

E&D WAVIER
PCS-IHR PARTICIPANT FILE CHECKLIST

Providers of Elderly and Disabled (E&D) Waiver services must satisfy all requirements set forth in Title 23 Miss. Admin. Code Part 200, Chapter 4 in addition to the provider-type specific requirements and provide to the Division of Medicaid. Records must be maintained for a minimum of five (5) years.

Participant Information					
Name:		Medicaid ID:			
Birthday:		Service Frequency:	PCS		IHR
Address:		Phone Number:			

Representative Information			
Name:		Phone Number:	
Relationship to Participant:		Email Address:	

Checklist		
Required Documentation	General Reminders	Compliance Officer's Initials
Most Recent & All Previous Plan of Services and Supports (PSS)	Each PSS must be reviewed to make sure the information on the PSS matches the service referral.	
Most Recent & All Previous Referral Forms from Case Managers	When a referral is received whether it be for an initial enrollment or recertification, compare the frequency on that referral to the frequency on the PSS and confirm that the provider number listed is correct. Also, please ensure your agency is fully staffed with qualified individuals before accepting any referral. Notify the Case Manager of any discrepancies on the PSS or issues that may impact the participant.	
Supervisory Visit Forms	Forms must be completed by the Supervisor performing the alternating supervisory visits on a bi-weekly basis. Visits performed must be supervised (with DCW present) and unsupervised (without the DCW present).	
Time Sheets/Activity Sheets	If EVV data is not possible, time sheets/activity sheets may be utilized to capture completed tasks by the DCW. These documents must be signed by the participant, DCW, and Supervisor to verify services rendered.	
Incident Reports	Providers who need to report Critical Incidences (CI) should first make a report to Adult Protective Services and include that report number on the Reportable Incidents Form when sending to DOM & the PDD case manager. Providers must report CI within 24 hours of the occurrence or knowledge to DOM and other applicable agencies as required by law.	

Compliance Officer's Signature: _____ Date: _____