

Office of the Governor | Mississippi Division of Medicaid

**Mississippi Association of Adult Day
Services Conference
April 25, 2025
Office of Long Term Services & Supports**

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LTSS Updates

- Recent organizational restructuring at the Division of Medicaid has resulted in HCBS Provider relations being moved under the umbrella of Long Term Services and Supports. We continue to work in collaboration with the Office of Long Term Care, but now also provide supports to Waiver Providers under the ID/DD & CSP programs.
- Administrative Code Part 208 updates
 - Proposed changes have an expected effective date of June 1, 2025.

Today's Topics

Admin Code Changes & Education

Changes of Ownership

Relocations

ADA Compliance & Fire Safety

ADA Compliance & Transportation

Maintaining Your Facility

Annual Updates for FOC list

Marketing, Referrals & the PSS

Records Maintenance

Individualized Service Plans

Resources for Success

Changes to Administrative Code Part 208

- The newly revised Administrative Code Part 208 is expected to go into effect June 1, 2025. Some of the most impactful changes expected for ADC providers are:
 - Removal of the requirement for a Licensed Social Worker,
 - Revision of nursing requirements to allow for a licensed nurse who may be contracted or on staff on-site a minimum of eight (8) hours per week during normal business hours and available on call as needed.
 - Clarification in the requirements for food service and transportation.
- The LTSS Office will soon schedule a training day which all providers will be required to attend to go over these updates.
- The proposed filing can be reviewed at <https://www.sos.ms.gov/adminsearch/ACProposed/00027956b.pdf>

Changes of Ownership (CHOW)

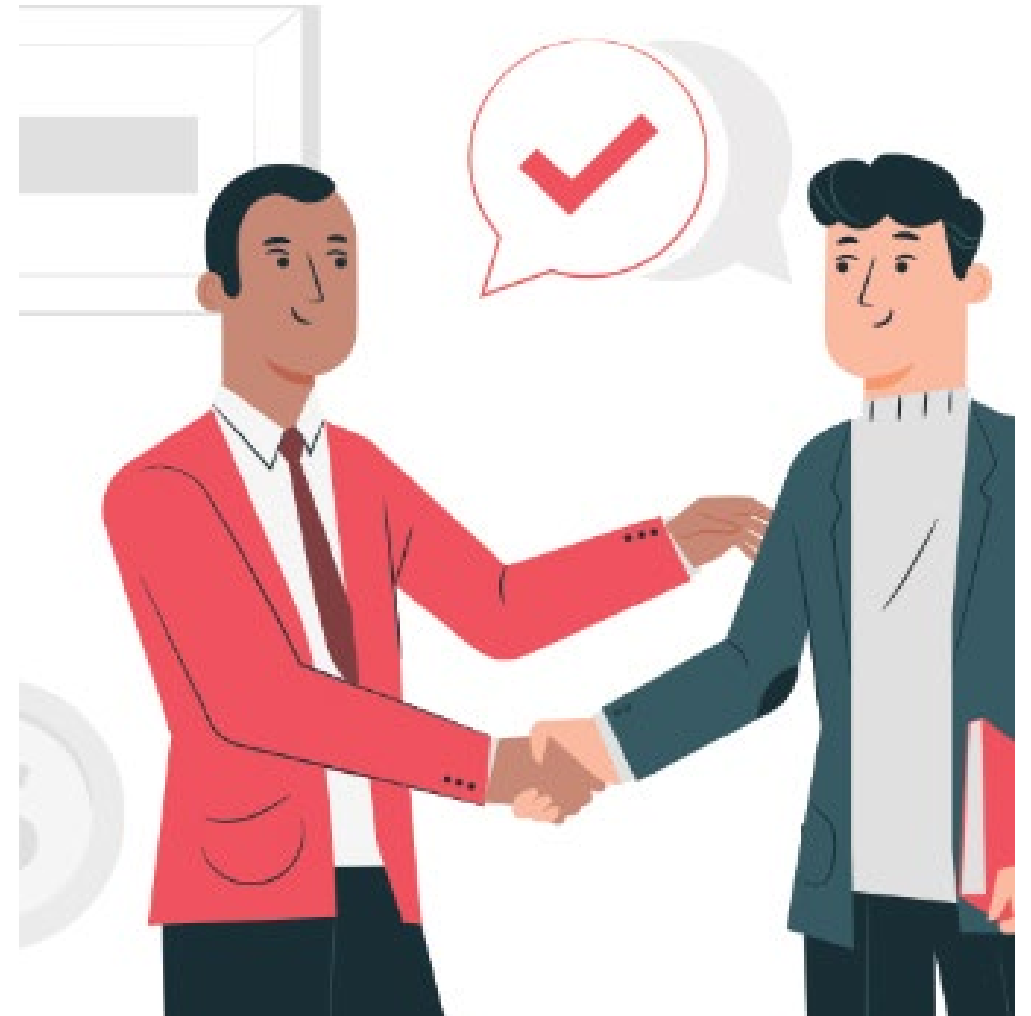
- A provider/facility that undergoes a change of ownership must notify the Division of Medicaid within thirty-five (35) days after any change in ownership.
- A CHOW packet must be received, reviewed, and approved by the Office of Long Term Services & Supports before the provider can complete a Mississippi 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.



Relocations

- Before an ADC provider can relocate to a new address, the Office of Long Term Services & Supports must complete an on-site visit to ensure that the new location meets the requirements 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, the LTSS Office 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 & Fire Safety

- All E&D Waiver ADC facilities are required to be compliant with applicable federal, state and local building requirements as well as all zoning, fire, OSHA, health codes and ordinances. It must also meet the requirements of the Americans with Disabilities Act (ADA).
- There are very specific standards that providers need to become familiar with for ramps, entrances/exits, & restroom accessibility.
- All ADA requirements can be found online at www.ADA.gov
- Safety is a top priority. Providers are responsible for ensuring that all exits meet fire safety standards, including doors that swing outward, are not locked from the inside, and have working alarms to alert staff to potential wanderers.



ADA Compliance & Transportation

- 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 or other mobility devices 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>
- Common transportation violations include lack of mounted fire extinguishers, lack of vehicle inspections & maintenance, missing spill kits, incomplete information packets, and a lack of the required interior postings.





ADA Compliance & Transportation

- In accordance with the laws of the Dept. of Transportation & Administrative Code, drivers must have the appropriate class of license based on the type & size of the vehicle the ADC uses.
- The class R license in Mississippi is your standard driver's license. It's also known as the Regular Operator License, hence the 'R'. The Class R license allows you to operate a private vehicle that can transport no more than 15 passengers and weighs no more than 26,000 pounds.
- Class D can operate any vehicle that does not fall under Class A, Class B, or Class C but is still used for professional purposes.
- Providers must ensure that drivers are removed from service if they have a suspended or revoked license, two moving violations related to transportation, or fail an annual random drug test.



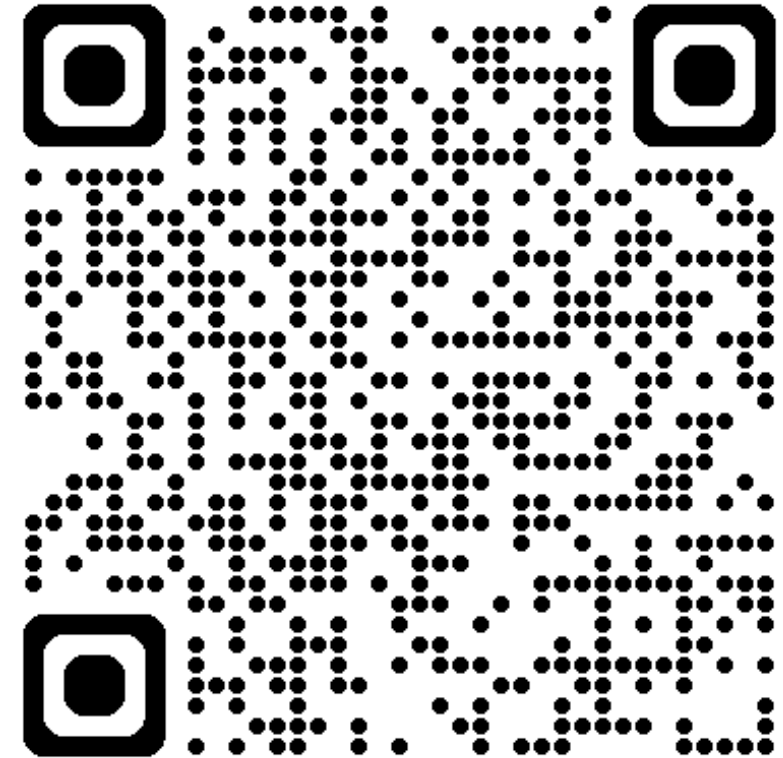
Maintaining Your Facility

- Providers must have documentation of maintenance and janitorial services including repairs, maintenance and pest control.
- Providers must 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.
- Your maintenance plan should address regularly disposing of expired foods, storage of toxic chemicals which include cleaning supplies, replacing burned out light bulbs, and ensuring a proper supply of hygiene products in the bathrooms such as soap, tissue, and paper towels.



Annual Updates

- LTSS is now utilizing SmartSheets to gather Annual Contact Updates from ADC Providers. You can scan the QR code and fill out the form to ensure our office has the most current information for your agency.
- Providers are required to report changes in contact information, administrative staffing, ownership and licensure within ten (10) calendar days to the Division of Medicaid. You may also use the SmartSheet to report such changes.
- LTSS 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.
- LTSS also uses this information to confirm that your facility is still at the address we have on file.



<https://app.smartsheet.com/b/form/739e772328314df5b1d98ff88bf5f9e4>

Marketing, Referrals & the PSS

In order to ensure that waiver providers are in compliance with DOM regulations regarding freedom of choice, solicitation, and protection of PHI, please follow the below guidance for appropriate marketing and referrals of potential waiver beneficiaries.

- 1) Waiver providers should not be completing waiver intake referral forms and sending them to Case Managers. While performing marketing for your agency, if an individual shows interest in Home & Community Based Services, that individual should be provided with contact information for the Mississippi Access to Care Network, or the MAC Centers. The MAC Center in their area can be contacted by phone at 1-844-822-4622 or via the “Send a message to MAC Center” button on their webpage at <https://www.mississippiaccessstocare.org/help-info/contact-us>.
- 2) Once the individual contacts the MAC Center, they will receive information on available services as well as referrals to applicable programs to meet their needs.
- 3) After speaking with the MAC Center, if the individual is interested in applying for a Medicaid waiver, their name will be placed on a waiting list and will be evaluated for physical and financial eligibility when an open slot becomes available.
- 4) Waiver providers must keep in mind that not all individuals interested in services will qualify. Additionally, those who do qualify must be guaranteed the freedom to choose any qualified provider servicing their area.
- 5) Waiver providers are prohibited from any actions which would in any manner, deny or restrict that individual's free choice of a provider of any services for which the individual may be eligible. Providers cannot use any method of inducement, including free transportation, refreshments, cash or gifts, to influence a beneficiary to select a certain provider.

When a referral is received, Providers must compare the frequency on the referral to the frequency on the PSS. If discrepancies are found, the Provider must notify the PDD immediately.

Records Maintenance

ADC facility records should include, at minimum:

1. Documentation of maintenance and janitorial services including repairs, maintenance and pest control,
2. Documentation of quarterly drills for fire and inclement weather,
3. Annual fire safety inspection reports conducted by the fire department,
4. Records of quarterly advisory committee meetings,
5. Written criteria for service provision, including procedures for detailing with emergency service requests,
6. Policy and procedure manuals,
7. Written personnel policies including the process used in the recruitment, selection, training, retention, and termination of employees,
8. Current and historical organizational charts including the names and job titles of owners, operators, managers, administrators, and other supervisory staff,
9. Current and historical employee listing that captures names, staff/tax id numbers, employment hire and termination dates, and
10. Service records of licensed nurses which includes dates in the facility, arrival and departure times, services performed, and signature of administrator or program director.



Resources for Success

Beneficiary Records

Records for beneficiaries receiving Adult Day Care (ADC) should include, at minimum:

- Individualized Service Plan (ISP), with documentation of annual review,
- Approved Plan of Services and Supports (PSS),
- Daily activity or time sheets capturing service notes and the beneficiary/representative's signature verifying the provision of services,
- Current photograph,
- Medical history or medical exam completed within six (6) months of admission,
- Annual nutritional assessment, and
- Daily Progress Notes.

E&D Waiver ADC Participant File Checklist		
Client Name:		Medicaid ID:
Service Frequency:		
Address:		Phone Number:
Representative's Name:		Phone Number:
Documentation Requirements		
*Records should be kept in chronological order with the most recent documents at the front of the file. Documents must be maintained for a minimum of five (5) years.		
Referral form/Authorization		
Approved Plan of Services and Supports (PSS)		
Daily activity or time sheets capturing tasks completed and the participant/representative's signature verifying the provision of services.		
Service notes indicating the causes of any significant variation in the case management recommended/agreed upon schedule of service provision		
Annually	Date Added	Compliance Officer Initial
Updated ISP		
Current Photograph		
Nutritional Assessment		
Medical History/Exam		
Other records of contact as noted below:		

Staff Records

All staff records should include, at a minimum, the following required credentialing and qualification documents:

- Copy of valid, state issued ID,
- Job description,
- Application and date of hire,
- High school diploma, General Educational Development (GED) certificate, other educational degrees, or proof of ability to read and write accurately,
- Any licensure and/or certifications as required by the Division of Medicaid for job description,
- Results of fingerprint-based National Criminal Background check(s),
- Results of monthly Nurse Aide Abuse Registry checks,
- Results of monthly Office of Inspector General (OIG) checks,
- Annual attestation of health,
- Signed confidentiality agreement that includes social media waiver, and
- Proof of training/evaluations, required professional certifications, and credentials including CPR and First Aid.

Employee File Checklist		
Position Held:		
Employee Name:		
Employee ID:		
Hire Date:		
Items listed below must be maintained in Employee File and made available for State and/or Federal audits.		
Upon Hire	Date added	Compliance Officer Initial
Copy of valid, state issued ID (<i>drivers are required to have driver's license</i>)		
Application and date of hire		
Job descriptions		
High school diploma, GED diploma, other educational degrees, or proof of ability to read and write accurately		
Any licensure and/or certifications as required by the Division of Medicaid for job description		
Fingerprint-based National Criminal Background Check(s)		
Nurse Aide Abuse Registry Checks		
Office of Inspector General (OIG) Checks		
Health Attestation		
Signed confidentiality agreement that includes social media waiver		
Training and evaluation records		
Required professional certifications and credentials including CPR and First Aid		
Annually	Date added	Compliance Officer Initial
Health Attestation		
Training Records		
National Fingerprint based background check (bi-annually)		
State issued photo ID remains valid		
Monthly	Date added	Compliance Officer Initial
Office of Inspector General Check		
Nurse Aide Abuse Registry Check		

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 <i>*including cultural or religious observations, mobility assistance, etc.</i>	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

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?	
<i>Facility Tour</i>	<i>YES/NO</i>	<i>Comments</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
- In addition to the annual fire safety surveys, providers must also perform quarterly drills for fire and inclement weather. Documentation of these drills must be maintained and available for audit.

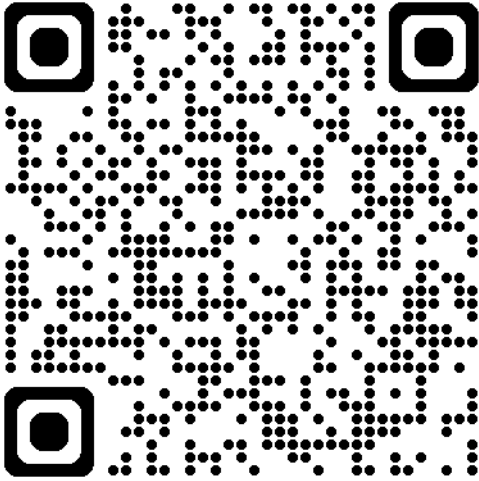
Uniform Fire Safety Survey for Adult Day Care Facilities

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 ___

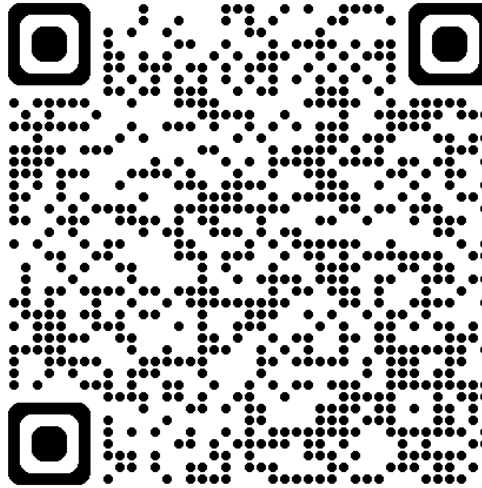
Helpful Links

HCBS Providers Site



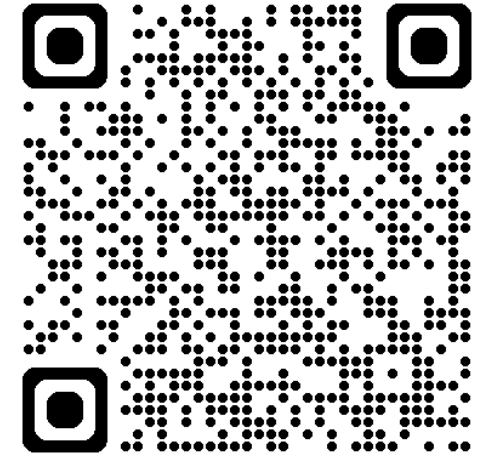
<https://medicaid.ms.gov/hcbs-waiver-providers/>

PCPI at USM



<https://www.usm.edu/social-work-institutes-centers/mississippi-person-centered-practices-institute.php>

Dept. of Labor



https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/homecare_guide.pdf

Contact Information

Mississippi Division of Medicaid, Office of Long Term Services & Supports

Phone: (601) 359-6141

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

Email Address: HCBSProviders@medicaid.ms.gov

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

Staying Informed

- Policy Updates: Get notified when new policies are announced, email a contact name, place of business and a contact number (optional) to Policy@Medicaid.MS.Gov
- Late Breaking News: To sign up to receive email alerts every time DOM posts a Late Breaking News update, just email a contact name, place of business and a contact number (optional) to LateBreakingNews@medicaid.ms.gov
- If you have questions about background checks please contact MS Dept of Health Julie.Henderson@msdh.ms.gov
- If you have questions about your responsibilities as an employer, please contact the U.S. Dept of Labor Williams.Nichole@DOL.Gov

Q&A