



MISSISSIPPI DIVISION OF
MEDICAID

MS Home and Community Based Services (HCBS) 1915(c) Waiver Direct Care Provider One Time Supplemental Payment Announcement

The Mississippi Division of Medicaid (DOM) will be issuing one-time supplemental payments to eligible 1915(c) Home and Community Based Services (HCBS) Direct Care Workforce providers to increase access to HCBS by stabilizing and strengthening the HCBS workforce and building provider capacity to meet the needs of individuals receiving HCBS in these programs. This opportunity is possible through federal savings available under Mississippi's American Rescue Plan Act (ARPA) Section 9817 HCBS Spending Plan and authorized through a CMS approved Appendix K. More information on the Spending Plan is available at <https://medicaid.ms.gov/american-rescue-plan-act-hcbs-enhancement-opportunities/>.

Eligible Providers:

This payment is available to specific provider types rendering 1915(c) waiver services that support members needing direct care assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Includes: Personal Care Services, Personal Care Attendant, In Home Respite Services, In Home Nursing Respite, Community Respite, Adult Daycare Services, Day Services Adult, Assisted Living Services, TBI Residential AL Services, Supervised Living, Supported Living, Shared Supported Living, Home and Community Supports

Does Not Include: Case Management, Support Coordination, Vocational Services, Behavioral Supports/Crisis Intervention, Therapy, Specialized Medical Equipment and Supplies, Transition Services, Home Delivered Meals, or Environmental Accessibility Adaptations

How Was the Payment Amount Determined:

Payments are a one-time supplemental payment. Supplemental payments are based on 5% of expenditures paid to the provider from 4/1/2020-3/31/2021. Eligibility for the 5% supplemental payment is based on the provider's active enrollment upon issuance of the payments and submission of a signed attestation.

How to Apply:

To apply for the one-time payment, eligible providers must fully review and complete the "Attestation of Compliance for Eligibility to Receive Home and Community Based Services Direct Care Workforce Provider Supplemental Payment" linked here: <https://medicaid.ms.gov/wp-content/uploads/2022/06/HCBS-DCW-Supplemental-Payment-Provider-Attestation.pdf>

Multiple provider numbers under the same National Provider ID can be included on a single attestation. Approved payments will be paid to the account on file with the fiscal agent (i.e. the account where claims are paid).

**Completed attestations must be emailed to DOM at LTSSPrograms@medicaid.ms.gov
no later than 8/15/2022 to receive a supplemental payment.**

Auditing of Attestation Compliance:

Providers **MUST** comply with all attestation requirements and retain sufficient documentation for auditors to verify compliance. Any provider found to be non-compliant with the attestation will have supplemental payment funds recouped. DOM has made an auditable ARPA HCBS DCW One Time Supplemental Payment Tracking Tool available for use by qualifying providers.