response: Temporarily, yes. However, provider agencies must be available by phone at all time to allow needed communication with Case Managers, participants/caregivers, and DOM.

If a provider agency closes or discontinues services, the following should be contacted and provided with contact information for the provider:

- Division of Medicaid, Office of Mental Health

- Andrew Day, Office Director, Andrew.Day@medicaid.ms.gov
- Kimberly Sartin Holloway, Bureau Director of the ID/DD Waiver and the CSP, Kimberly.Sartin-Holloway@medicaid.ms.gov
- Department of Mental Health, Division of Certification
 - Sandra Parks, Director of Bureau of Certification and Quality Outcomes at Sandra.Parks@dmh.ms.gov
 - Dawn Owens, Director, Division of Certification at Dawn.Owens@dmh.ms.gov
- Department of Mental Health, Bureau of IDD (depending on the program/services closing or being discontinued)
 - Betty Pinion, Director of the ID/DD Waiver at Betty.Pinion@dmh.ms.gov
 - Deborah Etzold, Director of the CSP at Deborah.Etzold@dmh.ms.gov

Can provider agencies limit access to their offices?

DOM Response: Yes. Providers may place a sign on their doors explaining the limits and providing an alternate method to be reached by phone.

Can providers limit participants Day Program visits for the next couple of weeks in order to stagger the number attending each day to limit exposure?

DOM Response: If necessary, yes. However, you may find that many beneficiaries opt to stay home at this time allowing you to continue to provide daily services to beneficiaries who need daily Day Program services. Day Programs include Day Services – Adult, Prevocational Services, and Community Respite. Please remember to communicate with Case Managers about any changes in the provision of care so that they can ensure beneficiary needs are being met in alternate ways if necessary.

Where can I find the approved Appendix K for the ID/DD Waiver?

DOM Response: <https://medicaid.ms.gov/programs/intellectual-disabilitiesdevelopmental-disabilities-waiver/>