

Office of the Governor | Mississippi Division of Medicaid

**Mississippi Association of Adult Day
Services Conference
April 26 , 2024
Office of Long Term Care**



Long Term Care Updates

- Elderly and Disabled Waiver renewal
 - The Division of Medicaid completed the application with CMS to renew the Waiver. This was approved and went into effect July 1, 2023.
- 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.

Today's Topics

Changes of Ownership

Relocations

ADA Compliance

Maintaining Your Facility

Annual Updates for FOC list

Communication with DOM

Person Centered Practices & Individualized Service Plans

Resources for Success

Changes of Ownership (CHOW)

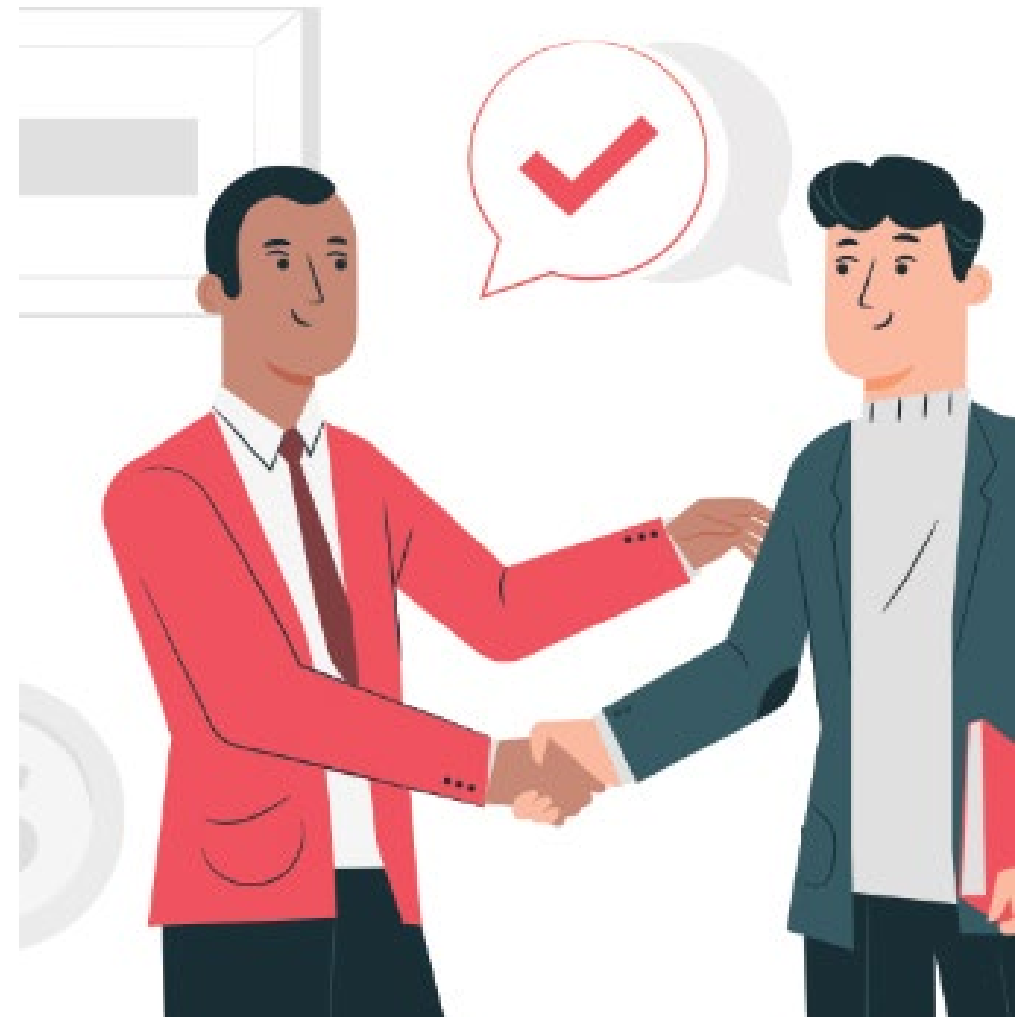
- A provider/facility that undergoes a change of ownership must notify the Division of Medicaid within thirty-five (35) days after any change in ownership.
- A CHOW packet must be received, reviewed, and approved by the Office of Long Term Care before the provider can complete a Mississippi Medicaid Provider Application Packet.
- When there is a change of ownership or retirement/closure, a provider must continue to maintain all Medicaid beneficiary records for at least six (6) years, unless an alternative method for maintaining the records has been established in writing, and approved by the Division of Medicaid as required by Health Insurance Portability and Accountability Act of 1996 (HIPAA).



Changes of Ownership (CHOW) cont.

The following are examples of changes of ownership. This list is not exhaustive. Providers who are unsure of whether a transaction constitutes a change of ownership should contact the Division of Medicaid's Office of Provider Enrollment. Examples include:

1. Changes in type of organization (ex. Partnership to limited liability company, or single proprietorship to organization),
2. Mergers, when a new organization is formed and the merging companies are nonsurviving,
3. Consolidation of two or more corporations resulting in a new corporate entity,
4. Changes in partnership, including the removal, addition, or substitution of one or more individuals as partners (under Mississippi law, these actions result in dissolution of an older partnership and creation of a new one),
5. Transfers between different levels of government, such as city to county, state to county, etc., and
6. Transfer (sale, gift, exchange of stock) that results in a fifty (50) percent or more change.



Change of Address

- Before an ADC provider can relocate to a new address, the Office of Long-Term Care must complete an on-site visit to ensure that the new location meets the requirement of an ADC facility.
- Once the new location is approved, providers must submit a Change of Address form in MESA.
- For providers who are in the market to relocate, LTC can complete a virtual walk through of your potential new location to help determine if the site is appropriate before you sign that new lease agreement or purchase.



ADA Compliance

- All E&D Waiver ADC facilities are required to be compliant with the Americans with Disabilities Act (ADA).
- Providers need to become familiar with standards for ramps, entrances, & restrooms.
- All ADA requirements can be found online at www.ADA.gov



ADA Compliance

- Providers who are transporting members who rely on wheelchairs need to be well trained in the safe operation of lifts, & how to secure the wheelchair in the van or bus.
- Keep in mind that members who rely on wheelchairs may need additional assistance getting into their homes at drop off. Be sure there is adequate staff to assist.
- ADA regulations specifically for transportation can be found at <https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/ada-regulations>



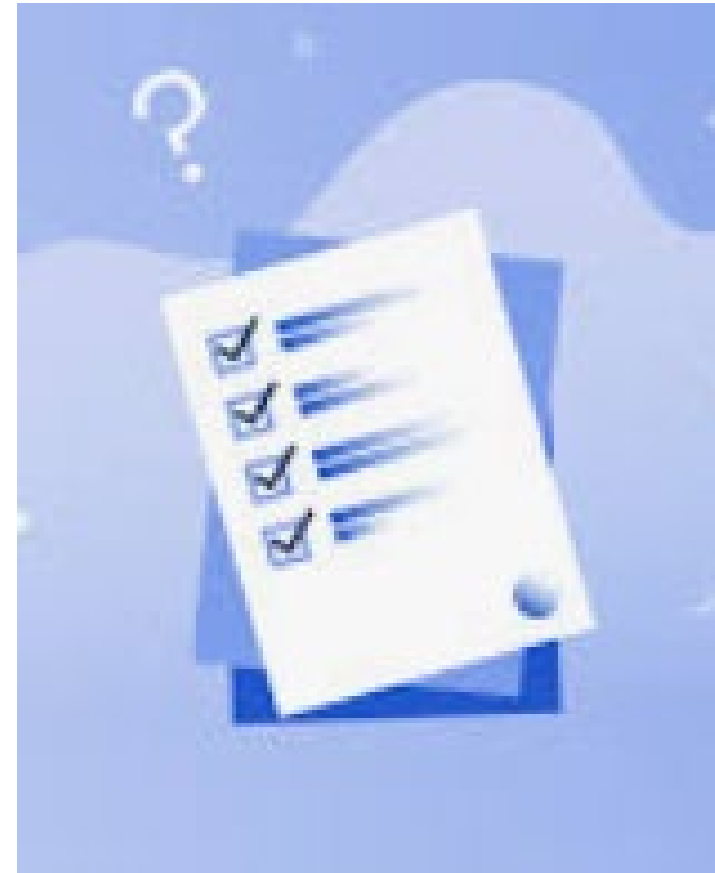
Maintaining Your Facility

- One of the best ways to ensure that your audits will go smoothly, is to conduct your own internal audits regularly. Take time every 3-6 months to review DOM policies and be sure your facility is continuing to follow requirements for documentation, fire and emergency preparedness, pest control, decluttering, testing call buttons, etc.
- Providers also want to ensure that the furniture in their facilities is sturdy, free from damage, and comfortable to sit in for extended periods of time. Folding chairs do not meet these requirements and must not be used.



Annual Updates

- LTC sends update requests at least once a year to all ADC providers to request a new copy of your Privilege Tax License, your annual fire safety inspection, and your current contact information.
- LTC uses the information from this annual update to ensure that the Case Managers have accurate contact information for the Freedom of Choice list so you can continue to receive referrals.
- LTC also uses this information to confirm that your facility is still at the address we have on file.



Maintaining Communication with DOM

- Our office frequently sends out updates and information via email. It is vital that we have an accurate email address for your agency and that someone is monitoring the email daily so your agency is not missing important updates.
- If you have any questions about policy or standards, our team can be reached via email at HCBSProviders@Medicaid.MS.Gov
- Each ADC should also have a phone line dedicated to your agency, with a voicemail that has the ability to accept messages.



Person-Centered Planning & the CMS Final Rule for HCBS Programs



CMS Final Rule

The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for home and community-based services (HCBS). The rule supports enhanced quality in HCBS programs, & adds protections for individuals receiving services. In addition, this rule reflects CMS' intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting. Highlights of this final rule defines person-centered planning requirements across the section 1915(c) and 1915(i) HCBS authorities.

Person-Centered Planning

- In this final rule, CMS specifies that service planning for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals. The rules require that the person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences. This planning process, and the resulting person-centered service plan, will assist the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare.

Individualized Service Plan

- 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.

INDIVIDUALIZED SERVICE PLAN			
Member and Caregiver Information			
Member Name:	_____	DOB:	_____
Address:	_____	Primary Phone:	_____
Caregiver Name:	_____	Secondary Phone:	_____
Address:	_____	Primary Phone:	_____
		Secondary Phone:	_____
Member's Abilities	Member's Strengths	Member's Interest	Member's Preference
SERVICE AUTHORIZATION			
We(I), member and/or representative of _____, hereby certify that on _____, we(I) have had the opportunity to participate in the development of the Individualized Service Plan. 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.			
GRIEVANCES AND COMPLAINTS			
We(I), member and/or representative of _____, hereby certify that on _____, we(I) have been informed of the process to file a complaint, including an anonymous complaint.			
Phone Number for Complaints: () - _____			
_____ Member Signature		_____ Representative/Caregiver Signature	
_____ Licensed Nurse Signature		_____ Program Director Signature	
_____ Administrator Signature		_____ Other/Title Signature	
Member Name:		Date Completed:	
			DOM ISP form updated April 2023

Individualized Service Plan

- Personal Goals help to identify what is important TO the member
- Service Goals help to identify what is important FOR the member.
- The annual checklist is available to ensure that the required annual updates are made.

INDIVIDUALIZED SERVICE PLAN

Personal Goals: _____

Service Goals: _____

Description of Member's Needs <small>*including cultural or religious observations, mobility assistance, etc.</small>	Expected Outcomes of Long-term & Short-term Goals	Intervention Provided to Reach Desired Goals	Activities and Services Provided by ADC	Person Providing Activities & Service	Time Needed to Achieve Goal

Description of needs is based upon the member's Plan of Services & Supports (PSS).

NOTES

Annual Checklist	
Updated ISP	
Current Photograph	
Nutritional Assessment	
Medical History/Exam	
Most recent PSS	

Member Name: _____
Date Completed: _____

DOM ISP form updated April 2023

Mississippi Person Centered Practices Initiative (MS-PCPI)

- Partnership between MS Division of Medicaid and The University of Southern Mississippi School of Social Work.
- Training initiative targeting Home and Community Based Services (HCBS) Waiver Programs (Agencies/Organizations who provide services).
 - HCBS: provides opportunities for people who use Medicaid to have the services needed to live in their home or community through a Waiver program
 - Other Agencies
- Trainings and Support
 - Person Centered Thinking (PCT)
 - Person Centered Plan Facilitation
 - Ongoing consultation/Awareness Training

Training Workshops offered:

Core Trainings:

- Person Centered Awareness (60-90 min.)
- Person Centered Thinking (2-day)
- Person Centered Plan Facilitation (2-day)

Advanced Trainings (60-90min.)

- Advanced Learning Log Training
- Positive Reputations, Communication Charts and Conversations
- Intersectionality – The Relationship Map and Culture
- One-page Descriptions
- Donut Sort
- Life Trajectory/Integrated Star
- Person centered documentation
- Advanced Matching Training

(MS-PCPI) Contact

- **COURTNEY WILLIAMS, MSW**
- Program Director/Trainer—MS-PCPI
- The University of Southern Mississippi
- School of Social Work
- 601-310-4598
- courtney.williams@usm.edu
- <https://www.usm.edu/ms-pcpi>



SOUTHERN MISS
GOLDEN EAGLES

Resources for Success

Standardized Progress Note

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

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

Time In: _____
(arrival at the day care center)

Time Out: _____
(departure from the day care center)

Participant's signature

ADC Facility Setting Assessment

- 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.

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	

ADC Facility Review Attestation

- Addresses compliance of:
- ADA regulations
- Fire safety
- Food service
- Transportation

Facility Name & Phone#:		
Facility Address:		
Provider Contact Name & Title:	Date of Visit:	
DOM Reviewer Name & Title:	Is follow-up required?	
	YES/NO	Comments
<i>Facility Tour</i>		
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.		

Uniform Fire Safety Survey

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

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

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

- 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.

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"/> <input type="checkbox"/>	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		

Join us for an overview of **FLSA Requirements** in the Care Industry
Guest Speaker: Dr. Benton Thompson, Sr.,
President of Mississippi Association of Adult Day Services



Hosted by the
**Wage & Hour
Division**
Jackson District

Location: McCoy Federal Building
1st FL Conference Room
100 W. Capitol St, Jackson, MS 39269

Wednesday,
May 22nd

10:00 A.M. -
3:00 P.M. CST

FREE TO ATTEND
REFRESHMENTS PROVIDED

Inviting all care industry employers:
**Home Health Care, Adult Day
Services, Hospice, Nursing
Assisted Living, Child/Day Care**

For more info contact Nichole Williams at
williams.nichole@dol.gov or
[601-991-7770](tel:601-991-7770)



www.dol.gov/agencies/whd
1-866-487-9243



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

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

Q&A