

Office of the Governor | Mississippi Division of Medicaid

**Mississippi Association of Adult Day  
Services Conference  
April 29, 2022  
Office of Long Term Care**



# Long Term Care Updates

- Elderly and Disabled Waiver renewal
  - Submitting a streamlined renewal to be effective 7/1/2022
  - Opportunity for Workforce Development Study
  - Plan to submit another renewal in 2023
  - Opportunity for stakeholder involvement
- Proposed Administrative Code Part 208 updates
  - Proposed changes were made in response to input received from HCBS providers and to provide clarity in existing regulations.
  - These changes are under internal review at DOM and are expected to be posted for public review in May.
- American Rescue Plan Act (ARPA)

# What is the American Rescue Plan Act (ARPA)?

- Legislation signed into law by President Biden on March 11, 2021, to provide immediate pandemic-related relief including supporting the national vaccination program, relief to families, and struggling businesses and communities.
- Medicaid provisions designed to increase coverage, expand benefits, and increase federal funding for state Medicaid programs.
- Within Section 9817 of ARPA, there is a provision outlining additional funding to support increased access to home and community-based services (HCBS) for Medicaid beneficiaries.

# Key Takeaways

- The provision will increase Federal Medical Assistance Percentage (FMAP) for Medicaid HCBS spending by 10 percentage points from April 1, 2021 through March 31, 2022.
- The 10% enhanced match is only available for eligible services.
- States may spend the funding on both services and administrative activities.
- Funds must be expended by March 31, 2024.
- Enhanced match reinvested in eligible services may receive the enhanced match one additional time.

# Mississippi's Enhanced HCBS Spending Plan

## Three Key Initiatives

- **Expand Access to HCBS**, by increasing capacity across our 1915(c) waivers and reducing waiting lists.
- **Innovations Grants**, to authorize direct spending on community proposed short-term or one-time initiatives to enhance HCBS.
- **Strengthen HCBS Technology and Infrastructure**, to enable more effective care coordination, access, and delivery.

# Stakeholder Input

- Mississippi DOM maintains a robust network of highly engaged stakeholders who provide continuous input into our programs and processes.
- Prior to the submission of our spending plan, we engaged our state agency partners at the Mississippi Department of Rehabilitation Services, the Mississippi Department of Mental Health, and the Mississippi Department of Human Services for input. We also received input from both HCBS providers and vendors.
- Due to the limited window to receive input prior to the deadline for plan submission, DOM has also posted our plan to our website for additional public input throughout the review period with the understanding that the plan will continue to evolve over the coming months.
- Additionally, with the funds set aside for the Innovations Grants, DOM hopes to receive grant applications from stakeholders whose improvement ideas were not otherwise spelled out in the initial plan.

# Staying Informed

For more information about the ARPA Enhanced HCBS Spending Plan or to review associated documents, visit us at:

<https://medicaid.ms.gov/american-rescue-plan-act-hcbs-enhancement-opportunities/>

Stakeholders interested in submitting written comments, recommendations, or suggestions may submit them to:

Long Term Services and Supports  
Mississippi Division of Medicaid  
Walter Sillers Building, Suite 1000  
550 High Street  
Jackson, Mississippi 39201  
Email: [LTSSPrograms@medicaid.ms.gov](mailto:LTSSPrograms@medicaid.ms.gov)

# Resources for Success



# Individualized Service Plan

**INDIVIDUALIZED PLAN OF CARE & SUPPORT**  
Participant and Caregiver Information

Participants Name: \_\_\_\_\_ DOB \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Caregiver Name: \_\_\_\_\_ DOB \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Participants Abilities	Participants Strengths	Participants Interest	Participants Preference
<b>DISCHARGE/TRANSITION PLANS</b>			
If eligible, the following steps will be followed to transition/discharge participant: *Social Worker shall schedule a meeting with participants and/or participant representative to explain the transition/discharge process and rationale, and ascertain their preferences and need for support.			
<b>SERVICE AUTHORIZATION</b>			
We(I), participant and/or representative of _____, hereby certify that on _____, we(I) have had the opportunity to participate in the development of the Individualized Plan of Care and Support. My signature certifies that I have been given a copy of this plan, and I understand that I can request to update/change this plan at any time which is convenient for me.			

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Representative/Caregiver Signature

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Other/Title Signature

- Completed at initial intake,
- Review and update annually,
- Should identify the person's:
  - preferences and expectations for services,
  - strengths and needs,
  - service provider(s) names.

# Standardized Progress Note

ADC Daily Activity
Participant's Name: _____
Date: _____
<b>Activities Participated In:</b>
<b>Meals/Snacks:</b>
<b>Additional notes:</b>

Must include:

- Date of service
- Time service began/ended
- Identity of person receiving services
- Summary of services received including meals and activities

Time In: \_\_\_\_\_  
(arrival at the day care center)

Time Out: \_\_\_\_\_  
(departure from the day care center)

\_\_\_\_\_  
Participant's signature

# ADC Facility Setting Assessment

**Division of Medicaid  
Adult Day Care Facility HCB Setting Assessment**

Facility Name:	DOM Staff/Position:			
Provider Number:	Date of Self-Assessment:	Date of DOM Assessment:		
Address:	DOM Arrival Time:	DOM Departure Time:		
Survey Questions	Provider Response	DOM Reviewer's Findings		DOM Comments
1. Does the ADC reflect the needs and preferences of the participants?		Compliant	Non-Compliant	
2. Does the ADC develop individualized service plans to meet the participants needs and preferences?		Compliant	Non-Compliant	
3. Does the participant or chosen representative have an active role in the development and update of the individualized service plan?		Compliant	Non-Compliant	
4. Are the participants given an opportunity to allow convenient times and location for the development of the individualized service plan?		Compliant	Non-Compliant	
5. Are the participants allowed to choose and control a schedule that meets their needs?		Compliant	Non-Compliant	
6. Are the participants provided with a method to request an update to their individualized plan?		Compliant	Non-Compliant	

In 2014 CMS published a final rule for HCBS providers which included characteristics of settings that are home and community-based. The requirements reflect CMS' intent that all waiver beneficiaries receive services in settings that are integrated in and support full access to the community. The 4-page self-assessment tool helps ADC providers ensure they are in compliance with these regulations.

# ADC Facility Review Attestation

<b>Facility Name &amp; Phone#:</b>		
<b>Facility Address:</b>		
<b>Provider Contact Name &amp; Title:</b>	<b>Date of Visit:</b>	
<b>DOM Reviewer Name &amp; Title:</b>	<b>Is follow-up required?</b>	
<b>Facility Tour</b>	<b>YES/NO</b>	<b>Comments</b>
Facility signage is permanent and visible from the road.		
Hours of operation are posted on entrance door. Must be Monday - Friday, 8am - 5pm		
Facility exterior and grounds are clean, maintained, accessible, and safe (free of hazards).		
Parking and arrival/departure areas are well-lit, include 2 marked handicap parking spaces 13' wide, and are free of hazards.		
Facility is ADA compliant *Minimum width of 36 inches (ramps, hand rails, sufficient door width, stairs, etc.) *Ramps require 1 foot of length for every 1 inch of rise; *Ramps that change direction have 5ft x 5ft turn space; *Threshold ramps between rooms with uneven floors.		
At least two well-identified, exits are available. *Doors swing outward with side hinges (not overhead or sliding door); *Less than 10 feet from an outside exit if not exiting to the outside; *Does not require exit through kitchen; *Unlocked from inside; *Alarm warning system to prevent wandering.		

Addresses compliance of:

- ADA regulations
- Fire safety
- Food service
- Transportation

# Uniform Fire Safety Survey

## Uniform Fire Safety Survey for Adult Day Care Facilities

Name of Facility	Telephone Number
Address	Emergency Contact
Operating Hours	Telephone Number
Name of Owner	Date of Inspection

- Completed during enrollment
- Annual inspections required
- Must be kept on file for audit

1. Is facility address visible from street?	YES ___ NO ___ N/A ___
2. Are there two exterior outward-opening doors designated as primary emergency exits? (Exit route shall not pass through kitchen or bathroom.)	YES ___ NO ___ N/A ___
3. Can each exit be easily opened by individuals with limited mobility?	YES ___ NO ___ N/A ___
4. Are all doors unlocked from the inside during hours of operation?	YES ___ NO ___ N/A ___
5. Are all doors equipped with audible alarm? (Doors should notify staff to prevent potential wandering)	YES ___ NO ___ N/A ___
6. Are Exit Signs lighted and in good condition?	YES ___ NO ___ N/A ___
7. Are exit doors blocked?	YES ___ NO ___ N/A ___
8. Are all aisles free and clear?	YES ___ NO ___ N/A ___
9. Is evacuation plan posted in all rooms?	YES ___ NO ___ N/A ___
10. Are monthly fire drills held with specific plan of evacuation for all participants?	YES ___ NO ___ N/A ___
11. Are all workers familiar with evacuation plan?	YES ___ NO ___ N/A ___
12. Are records kept of fire drills?	YES ___ NO ___ N/A ___
13. Date of last fire drill:	
14. Is there one (1) accessible, visible, fire extinguisher within 75 feet of exits?	YES ___ NO ___ N/A ___
15. How many fire extinguishers are in facility?	Total
16. Have all fire extinguishers been serviced within the past year?	YES ___ NO ___ N/A ___
17. Are smoke detectors installed and operational in all areas?	YES ___ NO ___ N/A ___
18. If facility is not all electric, are carbon monoxide detectors installed and operational in all areas?	YES ___ NO ___ N/A ___
19. If facility has stove, is it properly vented to outside?	YES ___ NO ___ N/A ___
20. Are extension cords used appropriately?	YES ___ NO ___ N/A ___
21. Does permanent wiring appear to be in good condition?	YES ___ NO ___ N/A ___
22. Are all gas heaters properly vented to outside?	YES ___ NO ___ N/A ___

# Freedom of Choice List

## ADC Provider Contact Information

Business Name:		
Office Mailing Address:		Primary Email Address:
Office Physical Address:		Counties served from this location:
Office Phone:	Is it a Landline? Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Fax:
Owner(s) Name:		Phone:
Contact Person's Name:		Phone:
ADC Provider ID Number:		
Hours of Operation:		
Total number of restrooms in the facility:	Current No. of Individuals Served:	
Total number of stalls per restroom:	Date of most current kitchen permit or food service contract:	
Number of vehicles used to transport individuals:	Date of the last fire inspection:	
If additional space is needed, please attach additional sheet.		
Job Title	Number of staff in this position	Name(s) of staff in this position
Administrator/CEO/President		
Program Coordinator		
Social Worker		
Registered Nurse		
Activities Coordinator		
Program Assistant		

Contact form ensures:

- LTC has accurate contact information for updates
- Case managers have accurate contact information for referrals
- Areas of need throughout the state are identified.

# Contact Information

## Mississippi Division of Medicaid, Office of Long Term Care

Phone: (601) 359-6141

Website: <https://medicaid.ms.gov/hcbs-waiver-providers/>

Email Address: [HCBSProviders@medicaid.ms.gov](mailto:HCBSProviders@medicaid.ms.gov)

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

Q&A