

Title 23: Division of Medicaid

Part 208: Home and Community-Based Services (HCBS) Long-Term Care

Chapter 5: Home and Community-Based Services (HCBS) Intellectual Disabilities/Developmental Disabilities Waiver

Rule 5.5: Covered Services

- A. Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver services must only be provided to persons when approved by the Department of Mental Health (DMH) and authorized by the ID/DD Waiver support coordinator as part of the approved Plan of Services and Supports (PSS).
- B. All providers must follow DMH Operational Standards regarding criminal background checks, valid driver's license and current vehicle insurance.
- C. The ID/DD Waiver services include the following:
 - 1. Support Coordination is defined by the Division of Medicaid as the monitoring and coordinating of all person services, regardless of funding source, to ensure the person's health and welfare needs are met.
 - a) Support Coordination activities must include:
 - 1) Developing, reviewing, revising and ongoing monitoring and assessing of each person's PSS which must include,
 - (a) Information on the person's health and welfare, including any changes in health status,
 - (b) Information about the person's satisfaction with current service(s) and provider(s) (ID/DD Waiver and others),
 - (c) Information addressing the need for any new ID/DD Waiver or other services based upon expressed needs or concerns and/or changing circumstances and actions taken to address the need(s),
 - (d) Information addressing whether the amount/frequency of service(s) listed on the PSS remains appropriate,
 - (e) A review of individual plans developed by agencies which provide ID/DD Waiver services to the person, and
 - (f) Ensuring all services a person receives, regardless of funding source, are coordinated to maximize the benefit for the person.

- 2) Informing each person about all services offered by certified providers on the person's PSS.
 - 3) Submitting all required information for review, approval, or denial to DMH.
 - 4) Notifying each person and/or guardian or legal representative of:
 - (a) Approval or denial of initial enrollment,
 - (b) Approval or denial of requests for recertification,
 - (c) Approval or denial of requests for readmission,
 - (d) Changes in service amounts or types,
 - (e) Discharge from the ID/DD Waiver, and
 - (f) Procedures for appealing the denial, reduction or termination of ID/DD Waiver services as well as providing a written copy of the appeals process.
 - 5) Sending service authorizations to providers upon receipt of approval from DMH.
- b) Support coordinators must:
- 1) Monitor implementation of the PSS, the person's health and welfare, and effectiveness of the back-up plan at least monthly,
 - 2) Speak with the person and/or guardian, or legal representative:
 - (a) Face-to-face at least every three (3) months which must include rotation of service settings and communicating with staff, and
 - (b) At least one (1) time per month in the months when a face-to-face visit is not required,
 - 3) Determine if necessary services and supports in the PSS have been provided,
 - 4) Review implementation of strategies, guidelines, and action plans to ensure specified need, preferences, and desired outcomes are being met,
 - 5) Review the person's progress and accomplishments,
 - 6) Review the person's satisfaction with services and providers,
 - 7) Identify any changes to the person's needs, preferences, desired outcomes, or health status,

- 8) Identify the need to change the amount or type of services and supports or to access new ID/DD Waiver or non-waiver services,
 - 9) Identify the need to update the PSS,
 - 10) Maintain detailed documentation of all contacts made with the person and/or guardian or legal representative in the ID/DD Waiver support coordination service notes,
 - 11) Inquire and document about each person's health care needs and changes during monthly and quarterly contacts,
 - 12) Perform all necessary functions for the person's annual recertification of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care (LOC),
 - 13) Educate families on the person's rights and the procedures for reporting instances of abuse, neglect, and exploitation, and
 - 14) Complete the Risk Assessment Tool for the PSS for inclusion in the PSS and to be included in each provider's plan for the person.
2. In-Home Nursing Respite is defined by the Division of Medicaid as services provided in the person's family's home to provide temporary, periodic relief to the primary caregivers of eligible persons who are unable to care for themselves.
- a) In-Home Nursing Respite services:
- 1) Must be provided by a registered nurse or licensed practical nurse in accordance with the Mississippi Nurse Practice Act and other applicable laws and regulations and employed by a DMH certified ID/DD Waiver provider,
 - 2) Must be billed separately for services provided to more than one (1) person in the same residence that are related as defined by the Division of Medicaid as siblings or parents/siblings,
 - 3) Must be ordered by a physician, nurse practitioner or a physician assistant and include:
 - (a) Medications, treatments and other procedures the person needs in the absence of the primary caregiver, and
 - (b) Time-frames for medication administration, treatments and other procedures.
 - 4) Are provided when the primary caregiver is absent or incapacitated due to

hospitalization, illness, injury, or death,

- 5) Are provided on a short-term basis,
 - 6) Allows the person to be accompanied on short outings,
 - 7) May be provided on the same day as the following ID/DD Waiver services, but not during the same time period:
 - (a) Day Services-Adults,
 - (b) Prevocational services,
 - (c) Supported Employment,
 - (d) Home and Community Supports,
 - (e) Therapy services, and
 - (f) Behavior Support services.
- b) In-Home Nursing Respite services are not allowed:
- 1) To be performed in the home of the respite worker,
 - 2) To comingle with personal errands of the respite worker, or
 - 3) To be provided at the same time on the same day as private duty nursing through EPSDT.
- c) In-Home Nursing Respite services are not covered for persons:
- 1) Living alone, in group homes or staffed residences,
 - 2) In a hospital, nursing facility, ICF/IID, or other type of rehabilitation facility that is billing Medicaid, Medicare, and/or private insurance, or
 - 3) Receiving:
 - (a) Supported Living ,
 - (b) Supervised Living,
 - (c) Host Home services, or
 - (d) Shared Supported Living.

- d) Persons enrolled in the ID/DD Waiver who elect to receive In-Home Nursing Respite services must allow providers to utilize the Mississippi Medicaid Electronic Visit Verification (EVV) MediKey system.
3. Community Respite is defined by the Division of Medicaid as services provided generally in the afternoon, early evening, and on weekends in a DMH certified community setting to give periodic support and relief to the person's primary caregiver and promote the health and socialization of the person through scheduled activities.
- a) Community Respite service providers must:
 - 1) Provide the person with assistance in toileting and other hygiene needs,
 - 2) Offer persons a choice of snacks and drinks, and
 - 3) Have meals available if services are provided during normal meal time.
 - b) Community Respite services are not provided:
 - 1) To persons overnight,
 - 2) To persons receiving:
 - (a) Supervised Living services,
 - (b) Host Home services, or
 - (c) Supported Living services.
 - 3) In place of regularly scheduled day activities including, but not limited to:
 - (a) Supported Employment,
 - (b) Day Services-Adult,
 - (c) Prevocational services, or
 - (d) Services provided through a school system.
 - c) Community Respite service settings must be physically accessible to the person and must:
 - 1) Be integrated in and support full access of persons receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal

resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

- 2) Be selected by the person from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the person's needs, preferences, and, for residential settings, resources available for room and board.
 - 3) Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - 4) Optimize, but not regiment, a person's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
 - 5) Facilitate individual choice regarding services and supports, and who provides them.
- d) Community Respite settings do not include the following:
- 1) A nursing facility,
 - 2) An institution for mental diseases,
 - 3) An intermediate care facility for individuals with intellectual disabilities (ICF/IID),
 - 4) A hospital, or
 - 5) Any other locations that have qualities of an institutional setting, as determined by the Division of Medicaid, including but not limited to, any setting:
 - (a) Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
 - (b) Located in a building on the grounds of or immediately adjacent to a public institution, or
 - (c) Any other setting that has the effect of isolating persons receiving Medicaid Home and Community-Based Services (HCBS).
4. Supervised Living services are defined by the Division of Medicaid as services designed to assist the participant with acquisition, retention, or improvement in skills related to living in the community. Services include adaptive skill development, assistance with activities of daily living, community inclusion, transportation and leisure skill

development. Supervised living, learning and instruction include elements of support, supervision and engaging participation to reflect that of daily living in settings owned or leased by a provider agency or by participants.

a) Supervised Living providers must:

- 1) Have staff available on site twenty-four (24) hours per day, seven (7) days per week who are able to respond immediately to requests or needs of assistance and must not sleep during billable hours.
- 2) Provide an appropriate level of services and supports twenty-four (24) hours a day during the hours the person is not receiving day services or is not at work.
- 3) Oversee the person's health care needs by assisting with:
 - (a) Scheduling medical appointments,
 - (b) Transporting and accompanying the person to appointments, and
 - (c) Communicating with medical professionals if the person gives permission to do so.
- 4) Provide furnishings used in the following areas if items have not been obtained from other sources including, but not limited to:
 - (a) Den,
 - (b) Dining,
 - (c) Bathrooms, and
 - (d) Bedrooms such as:
 - (1) Bed frame,
 - (2) Mattress and box springs,
 - (3) Chest,
 - (4) Night stand, and
 - (5) Lamp.
- 5) Provide the following supplies:
 - (a) Kitchen supplies including, but not limited to:

- (1) Refrigerator,
 - (2) Cooking appliance, or
 - (3) Eating and food preparation utensils,
- (b) Two (2) sets of linens:
- (1) Bath towel,
 - (2) Hand towel, and
 - (3) Wash cloth,
- (c) Cleaning supplies.
- 6) Train staff regarding the person's PSS prior to beginning work with the person.
- 7) Provide nursing services as a component in accordance with the Mississippi Nurse Practice Act.
- b) Supervised Living providers cannot:
- 1) Receive or disburse funds on the part of the person unless authorized by the Social Security Administration,
 - 2) Bill for the cost of room and board, building maintenance, upkeep, or improvement, or
 - 3) Bill for services provided by a family member of any degree.
- c) Supervised Living is available to persons who are at least eighteen (18) years of age.
- d) Supervised Living services cannot be provided to persons receiving:
- 1) Home and Community Supports,
 - 2) Supported Living,
 - 3) In-Home Nursing Respite,
 - 4) Community Respite, or
 - 5) Host Home services.

- e) The cost to transport persons to work or day programs, social events or community activities when public transportation is not available is included in the payments made to the Supervised Living providers. Supervised Living providers may transport persons in their own vehicles as an incidental component of this service and must have a valid driver's license, current automobile insurance and registration.
- f) Nursing services are also a component of Supervised Living services and must be provided in accordance with the Mississippi Nurse Practice Act.
- g) Supervised Living settings must be physically accessible to the person and must:
 - 1) Be integrated in and support full access of persons receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
 - 2) Be selected by the person from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the person's needs, preferences, and, for residential settings, resources available for room and board.
 - 3) Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - 4) Optimize, but not regiment, a person's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
 - 5) Facilitate individual choice regarding services and supports, and who provides them.
- h) Supervised Living services may be provided in settings owned or leased by a provider agency or settings owned or leased by persons.
 - 1) The setting can be owned, rented, or occupied under a legally enforceable agreement by the person receiving services which the person has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.
 - 2) If the landlord tenant laws do not apply to the setting, the DMH must ensure:
 - (a) A lease, residency agreement or other form of written agreement is in place for each person, and

- (b) The agreement provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
- 3) Each person must have privacy in their sleeping or living unit which includes:
 - (a) Entrance doors lockable by the person with only appropriate staff having keys to doors,
 - (b) A choice of roommates if individuals are sharing units, and
 - (c) The freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- 4) Persons must have the freedom and support to control their own schedules and activities, and have access to food at any time.
- 5) Persons are able to have visitors of their choosing at any time.
- 6) The setting is physically accessible to the person.
- i) Supervised Living settings do not include the following:
 - 1) A nursing facility,
 - 2) An institution for mental diseases,
 - 3) An intermediate care facility for individuals with intellectual disabilities (ICF/IDD),
 - 4) A hospital or
 - 5) Any other locations that have qualities of an institutional setting, as determined by the Division of Medicaid. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating persons receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.
- j) Individuals must have control over their personal resources. Providers cannot restrict access to personal resources. Providers must offer informed choice of the consequences/risks of unrestricted access to personal resources. There must be documentation in each person's record regarding all income received and expenses incurred.

- 1) Each person must have access to food at any time, unless prohibited by his/her individual plan.
 - 2) Each person must have choices of the food they eat.
 - 3) Each person must have choices about when and with whom they eat.
- k) Supervised Living sites must duplicate a “home-like” environment.
5. Day Services-Adult is defined by the Division of Medicaid as services designed to assist the participant with acquisition, retention, or improvement in self-help, socialization, and adaptive skills. Services focus on enabling the participant to attain or maintain his/her maximum functional level and are coordinated with physical, occupational, and/or speech-language therapies included on the PSS. Activities include environments designed to foster the acquisition and maintenance of skills, build positive social behavior and interpersonal competence which foster the acquisition of skills, greater independence and personal choice.
- a) Day Services-Adult must:
- 1) Take place in a non-residential setting, separate from the home or facility in which the person resides,
 - 2) Be physically accessible to the person and must:
 - (a) Be integrated in and support full access of persons receiving Medicaid HCBS to the greater community, to the same degree of access as individuals not receiving Medicaid HCBS.
 - (b) Be selected by the person from among setting options including non-disability specific settings. The setting options are identified and documented in the person-centered service plan and are based on the person's needs, preferences,
 - (c) Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - (d) Optimize, but not regiment, a person's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact
 - (e) Facilitate individual choice regarding services and supports, and who provides them.
 - (f) Allow persons to have visitors of their choosing at any time they are receiving Day Services-Adult services.

- 3) Have a community integration component that meets each person's need for community integration and participation in activities which may be:
 - (a) Provided at a DMH certified day program site or in the community, or
 - (b) Offered individually or in groups of up to three (3) people when provided in the community.
- b) Day Services-Adult settings do not include the following:
 - 1) A nursing facility,
 - 2) An institution for mental diseases,
 - 3) An intermediate care facility for individuals with intellectual disabilities (ICF/IID),
 - 4) A hospital or,
 - 5) Any other locations that have qualities of an institutional setting, as determined by the Division of Medicaid, including but not limited to, any setting:
 - (a) Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
 - (b) Located in a building on the grounds of or immediately adjacent to a public institution, or
 - (c) Any other setting that has the effect of isolating persons receiving Medicaid Home and Community-Based Services (HCBS).
- c) Day Services-Adult providers must:
 - 1) Not exceed one hundred thirty-eight (138) service hours in a month with twenty-three (23) working days or one hundred thirty-two (132) service hours in a month with twenty-two (22) working days.
 - 2) Provide assistance with personal toileting and hygiene needs during the day as well as a private changing/dressing area.
 - 3) Provide each person assistance with eating/drinking as needed and as indicated in each person's PSS.
 - 4) Provide choices of food and drinks to persons at any time during the day which includes, at a minimum:

- (a) A mid-morning snack,
 - (b) A noon meal, and
 - (c) An afternoon snack.
- 5) Provide transportation as a component part of Day Services-Adult.
- (a) The cost for transportation is included in the rate paid to the provider.
 - (b) Time spent in transportation to and from the program cannot be included in the total number of service hours provided per day.
 - (c) Transportation for community outings can be counted in the total number of service hours provided per day.
- d) Day Services-Adult persons:
- 1) Must be at least eighteen (18) years old.
 - 2) Can receive services that include supports designed to maintain skills and prevent or slow regression for persons with degenerative conditions and/or those who are retired.
 - 3) Can also receive Supported Employment, Prevocational services, and Job Discovery, but not during the same time on the same day.
 - 4) Can also receive Crisis Intervention services on same day at the same time.
6. Prevocational services are defined by the Division of Medicaid as services intended to develop and teach a participant general skills that contribute to paid employment in an integrated community setting. These services cannot otherwise be available under a program funded under the Rehabilitation Act of 1973, 29 U.S.C. § 110 or IDEA, 20 U.S.C. § 1400-01.
- a) Prevocational services must:
- 1) Be physically accessible to the person and must:
 - (a) Be integrated in and support full access of persons receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
 - (b) Be selected by the person from among setting options including non-disability

specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the person's needs and preferences.

- (c) Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - (d) Optimize, but not regiment, a person's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
 - (e) Facilitate individual choice regarding services and supports, and who provides them.
- 2) Be reflected in the person's PSS and be related to habilitative rather than explicit employment objectives.
 - 3) Not exceed one hundred thirty-eight (138) hours per month in a month which has twenty-three (23) working days or one hundred thirty-two (132) hours per month in a month which has twenty-two (22) working days.
 - 4) Provide choices of food and drinks to persons who do not bring their own at any time during the day which includes, at a minimum:
 - (a) A mid-morning snack,
 - (b) A noon meal, and
 - (c) An afternoon snack.
 - 5) Include personal care/assistance but cannot comprise the entirety of the service; however, participants cannot be denied Prevocational services because they require the staff's assistance with toileting and/or personal hygiene.
 - 6) Include a review with staff and the ID/DD Waiver support coordinator for the necessity and appropriateness of the services, when a person earns more than fifty percent (50%) of the minimum wage.
 - 7) Be furnished in a variety of locations in the community and are not limited to fixed program locations.
- b) Prevocational service providers must:
- 1) Provide transportation as a component part of Prevocational services.
 - (a) The cost for transportation is included in the rate paid to the provider.

- (b) Time spent in transportation to and from the program cannot be included in the total number of service hours provided per day.
 - (c) Transportation to and from the program for the purpose of training may be included in the number of hours of services provided per day for the period of time specified in the PSS.
- 2) Conduct an orientation annually informing persons about Supported Employment and other competitive employment opportunities in the community.
- 3) Offer community job exploration to persons monthly.
- 4) Bill only for actual amount of services provided:
 - (a) Bill for a maximum of one hundred thirty-eight (138) hours per month for a person who attends twenty-three (23) working days in a month, or
 - (b) Bill for a maximum of one hundred thirty-two (132) hours per month for a person who attends twenty-two (22) working days in a month.
- c) Prevocational service persons:
 - 1) Must be at least eighteen (18) years of age or older to participate.
 - 2) May be compensated in accordance with applicable Federal Laws.
 - 3) May pursue employment opportunities at any time to enter the general work force.
 - 4) May also receive the following ID/DD Waiver services but not during the same time on the same day:
 - (a) Day Services-Adult,
 - (b) Job Discovery, and
 - (c) Supported Employment.
- d) Prevocational service settings do not include the following:
 - 1) A nursing facility,
 - 2) An institution for mental diseases,
 - 3) An intermediate care facility for individuals with intellectual disabilities

(ICF/IID),

- 4) A hospital, or
 - 5) Any other locations that have qualities of an institutional setting, as determined by the Division of Medicaid, including but not limited to, any setting:
 - (a) Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
 - (b) Located in a building on the grounds of or immediately adjacent to a public institution, or
 - (c) Any other setting that has the effect of isolating persons receiving Medicaid Home and Community-Based Services (HCBS).
 - e) The amount of staff supervision someone receives is based upon tiered levels of support determined by a person's score on the Inventory for Client and Agency Planning (ICAP).
7. Supported Employment services are defined by the Division of Medicaid as ongoing support enabling persons to obtain and maintain competitive employment. These services cannot otherwise be available under the Rehabilitation Act of 1973, 29 U.S.C. § 110 or IDEA, 20 U.S.C. § 1400-01.
- a) Supported Employment services include:
 - 1) Activities needed to sustain paid work by persons including:
 - (a) Job analysis,
 - (b) Job development and placement,
 - (c) Job training,
 - (d) Negotiation with prospective employers, and
 - (e) On-going job support and monitoring.
 - 2) Services and supports to assist the person in achieving self-employment, but does not pay for expenses associated with starting up or operating a business, including the following:
 - (a) Aiding the person in identifying potential business opportunities,
 - (b) Assisting in the development of a business plan, including potential sources of

financing and other assistance in developing and launching a business,

(c) Identifying supports necessary for the person to successfully operate the business, and

(d) On-going assistance, counseling and guidance once the business has launched.

3) Services provided at work sites where persons without disabilities are employed. Payment is made only for the adaptations, supervision, and training required by persons receiving ID/DD Waiver services.

4) Personal care/assistance as a component of Supported Employment, but it must not comprise the entirety of the service.

5) The ability for persons to receive other services in addition to Supported Employment if included in the approved PSS which include educational, Prevocational, Day Services-Adult, In-home Nursing Respite, Community Respite, ICF/IID Respite, Crisis Support, Home and Community Supports, Behavior Support/Intervention services, and/or physical therapy, occupational therapy or speech therapy. Persons can receive multiple services on the same day but not during the same time period except for Behavior Support or Crisis Intervention services which can be provided simultaneously with Supported Employment.

6) Providing transportation between the person's residence and/or other habilitation sites and the employment site as a component part.

(a) The cost of transportation is included in the rate paid to the provider and covers transportation between the person's residence and job site and between habilitation sites.

(b) Providers cannot bill separately for transportation services and cannot charge persons for these services.

b) Supported Employment services do not include:

1) Sheltered workshops or other similar types of vocational services furnished in specialized facilities,

2) Volunteer work,

3) Payment for the supervisory activities rendered as a normal part of the business setting, or

4) Facility based or other types of services furnished in a specialized facility that are not part of the general workforce.

- c) Supported Employment providers must:
 - 1) Notify the person's ID/DD Waiver support coordinator of any changes affecting the person's income, and
 - 2) Collaborate with the person's support coordinator to maintain eligibility under the ID/DD Waiver and health and income benefits through the Social Security Administration.
 - d) Employment must be in an integrated work setting in the general workforce where a person is compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by people without disabilities.
 - e) A person cannot receive Supported Employment services during the Job Discovery process.
8. Home and Community Supports (HCS) are defined by the Division of Medicaid as a range of services provided to persons that live in the family home and need assistance with activities of daily living, instrumental activities of daily living, and inclusion in the community and may be shared by up to three (3) persons who have a common direct service provider agency. Services ensure the person can function adequately both in the home and in the community. Services must also provide safe access to the community. HCS must be provided in a person's private residence and/or community settings.
- a) HCS services include:
 - 1) Accompanying and assisting the person in accessing community resources and participating in community activities.
 - 2) Supervision and monitoring of the person in the home, during transportation, and in the community.
 - 3) Assistance with housekeeping directly related to the person's disability and is necessary for the health and well-being of the person. This cannot comprise the entirety of the service.
 - 4) Assistance with money management, but not receiving or disbursing funds on behalf of the person.
 - 5) Grocery shopping, meal preparation and assistance with feeding, not to include the cost of the groceries.
 - 6) Transportation as an incidental component, which is included in the rate paid to the provider. Providers must possess a valid driver's license and current

insurance, and must follow DMH Operational Standards regarding criminal background checks.

b) HCS services cannot:

- 1) Be provided in a school setting or in lieu of school services or other available day services.
- 2) Be provided by someone who:
 - (a) Lives in the same home as the person,
 - (b) Is the parent/step-parent of the person,
 - (c) Is a spouse,
 - (d) Legal guardian/representative, or
 - (e) Anyone else who is normally expected to provide care for the person.
- 3) Exceed one hundred seventy-two (172) hours per month when provided by a DMH approved family member.
- 4) Be provided to persons:
 - (a) Living in a residential setting, or any other type of staffed residence,
 - (b) In a hospital, nursing facility, ICF/IID, or other type of rehabilitation facility if the facility is billing Medicaid, Medicare, and/or private insurance, or
 - (c) Receiving the following ID/DD Waiver services:
 - (1) Supported Living,
 - (2) Supervised Living, or
 - (3) Host Home services.
- c) HCS providers seeking approval for family members excluding those listed in Miss. Admin. Code Part 208, Rule 5.5.B.8. to provide HCS services must obtain prior approval from DMH.
- d) Persons enrolled in the ID/DD Waiver who elect to receive HCS services must allow providers to utilize the Mississippi Medicaid Electronic Visit Verification (EVV) MediKey system.

9. Behavior Support services are defined by the Division of Medicaid as services providing systematic behavior assessment, Behavior Support Plan development, consultation, restructuring of the environment and training for persons whose maladaptive behaviors are significantly disrupting their progress in habilitation, self-direction or community integration and/or are at risk for being placed in a more restrictive setting. This service also includes consultation and training provided to families and staff living with the person. The desired outcome of the service is long term behavior change. Behavior Support services cannot replace educationally related services available under IDEA, 20 U.S.C. § 1401 or covered under an individualized family service plan (IFSP) through First Steps. Early and Periodic Screening Diagnosis and Treatment (EPSDT) services must be exhausted before ID/DD Waiver services can be provided.

a) Behavior Support service providers:

1) Must provide services in the following settings:

(a) Home,

(b) Habilitation setting, or

(c) Provider's office.

2) Cannot provide services in a public school setting. The provider may observe the person in the school setting to gather information, but may not function as an assistant in the classroom by providing direct services.

b) Behavior Support services include the following:

1) Assessing the person's environment and identifying antecedents of particular behaviors, consequences of those behaviors, maintenance factors for those behaviors, and how those particular behaviors impact the person's environment and life.

2) Developing a behavior support plan, implementing the plan, collecting the data measuring outcomes to assess the effectiveness of the plan, and training staff and/or family members to maintain and/or continue implementing the plan.

3) Providing therapy services to the persons to assist him/her in becoming more effective in controlling his/her own behavior, either through counseling or by implementing the behavior support plan.

4) Communicating with medical and ancillary therapy providers to promote coherent and coordinated services addressing behavioral issues in order to limit the need for psychotherapeutic medications.

10. Therapy Services are defined by the Division of Medicaid as physical therapy,

occupational therapy, and speech-language pathology services used for the purpose of maintaining a person's skill, range of motion, and function rather than for rehabilitative reasons.

a) Therapy services:

- 1) Are provided through the ID/DD Waiver after the termination of State Plan therapy services,
- 2) Must be on the person's approved PSS,
- 3) Are only available under the ID/DD Waiver when not available through the IDEA, 20 U.S.C. § 1401 or through EPSDT/Expanded EPSDT.

b) Therapy services are limited to a:

- 1) Maximum of three (3) hours per week for speech-language pathology,
- 2) Maximum of three (3) hours per week for physical therapy, and
- 3) Maximum of two (2) hours per week for occupational therapy.

11. Specialized Medical Supplies are defined by the Division of Medicaid as those supplies in excess of those covered in the Medicaid State Plan. These supplies which must be included on the person's PSS include:

- a) Specified types of catheters,
- b) Diapers, and
- c) Blue pads.

12. Supported Living is defined by the Division of Medicaid as services to assist participants with ADLs and IADLs who reside in their own residences (leased or owned) for the purpose of facilitating independent living in their home or community.

a) Supported Living provides assistance with the following:

- 1) Grooming,
- 2) Eating,
- 3) Bathing,
- 4) Dressing,

- 5) Personal care needs,
- 6) Planning and preparing meals,
- 7) Cleaning,
- 8) Transportation or assistance with securing transportation,
- 9) Assistance with ambulation and mobility,
- 10) Supervision of person's safety and security,
- 11) Assistance with banking, budgeting, and shopping,
- 12) Facilitation of person's inclusion in community activities, and.
- 13) Use of natural supports.

b) Supported Living providers must:

- 1) Be on call twenty-four (24) hours a day seven (7) days a week to respond to emergencies via phone or to return to the program site depending on the type of emergency.
- 2) Provide transportation when necessary and have documentation of:
 - (a) A valid driver's license,
 - (b) Vehicle registration,
 - (c) Current insurance, and
 - (d) Must follow DMH Operational Standards regarding criminal background checks.
- 3) Not sleep during billable hours, and
- 4) Develop methods, procedures, and activities to provide meaningful days and independent living choices about activities/services/staff for people served in the community.

c) Supported Living participants:

- 1) May share Supported Living services with up to three (3) persons who may or may not live together and who have a common direct service provider agency.

- 2) May share Supported Living staff when:
 - (a) Agreed upon by the person, and
 - (b) Health and welfare can be assured for each person.
 - 3) Must be at least eighteen (18) years of age to receive Supported Living services.
 - 4) Cannot receive Supported Living services if they are currently:
 - (a) An inpatient of a:
 - (1) Hospital,
 - (2) Nursing Facility,
 - (3) ICF/IID, or
 - (4) Any type of rehabilitation facility.
 - (b) Receiving the following ID/DD Waiver services:
 - (1) Supervised Living,
 - (2) Host Home services,
 - (3) In-Home Nursing Respite,
 - (4) Home and Community Supports, or
 - (5) Community Respite.
13. Crisis Intervention is defined by the Division of Medicaid as immediate therapeutic intervention services available twenty-four (24) hours a day that are designed to stabilize the participant in crisis, prevent further deterioration of the participant, restore the participant to the level of functioning before the crisis, and provide immediate treatment in the least restrictive setting, including, but not limited to a participant's home, alternate community living setting, and/or a participant's day setting.
- a) Crisis Intervention services, regardless of setting, must be delivered in a way to maintain the person's normal routine to the maximum extent possible and may be billed at the same time on the same day as:
 - 1) Day Services-Adult,
 - 2) Prevocational services, or

- 3) Supported Employment.
 - b) Crisis intervention must include consultations with family members, providers and other caregivers to design and implement individualized Crisis Intervention plans and provide additional services as needed to stabilize the situation.
 - c) Crisis intervention is authorized up to twenty-four (24) hours per day in seven (7) day segments with the goal to phase out the support as the person becomes able to function appropriately in his/her daily routines/environments and is able to return to his/her home or to Supervised Living or Supported Living.
14. Crisis Support is defined by the Division of Medicaid as time-limited services provided in a Division of Medicaid licensed and certified facility when a person's behavior, or family/primary caregiver's situation regarding behavior, warrants a need for immediate specialized services that exceed the capacity of Crisis Intervention or Behavior Support services.
 - a) Crisis Support services:
 - 1) Provide the person with behavioral and emotional support necessary to allow the person to return to his/her living arrangement.
 - 2) Cannot exceed the maximum of thirty (30) days per stay, unless prior authorization is obtained from DMH.
 - b) A person has to receive prior approval from DMH before admission to an ICF/IID program for crisis support.
15. Host Home services is defined by the Division of Medicaid as services in private homes where a person lives with and family and receives personal care and supportive services through a family living arrangement in which the principal caregiver in the Host Home assumes the direct responsibility for the person's physical, social, and emotional well-being and growth in a family environment. Host Home agencies must take into account compatibility with the Host Home family member(s) including age, support needs and privacy needs. The person receiving Host Home services must have his/her own bedroom.
 - a) Host Home services are limited to one (1) person per Host Home and include assistance with:
 - 1) Personal care,
 - 2) Leisure activities,
 - 3) Social development,

- 4) Family inclusion, and
 - 5) Access to medical services.
- b) Host Home agencies must:
- 1) Ensure availability, quality, and continuity of Host Home services,
 - 2) Recruit, train, and oversee the Host Home family,
 - 3) Be available twenty-four (24) hours a day to provide back-up staffing for scheduled and unscheduled absences of the Host Home family, which includes back-up staffing for scheduled and unscheduled absences of the Host Home family, and
 - 4) Ensure the person has basic bedroom furnishings if furnishings are not available from another source.
- c) The Host Home family must:
- 1) Attend PSS meeting and participate in the development of the PSS,
 - 2) Follow all aspects of the PSS,
 - 3) Provide transportation,
 - 4) Assist the person with attending appointments,
 - 5) Meet all staffing requirements as outlined in the DMH Operational Standards, and
 - 6) Participate in training provided by the Host Home agency.
- d) Host Home families are not eligible for:
- 1) Room and board payment, or
 - 2) Maintenance or improvement of Host Home family's residence.
- e) Host Home persons must be
- 1) At least eighteen (18) years of age, and
 - 2) Able to self-administer their medications.
- f) Host Home persons are not eligible for the following ID/DD Waiver services:

- 1) Home and Community Supports,
 - 2) Supported Living,
 - 3) Supervised Living,
 - 4) In-Home Nursing Respite, or
 - 5) Community Respite.
16. Job Discovery is defined by the Division of Medicaid as time-limited services used to develop a person's person-centered career profile and employment goals or career plan
- a) Job Discovery services include, but are not limited to, the following:
 - 1) Assisting the person with volunteerism,
 - 2) Self-determination and self-advocacy,
 - 3) Identifying wants and needs for supports,
 - 4) Developing a plan for achieving integrated employment,
 - 5) Job exploration,
 - 6) Job shadowing,
 - 7) Informational interviewing,
 - 8) Labor market research,
 - 9) Job and task analysis activities,
 - 10) Employment preparation, and
 - 11) Business plan development for self-employment.
 - b) Job Discovery persons must be:
 - 1) At least eighteen (18) years of age, and
 - 2) Unemployed.
 - c) Staff must receive or participate in at least eight (8) hours of training on Customized Employment before providing Job Discovery services.

- d) Job Discovery cannot exceed twenty (20) hours over a three (3) month period and must result in the development of a career profile and employment goals or career path.
 - e) Job Discovery persons are not eligible for the following ID/DD Waiver services during the same time on the same day:
 - 1) Prevocational services, or
 - 2) Day Services-Adult.
17. Transition Assistance is defined by the Division of Medicaid as a one-time, setup expense for persons who transition from an institution (ICF/IID or a Title XIX Nursing Home) to a less restrictive community living arrangement. These funds cannot be used if the person is using transitional funds from other sources.
- a) Persons are eligible for transition assistance if:
 - 1) There is no other funding source to attain essential furnishings to establish basic living arrangements,
 - 2) The person is transitioning from a setting where essential furnishings were provided, and
 - 3) The person is moving to a residence where essential furnishings are not normally provided.
 - b) Transition Assistance can only be used once and is a life-time maximum allowance of eight hundred dollars (\$800.00) used to establish the person's basic living arrangement and must be on the person's PSS which may include the following:
 - 1) Expenses to transport furnishings and personal possessions from the facility to the new residence,
 - 2) Security deposits that are required to obtain a lease on an apartment or home that do not constitute paying for housing rent,
 - 3) Utility set-up fees or deposits for utility or service access,
 - 4) Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy,
 - 5) Initial stocking of pantry with basic food items,
 - 6) Cleaning supplies,

- 7) Towels and linens,
 - 8) Bed,
 - 9) Table,
 - 10) Chairs,
 - 11) Window blinds, and
 - 12) Eating utensils.
- c) Transition Assistance does not include the following:
- 1) Monthly rental or mortgage expenses,
 - 2) Monthly utility charges, or
 - 3) Household appliances, items, or services that are intended purely for diversional or recreational activities.
- d) Items purchased with these funds are for the persons use and are property of the person.

Source: 20 U.S.C. § 1401; 42 U.S.C. § 1396n; 42 C.F.R. §§ 431.53, 440.170, 440.180, 441.301; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 12/01/2017; Revised eff. 01/01/2017; Revised to reflect changes with ID/DD Waiver renewal (eff. 07/01/2013) eff. 09/01/2015.

Rule 5.7: Reimbursement

- A. Providers cannot bill the Division of Medicaid for Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver services until the first (1st) day of the month after the services were rendered for the following services:
1. Support Coordination,
 2. Community Respite,
 3. Supervised Living,
 4. Day Services-Adult,
 5. Prevocational services,
 6. Supported Employment,

7. Behavior Support,
 8. Therapy services,
 9. Specialized Medical Supplies,
 10. Supported Living,
 11. Crisis Intervention,
 12. Crisis Support,
 13. Host Home,
 14. Job Discovery, and
 15. Transition Assistance.
- B. The Division of Medicaid reimburses for services provided to persons when authorized by the ID/DD Waiver support coordinator as part of the approved PSS.
- C. All ID/DD Waiver providers must be enrolled as a Mississippi Medicaid Provider and must maintain an active provider number.
- D. All ID/DD Waiver providers must be certified by DMH, except providers of Therapy services and Specialized Medical Supplies.
- E. All ID/DD Waiver providers must utilize the Mississippi Medicaid Electronic Visit Verification (EVV) MediKey for the following services:
1. Home and Community Supports (HCS), and
 2. In-Home Nursing Respite.

Source: 42 C.F.R. § 440.180; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 12/01/2017. Revised to reflect changes with ID/DD Waiver renewal (eff. 07/01/2013) eff. 09/01/2015.