

Title 23: Division of Medicaid

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

Chapter 1: Home and Community-Based Services (HCBS) Elderly and Disabled Waiver

Rule 1.3: Provider Enrollment

- A. Providers of Elderly and Disabled (E&D) Waiver services must meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4 in addition to the listed provider-type specific requirements as set forth in sections B. and C. below.
- B. To participate as a Home and Community-Based Services (HCBS) Elderly & Disabled (E&D) Waiver provider, the provider must, unless exempted in writing by the Division of Medicaid, at the time of application and at all times thereafter:
 1. Attend mandatory orientation, score at least eighty-five (85) on the orientation exam, and submit a completed proposal package to the Office of Long-Term Care for approval by the Division of Medicaid.
 2. Once a provider is enrolled, submit any proposed changes to location, supervisory staffing, or organizational contact information, to the Division of Medicaid for approval prior to implementing the requested change.
 3. Be established as an agency a business entity and provide the specified service(s) for a minimum of one (1) year prior to application.
 4. Be approved for enrollment by Provider Enrollment and enter into a provider agreement with the Division of Medicaid within six (6) months of receiving an approved proposal package letter from the Office of Long-Term Care.
 5. Have an advisory committee, representative of the community and beneficiary population, that meets quarterly to assure responsibility and accountability for performance and quality improvement. The advisory committee must maintain an agenda and minutes for each meeting and must provide public notice of the date, time, and location of each meeting at least twenty-four (24) hours in advance of the meeting.
 6. Provide proof of financial solvency by:
 - a) Establishing and maintaining a business line of credit for business operations from either a financial institution licensed to conduct banking or other Financial Deposit Insurance Corporation (FDIC) or National Credit Union Administration (NCUA) insured financial institutions. The approval amount for the business line of credit must be enough to cover operational costs/expenditures for at least three (3) months at all branch locations.
 - b) Providing a copy of the provider's most current filed tax return for the business along

with confirmation verifying it was filed. Examples of acceptable forms of confirmation include the following:

- 1) 8879 form from a tax preparer, or
 - 2) 9325 form from the IRS with the submission identification (SID) number.
- c) Providing a copy of the provider's itemized expense report reflecting all income and expenditures for each month for the past twelve (12) months.
7. Establish an office with a physical address in the State of Mississippi that is not located in or on the grounds of a personal residence for a minimum of six (6) months prior to enrollment and maintain an approved physical office until the provider agreement is terminated. The physical office must:
- a) Have appropriate external signage with printed lettering that is visible and readable from the road,
 - b) 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),
 - c) Maintain an active business privilege tax license,
 - d) Ensure that beneficiaries and/or family/caregivers have access to a designated private space where they can have confidential discussions with staff and have a reasonable expectation of privacy,
 - e) Have lockable file storage for the security and maintenance of all files in compliance with HIPAA standards,
 - f) Maintain regular office hours of Monday through Friday, 8am – 5pm, with the exception of any federal or state holidays, and
 - g) Have a dedicated office telephone and a means to transmit secure electronic data, i.e., secure email/facsimile, that meets HIPAA standards.
8. Successfully pass a facility inspection by the Division of Medicaid depending on the provider type, as specified in Rule 1.3(c) below.
9. Prior to employment and every two (2) years thereafter, conduct a national criminal background check with fingerprints on all employees and volunteers participating in face-to-face interactions with beneficiaries. Maintain these records in the employee's personnel file.
10. Conduct registry checks before employment and monthly thereafter to ensure that

employees or volunteers participating in face-to-face interactions with beneficiaries are not listed on the Mississippi Nurse Aide Abuse Registry or the Office of Inspector General's Exclusion Database and maintain these records in the employee's personnel file. The provider must not employ individuals whose name appears on the registry list.

11. Not have been nor employ individuals or volunteers participating in face-to-face interactions with beneficiaries who have been convicted of or have pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Miss. Code Ann. § 45-33-23(h), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, regardless of whether any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.
12. Not apply for a Division of Medicaid provider number for the purpose of providing care to friends/family members.
13. Have written criteria for service provision, including procedures for dealing with emergency service requests.
14. Maintain policy and procedure manuals compliant with all state and federal laws and regulations, including Division of Medicaid's regulations.
15. Maintain and ensure responsible personnel management which includes:
 - a) Implementing an appropriate policy and process for the recruitment, selection, retention, and termination of employees.
 - b) Developing written personnel policies and job descriptions that include educational requirements, work experience, job duties and responsibilities.
 - c) Maintaining a current training plan as a component of the policies/procedures that documents the method for the completion of required training. The training plan must require all employees to meet training requirements as designated by the Division of Medicaid upon hire and annually thereafter.
 - d) Maintaining a personnel file on every employee and volunteer with required information including, but not limited to, credentialing documentation, training records, and performance reviews. These files must be made available to the Division of Medicaid upon request.
 - e) Maintaining an organizational chart that includes the names and job titles of owners, operators, managers, administrators, and other supervisory staff. Any changes in organizational structure including ownership must be reported in writing to the Division of Medicaid within ten (10) business days.

- f) Maintaining an accurate, historical employee listing that captures names, staff identification numbers, tax identification numbers, employment hire dates and employment termination dates.
16. Maintain a roster of qualified personnel necessary to provide authorized services until employment termination. The roster must include the address of the designated workspace for all supervisory staff.
 17. Comply with all applicable federal and state regulations including, but not limited to, tax and labor laws.
 18. Ensure all protected health information (PHI) and personal identifiable information (PII) is stored, transported and transmitted in a manner consistent with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 19. At the time of enrollment, not be owned or operated by any individual, organization, or entity currently under investigation by the Division of Medicaid Office of Program Integrity, the Medicaid Fraud Control Unit, or any other government entity. Additionally, the provider must not have been found in violation of the Miss. Admin. Code or the Medicaid Provider Agreement in the eighteen (18) months leading up to their enrollment.
 20. In the event a change of ownership occurs, must meet all of the requirements of Miss. Admin Code, Part 200, Rule 4.3, submit to the Division of Medicaid a proposal packet for review and approval within thirty-five (35) days of the change. The effective date of enrollment is retroactive to the date of the licensure, if licensure applies.
- C. E&D providers must satisfy the following criteria, as applicable, to render services.
1. Case Management providers must meet the following requirements:
 - a) Operate as a statewide network.
 - b) Have a policies and procedures manual compliant with all state and federal laws and regulations, including Division of Medicaid regulations.
 - c) Have two (2) person case management teams which consists of Mississippi licensed social workers (LSWs) and/or Mississippi registered nurses (RNs) who meet the following criteria:
 - 1) A Registered Nurse (RN) must:
 - (a) Maintain an active and current unencumbered license to practice in the State of Mississippi or a privilege to practice in Mississippi with a compact license, and
 - (b) Have a minimum of:

- (1) Two (2) years of documented nursing experience in direct care for aged and/or disabled persons, or
 - (2) At least ninety (90) days of training regarding direction of E&D Waiver services under the supervision of an established E&D Waiver case manager who has two (2) years of E&D Waiver experience.
 - (c) Be certified to complete the comprehensive long-term services & supports (LTSS) assessment.
- 2) A Licensed Social Worker (LSW) must:
- (a) Have a current and active social work license.
 - (b) Have a bachelor's degree in social work or other health related field.
 - (c) Have a minimum of:
 - (1) Two (2) years of documented experience in direct care services for the aged and/or disabled clients, or
 - (2) At least ninety (90) days of training regarding direction of waiver services under the supervision of an established waiver case manager that has two (2) years of waiver experience.
 - (3) Must be certified to complete the comprehensive long-term services & supports (LTSS) assessment.
- 3) Each team must have an assigned case management supervisor. The case management supervisor cannot carry an active caseload of beneficiaries.
- 4) All case management supervisors and case managers must successfully complete a mandatory training course upon hire covering each of the following topics and pass a scored examination prior to rendering services. This training course must also be attended annually for each year after hire.
- (a) Vulnerable Persons Act: Identifying, Preventing and Reporting of Abuse, Neglect & Exploitation,
 - (b) Person Centered Thinking including Participant Rights and Dignity,
 - (c) Assisting with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs),
 - (d) Crisis Prevention/Intervention and Emergency Preparedness,

- (e) Caring for Participants with Cognitive or Behavioral Conditions,
- (f) Signs and Symptoms of Illness including Seizures,
- (g) HIPAA Compliance and Confidentiality,
- (h) Safety including Preventing and Reporting of Accidents/Incidents and the Operation of Assistive Devices,
- (i) Professional Documentation Practices,
- (j) Universal Precautions & Infection Control, and
- (k) Medicaid Administrative Code and the E&D Waiver

2. Adult day care (ADC) providers must meet the following requirements:

- a) Serve counties as determined and approved by the Division of Medicaid based on location, distance, and time required for travel.
- b) Have a sufficient number of employees, who must maintain current and active first aid and cardiopulmonary resuscitation (CPR) certification, with the necessary skills to provide essential administrative and direct care functions to meet the needs of the beneficiaries as follows:
 - 1) There must be at least two (2) persons, with one (1) being a paid employee, at the adult daycare center at all times when there are beneficiaries in attendance.
 - 2) The employee-to-day service attendee ratio must be a minimum of one to six (1:6) in all programs except in programs serving a high percentage of day service attendees who are severely impaired which must maintain an employee ratio of one to four (1:4).
- c) All staff /volunteers must receive orientation upon hire and ongoing training which includes at least four (4) in-service training sessions per year to enhance quality of care and job performance.
- d) At the time of employment, and annually, each employee must receive training in:
 - 1) The purpose and goals of ADC services,
 - 2) The facility's policies and regulations,
 - 3) The roles and responsibilities of other staff members and how they relate to one another,

- 4) Beneficiary rights and confidentiality,
 - 5) The needs of the beneficiaries in the facility's target population,
 - 6) Body mechanics/transfer techniques/assistance with Activities of Daily Living (ADLs),
 - 7) Cardiopulmonary resuscitation (CPR), first aid and infection control,
 - 8) Fire, safety, disaster plan, and the facility's emergency plan,
 - 9) Basics of nutritional care, food safety, choking prevention and safe feeding techniques,
 - 10) Mandatory reporting laws of abuse/neglect,
 - 11) Behavioral intervention/acceptance/accommodations,
 - 12) Person-centered thinking, and
 - 13) The purpose and requirements of the Elderly and Disabled (E&D) Waiver.
- e) Meet the physical and social needs of each beneficiary and maintain compliance with the state and federal guidelines regarding services provided.
- f) Have a well-maintained facility which must have:
- 1) At least sixty (60) square feet of temperature regulated program space for multi-purpose use for each day service attendee,
 - 2) Restroom(s) which have:
 - (a) At least one toilet for every ten (10) beneficiaries attending the ADC, at least one of which must be ADA compliant, and no more than forty (40) feet from the activity area and equipped with a call button;
 - (b) Access to sinks/faucets with water temperature between 100-115 degrees Fahrenheit; and
 - (c) Supplies including toilet paper, disinfecting soap, and paper towels.
 - 3) Sufficient, adequately lit parking available to accommodate family members, caregivers, visitors, employees and volunteers. In compliance with the Americans with Disabilities Act (ADA) requirements, a minimum of one (1) parking spaces for every twenty-five (25) parking spaces must be identified as parking for those

with a disability and one (1) of every six (6) of those spaces must be van accessible,

- 4) A rest area for beneficiaries that is separate from activity areas, reasonably near a restroom, supervised, equipped with a working call button, and appropriately furnished for safely resting and/or lying down,
- 5) Private space to permit staff to work and store records without interruption which must include a separate restroom and break space located within the facility,
- 6) A locked, storage area for all toxic substances including cleaning supplies,
- 7) At least two (2) well-identified ADA compliant exits with doors that must:
 - (a) Be either open to the outside or no more than ten (10) feet from an outside exit;
 - (b) Be side-hinged and swing out in the direction of exit,
 - (c) Have an operable alarm system, and
 - (d) Not be locked in a manner that would prevent immediate exit in the event of an emergency.
- 8) A safe, well-lit environment free from hazards including, but not limited to, obstructed walkways, weapons including knives and firearms, steps more than 7" tall, ramp grades with greater than 8.33% slope, and exposed electrical cords,
- 9) Sufficient, ADA-accessible safe seating available for all beneficiaries, and
- 10) A permit to operate a kitchen from the Mississippi State Department of Health (MSDH) if the facility is preparing food onsite. If the food is not prepared on site, the facility must contract with and utilize a food service provider/caterer licensed by MSDH to provide nutritionally well-balanced meals that address the dietary needs of beneficiaries. Home Delivered Meals (HDMs) and other government funded meal programs cannot be served in lieu of one (1) meal and two (2) snacks included as a component of the service.
- 11) A sufficient number of vehicles to transport beneficiaries between their residences and the facility, and to attend facility outings. Each vehicle must meet the following requirements:
 - (a) Be accessible to beneficiaries to board and leave from the vehicle without difficulty,
 - (b) Be equipped with a device for two-way communication or cell phone,

- (c) Meet local, state, and federal regulations including applicable ADA vehicle requirements,
- (d) Have adequately functioning heating and air-conditioning systems,
- (e) Provide seat belts for all passengers and they must be stored off the floor when not in use,
- (f) Have at least two (2) seat belt extensions available,
- (g) Be equipped with at least one seat belt cutter with a safety blade that is kept within easy reach of the driver for emergency use.
- (h) Have an accurate, operating speedometer and odometer,
- (i) Have two exterior rear view mirrors, one on each side of the vehicle,
- (j) Be equipped with an interior mirror for monitoring the passenger compartment,
- (k) Be clean and free of torn upholstery, floor or ceiling covering; damaged or broken seats; protruding sharp edges; dirt, oil, grease, or litter; or hazardous debris or unsecured items,
- (l) Have the ADC provider's business name and telephone number clearly displayed on at least both sides of the exterior of the vehicle,
- (m) Not have signage that implies that Medicaid waiver beneficiaries are being transported,
- (n) Prominently display the vehicle license number and the ADC local phone number on the interior of each vehicle,
- (o) Clearly display complaint procedures and make them available in written format in each vehicle for distribution to beneficiaries upon request,
- (p) Prohibit smoking at all times with interior sign that states: "NO SMOKING",
- (q) Carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms,
- (r) Be equipped with a first aid kit stocked with antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash,

- (s) Be equipped with an appropriate working fire extinguisher that must be stored in a safe, secure location within reach of the driver,
 - (t) Maintain insurance coverage in compliance with state law, and any county or city ordinance,
 - (u) Be equipped with a “spill kit” that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer,
 - (v) Be inspected by a certified mechanic prior to application, upon initial use, and bi-annually thereafter following enrollment,
 - (w) Ensure that records of the ADC scheduled bi-annual vehicle inspections are maintained and made available to the Division of Medicaid upon request, and
 - (x) Only be driven by authorized employees of the ADC provider who are compliant with these requirements or with any State or federal regulations.
- 12) If the facility contracts transportation services, the facility must be able to show current use of the transportation contract from a licensed provider of ADA compliant transportation services. The contracted entity must meet all Division of Medicaid ADC transportation, vehicle, and driver requirements, including the criteria in Rule 1.3(c)(2)(j)(8) below.
- g) Have a written plan of operation that is reviewed, approved, and revised as needed by the governing board.
 - h) Have the following employees who must maintain current and active first aid and CPR certification:
 - 1) A full-time administrator, qualified to serve as either a chief executive officer or president, responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the adult day care services program. The administrator must have:
 - (a) A master’s degree and one (1) year supervisory experience, either full-time or an equivalent, in a social or health service setting, or
 - (b) A bachelor’s degree and three (3) years supervisory experience, either full-time or an equivalent, in a social or health service setting; or comparable technical and human service training with demonstrated competence and experience as a manager in a health or human service setting.
 - 2) If the Administrator is not on-site full time during operating hours, then an on-site full-time program director responsible for the organization, implementation, and

coordination of the daily operation of the adult day care services program.

(a) If required, the program director must have:

- (1) A bachelor's degree in health, social services, or a related field and one (1) year supervisory experience, either full-time or an equivalent, or
 - (2) Comparable technical and human services training with demonstrated competence and experience as a manager in a health or human services setting.
- 3) 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. The licensed nurse must have a valid state license and a minimum of one (1) year applicable experience, either full-time or the equivalent. The licensed nurse must adhere to the scope of practice pursuant to the Nursing Practice Law and the rules and regulations of the Mississippi Board of Nursing. The service hours must be tracked on a service log, including date, time in and time out.
- 4) A full-time, on-site activities coordinator with a bachelor's degree and at least one (1) year of appropriate experience, either full-time or an equivalent, in developing and conducting activities for the type of population to be served, or an associate degree in a related field and at least two (2) years of appropriate experience, either full-time or equivalent.
- 5) A full-time program assistant with a high school diploma or the equivalent and at least one (1) year experience, either full-time or an equivalent, in working with adults in a health care or social service setting. The program assistant must receive training in working with older adults and conducting activities for the population served.
- 6) A ServSafe Certified employee responsible for overseeing the preparation and serving of food, if food is prepared on site.
- 7) A driver who meets the following requirements, if transportation is not contracted:
 - (a) Must abide by federal, state and local laws,
 - (b) Must be eighteen (18) years of age and have a current driver's license to operate the assigned vehicle,
 - (c) Must be courteous, patient and helpful to all passengers and be neat and clean in appearance
 - (d) Must wear a visible, easily read name tag which identifies the employee and

the employer,

- (e) Must provide an appropriate level of assistance to a beneficiary when requested or when necessitated by the beneficiary's mobility status or personal condition, including curb-to-curb, door-to-door, and hand-to-hand assistance, as required,
 - (1) The ADC driver must confirm the beneficiary is safely inside the residence or facility before departing the drop-off point, and
 - (2) The ADC driver is responsible for properly securing any mobility devices used by the beneficiary.
 - (f) Must assist beneficiaries in the process of being seated, confirm all seat belts are fastened properly and all passengers are safely and properly secured,
 - (g) Must park the vehicle in a safe location, out of traffic and must notify the facility to request assistance when a passenger's behavior or any other condition impedes the safe operations of the vehicle,
 - (h) Must park the vehicle in a location that prevents the beneficiary from crossing streets to reach the entrance of their destination when arriving at the intended destination,
 - (i) Must provide verbal directions to passengers as appropriate,
 - (j) Must notify the ADC provider immediately of an emergency such as an accident/ incident or vehicle breakdown to arrange for alternative transportation for the beneficiaries on board, and
 - (k) Must report all accidents/incidents and incidents and breakdowns to the ADC provider as soon as practicable.
- 8) The ADC Provider must ensure ADC drivers do not:
- (a) Leave a beneficiary unattended at any time,
 - (b) Use alcohol, narcotics, illegal drugs or prescription medications that impair their ability to perform,
 - (c) Smoke in the vehicle, while assisting a beneficiary or in the presence of a beneficiary or allow beneficiaries or their adult attendant to smoke in the vehicle,
 - (d) Wear any type of headphones while on duty, except for hands-free headsets for mobile telephones which can only be used for communication with the

ADC Provider or to call 911 in an emergency,

(e) Touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt or as necessary to render first aid or assistance which the ADC driver has been trained, and

(f) Provide services without completing a national and state background check.

9) The ADC Provider must ensure that the ADC driver is removed from service if he/she:

(a) Fails an annual random drug test.

(b) Is convicted of:

(1) Two (2) moving violations or accidents related to transportation in the previous five (5) years as verified by an annual Motor Vehicle Report (MVR), or

(2) Any federal or state crime listed in Miss. Code Ann § 43-13-121.

(c) Has a suspended or revoked driver's license for moving traffic violations in the previous five (5) years as verified by an annual MVR.

i) If the facility utilizes volunteers, they:

1) Must be individuals or groups who desire to work with adult day service beneficiaries.

2) Must successfully complete an orientation/training program.

3) Have responsibilities that are mutually determined by the volunteers and employees and performed under the supervision of facility staff members.

4) Have duties that either supplement required employees in established activities or provide additional services for which the volunteer has special talent/training.

5) Cannot provide services in place of required employees and can only be allowed on a periodic/temporary basis.

6) Must record their hours and activities.

3. Personal care service providers must meet the following requirements:

a) Serve counties no more than sixty (60) miles driving distance from the physical

office. If greater than sixty (60) miles driving distance, the provider must ensure that a supervisor has a designated worksite within sixty (60) miles driving distance of any beneficiaries served by their agency.

- b) Employee qualified personal care attendants, qualified personal care service supervisors, and a director/compliance officer.

- 1) The personal care attendant must meet the following requirements:

- (a) Be at least eighteen (18) years of age.

- (b) Be a high school graduate or have a General Educational Development (GED) certificate, or must demonstrate the ability to read the written personal care services assignment and write adequately to complete required forms and reports of visits,

- (c) Successfully complete a mandatory training course upon hire covering each of the following topics and pass a scored examination prior to rendering services. This training course must also be attended annually for each year after hire.

- (1) Vulnerable Persons Act: Identifying, Preventing and Reporting of Abuse, Neglect & Exploitation,

- (2) Person Centered Thinking including Participant Rights and Dignity,

- (3) Assisting with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs),

- (4) Crisis Prevention/Intervention and Emergency Preparedness

- (5) Caring for Participants with Cognitive or Behavioral Conditions

- (6) Signs and Symptoms of Illness including Seizures

- (7) HIPAA Compliance and Confidentiality

- (8) Safety including Preventing and Reporting of Accidents/Incidents and the Operation of Assistive Devices

- (9) Professional Documentation Practices

- (10) Universal Precautions & Infection Control

- (11) Medicaid Administrative Code and the E&D Waiver

- (d) Pass a facility-administered initial hands-on skills assessment to ensure the

trainee's ability to provide the necessary care safely and appropriately,

- (e) Demonstrate the ability to work well with aged and disabled individuals who have limited functioning capacity and exhibit basic qualities of compassion, responsibility, maturity and be able to respond to beneficiaries and situations in a responsible manner,
 - (f) Possess a valid state issued identification, and have access to reliable transportation,
 - (g) Be able to function independently without constant observation and supervision,
 - (h) Be physically and mentally able to perform the job tasks required including lifting and transferring.
 - (i) Attest that communicable diseases of major public health concern are not present on an annual basis using the Health Self Attestation Form,
 - (j) Have interest in, and empathy for, persons who are ill, elderly, or disabled,
 - (k) Have communication and interpersonal skills with the ability to deal effectively, assertively, and cooperatively with a variety of people,
 - (l) Maintain current and active first aid and CPR certification,
 - (m) Be able to carry out and follow verbal and written instructions, and
 - (n) Be able to issue verbal and written instructions that are understandable by others.
- 2) The personal care service supervisor and directors/compliance officers must ensure the requirements of the PCA staff as set forth in Rule 1.3(c)(3)(b)(1) above are met, and must meet the following additional requirements:
- (a) Have at least two (2) years of supervisory experience in programs dealing with elderly and disabled individuals, and
 - (b) Have a designated workspace within sixty (60) miles driving distance of the service area, as verified, and documented by the compliance officer, and
 - (c) Satisfy one of the following criteria:
 - (1) Have a bachelor's degree in social work, home economics, or a related profession with two (2) years of direct experience working with aged and disabled persons, or

- (2) A licensed RN or Licensed Practical Nurse (LPN) with two (2) years of direct experience working with aged and disabled persons, or
 - (3) Be a high school graduate with diploma, or have a General Educational Development (GED) certificate, and four (4) years of direct experience working with aged and disabled persons.
- 3) The Division of Medicaid may allow payments for furnishing waiver services to non-legally responsible relatives only when the following criteria are met:
 - (a) For the purposes of this requirement, a non-legally responsible relative is defined as any individual related by blood or marriage to the beneficiary who is not a legal guardian or legal representative. Legal guardians or representative include but are not limited to, spouses, parents/stepparents of minor children, conservators, guardians, individuals who hold the beneficiary's power of attorney, or those designated as the representative payee for Social Security benefits.
 - (b) The selected relative must be qualified to provide services as specified in Appendix C-1/C-3 of the CMS approved waiver application, which is available on the Division of Medicaid's website, www.medicaid.ms.gov.
 - (c) The beneficiary or a designated representative must sign a verification that services were rendered by the selected relative, and
 - (d) The selected relative must agree in writing, signed prior to providing services, to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours.
- 4) The Division of Medicaid reserves the right to remove a selected relative from the provision of services. If the Division of Medicaid removes a selected relative from the provision of services, the beneficiary will be asked to select an alternate qualified provider.
- 4. In-Home Respite providers must meet the following requirements:
 - a) Serve counties no more than sixty (60) miles driving distance from the physical office, unless a supervisor has a designated worksite within sixty (60) miles driving distance of any beneficiaries served by the provider.
 - b) Employ qualified in-home respite employees and supervisors.
 - 1) In-home respite employees must meet the following requirements:
 - (a) Be at least eighteen (18) years of age.

- (b) Be a high school graduate have a GED or must demonstrate the ability to read the written in-home respite assignment and write adequately to complete and sign required forms and reports of visits.
- (c) Successfully complete a curriculum training course upon hire and annually thereafter, covering each of the following topics. They must also pass a scored examination upon hire prior to rendering services.
 - (1) Vulnerable Persons Act: Identifying, Preventing and Reporting of Abuse Neglect & Exploitation,
 - (2) Person Centered Thinking including Participant Rights and Dignity,
 - (3) Assisting with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs),
 - (4) Crisis Prevention/Intervention and Emergency Preparedness
 - (5) Caring for Participants with Cognitive or Behavioral Conditions
 - (6) Signs and Symptoms of Illness including Seizures
 - (7) HIPAA Compliance and Confidentiality
 - (8) Safety including Preventing and Reporting of Accidents/Incidents and the Operation of Assistive Devices
 - (9) Professional Documentation Practices
 - (10) Universal Precautions & Infection Control
 - (11) Medicaid Administrative Code and the Elderly and Disabled Waiver
- (d) Pass a facility-administered initial hands-on skills assessment to ensure the trainee's ability to provide the necessary care safely and appropriately,
- (e) Demonstrate the ability to work well with aged and disabled individuals who have limited functioning capacity, exhibit basic qualities of compassion and maturity, and be able to respond to beneficiaries and situations in a responsible manner,
- (f) Possess a valid state issued identification and have access to reliable transportation,
- (g) Have the ability to function independently without constant

supervision/observation,

- (h) Be physically and mentally able to perform the job tasks required including lifting and transferring,
 - (i) Attest that communicable diseases of major public health concern are not present on an annual basis using the Health Self Attestation Form,
 - (j) Have interest in, and empathy for, individuals who are ill, elderly, and/or disabled,
 - (k) Have communication and interpersonal skills with the ability to deal effectively, assertively, and cooperatively with a variety of people,
 - (l) Maintain current and active first aid and CPR certification,
 - (m) Be able to carry out and follow verbal and written instructions, and
 - (n) Be able to issue verbal and written instructions that are understandable by others.
- 2) The in-home respite supervisor and directors/compliance officers must ensure the requirements of the IHR staff as set forth in Rule 1.3(c)(4)(b)(1) above are met, and must meet the following additional requirements:
- (a) Have at least two (2) years of supervisory experience in programs dealing with elderly and disabled individuals, and
 - (b) Have a designated workspace within sixty (60) miles driving distance of the service area, as verified, and documented by the compliance officer, and
 - (c) Satisfy one of the following criteria:
 - (1) Have a bachelor's degree in social work, home economics, or a related profession with two (2) years of direct experience working with aged and disabled persons, or
 - (2) A licensed RN or Licensed Practical Nurse (LPN) with two (2) years of direct experience working with aged and disabled persons, or
 - (3) Be a high school graduate with diploma, or have a General Educational Development (GED) certificate, and four (4) years of direct experience working with aged and disabled persons.
- 3) The Division of Medicaid may allow payments for furnishing waiver services to non-legally responsible relatives only when the following criteria are met:

- (a) For the purposes of this requirement, a non-legally responsible relative is defined as any individual related by blood or marriage to the beneficiary who is not a legal guardian or legal representative. Legal guardians or representatives who cannot qualify as a non-legally responsible relative include but are not limited to, spouses, parents/stepparents, conservators, guardians, individuals who hold the beneficiary's power of attorney, or those designated as the representative payee for Social Security benefits.
 - (b) The selected relative must be qualified to provide services as specified in Appendix C-1/C-3 of the CMS approved waiver application, which is available on the Division of Medicaid's website, www.medicaid.ms.gov.
 - (c) The beneficiary or a designated representative must sign a verification that services were rendered by the selected relative, and
 - (d) The selected relative must agree in writing, signed prior to providing services, to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours.
- 4) The Division of Medicaid reserves the right to remove a selected relative from the provision of services at any time. If the Division of Medicaid removes a selected relative from the provision of services, the beneficiary will be asked to select an alternate qualified provider.
5. Institutional Respite providers must be a Medicaid certified hospital, nursing facility or licensed swing bed facility.
6. Home Delivered Meal providers must meet the following requirements:
- a) Be certified through the Mississippi State Department of Health (MSDH).
 - b) Have a qualified person responsible for the day-to-day operation of the service.
 - c) Have an adequate number of employees to meet the purpose of the program.
 - d) Train all employees in the proper Mississippi Department of Health approved technique of preparing for and/or serving meals to aged and disabled persons including, but not limited to, sanitation procedures, proper cleaning of equipment and utensils, first aid and emergency procedures.
 - e) Provide in-service training for all employees.
 - f) Submit for approval by the Division of Medicaid written policies and procedures, hiring practices, and general business plan detailing the delivery of services prior to entering into Mississippi provider agreement.

- g) Provide written documentation to the Division of Medicaid stating how the required standards are to be met.
 - h) Provide delivery of meals at times coordinated with the beneficiary or their designated representative.
7. Extended Home Health providers must meet the following qualifications:
- a) Be certified to participate as a home health agency under Title XVIII (Medicare) of the Social Security Act. The Agency must furnish the Division of Medicaid with a copy of its current State license certification and/or recertification,
 - b) Meet all applicable state and federal laws and regulations,
 - c) Provide the Division of Medicaid with a copy of its approved certificate of need (CON), if applicable, and
 - d) Ensure direct care providers have a current and active license and/or certification.
8. Physical therapy service providers must meet the following qualifications:
- a) Be certified by the Mississippi Department of Health to participate as a Mississippi Medicaid enrolled home health agency under Title XVIII (Medicare) of the Social Security Act. The Agency must furnish the Division of Medicaid with a copy of its current State license certification and/or recertification,
 - b) Meet all applicable state and federal laws and regulations,
 - c) Provide the Division of Medicaid with a copy of its certificate of need (CON) approval when applicable, and
 - d) Employ qualified physical therapists who have a non-restrictive current Mississippi license issued by the appropriate licensing agency to practice in the State of Mississippi and meet the state and federal licensing and/or certification requirements to perform physical therapy services in the State of Mississippi.
9. Speech-Language Pathology providers must meet the following qualifications:
- a) Be certified to participate as a Mississippi Medicaid home health agency under Title XVIII (Medicare) of the Social Security Act. The Agency must furnish the Division of Medicaid with a copy of its current State license certification and/or recertification,
 - b) Meet all applicable state and federal laws and regulations,
 - c) Provide the Division of Medicaid with a copy of its certificate of need (CON)

approval when applicable,

- d) Execute a participation agreement with the Division of Medicaid, and
- e) Employ qualified speech therapists who have a non-restrictive current Mississippi license issued by the appropriate licensing agency to practice in the State of Mississippi and meet the state and federal licensing and/or certification requirements to perform speech-language therapy services in the State of Mississippi.

10. Community Transition Service (CTS) providers must meet the following requirements:

- a) Provide documentation to the Division of Medicaid of successfully transitioning individuals into the community for a minimum of two (2) years, and/or working with individuals in the community for a minimum of eight (8) years. For those without two (2) years of successfully transitioning individuals into the community, experience will be considered on an individual basis.
- b) Have documentation of attending the Division of Medicaid's approved person-centered training or another Division of Medicaid approved training relating to person-centered planning.
- c) Attend all quarterly and annual CTS trainings administered by the Division of Medicaid with a minimum of one (1) attendee from the provider.
- d) Have written procedures for dealing with an after-hour crisis.
- e) Each Community Transition Service (CTS) provider must have qualified community navigators and qualified supervisors.

1) The community navigator must meet the following requirements:

(a) Be a(n):

- (1) Licensed Social Worker (LSW) with valid Mississippi license and a minimum of one (1) year of relevant work experience,
- (2) Case manager with at least one (1) year of relevant work experience and certified by the Department of Mental Health (DMH),
- (3) RN with a valid Mississippi license and a minimum of one (1) year of relevant work experience,
- (4) Individual with relevant experience and training with a minimum of a bachelor's degree and (1) year of work experience in a social or health services setting, or

- (5) Individual with comparable technical and human service training and five (5) years' experience subject to approval by the Division of Medicaid.
 - (b) Have documented experience in person-centered planning.
 - (c) Prior to beginning work, attend an eight (8) hour introductory CTS course that is administered by the Division of Medicaid.
 - (d) Complete a Person-Centered Plan training course designated by the Division of Medicaid within the one (1) year prior to rendering services, unless excused, in writing, by the Division of Medicaid.
 - (e) Demonstrate the ability to work well with aged and disabled individuals who have limited functioning capacity.
 - (f) Exhibit basic qualities of compassion/maturity and be able to respond to persons and situations in a responsible manner.
 - (g) Attend all CTS trainings administered by the Division of Medicaid unless excused, in writing, by the Division of Medicaid.
 - (h) Possess a valid Mississippi driver's license.
 - (i) Be able to function independently without constant observation and supervision.
 - (j) Have both interest in and empathy for people who are ill, elderly, and/or disabled.
 - (k) Have communication and interpersonal skills with the ability to deal effectively, assertively, and cooperatively with a variety of people.
 - (l) Be able to carry out and follow verbal and written instructions.
 - (m) Have training in current information technology systems used by the Division of Medicaid including Long-Term Services and Supports (LTSS) and any other systems utilized for documentation purposes.
- 2) The community navigator supervisor must have a minimum of two (2) years of supervisory experience in programs dealing with elderly and disabled persons and meet one (1) of the following requirements:
- (a) Have a bachelor's degree in social work, Psychology, or related profession with two (2) years of direct experience working with aged and disabled persons transitioning into the community,

(b) Be an RN with a current Mississippi license and two (2) years of direct experience working with aged and disabled persons transitioning into the community, or

(c) Have a high school diploma or GED with seven (7) years of direct experience working with aged and disabled persons with two (2) of the seven (7) years working directly with persons transitioning into the community.

D. The Division of Medicaid may terminate or suspend a provider immediately for failure to comply with the requirements of the E&D waiver program. The Division of Medicaid may also require providers to submit and implement a corrective action plan (CAP) in a timely manner. Failure to submit or comply with a CAP, approved by the Division of Medicaid, may result in a suspension or termination.

Source: 28 C.F.R. Part 36; 42 C.F.R. 455, Subpart E; 42 C.F.R. §§ 440.180, 441.301; Miss. Code Ann. §§ 43-13-117, 43-13-121.

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