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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 20-0014

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
701 5th Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104

Medicaid and CHIP Operations Group

July 15, 2020

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attn: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

RE: Approval of Mississippi State Plan Amendment (SPA) Transmittal Number MS-20-0014, 1915(i) Community Support Program (CSP) Emergency Filing

Dear Mr. Snyder:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Mississippi State Plan Amendment (SPA) Transmittal Number MS-20-0014. The Mississippi Division of Medicaid submitted this SPA to address CSP service delivery limitations during the COVID-19 emergency.

The state requested that from April 1, 2020, to the end of the public health emergency:

1. To allow evaluations and re-evaluations and the development of the person-centered plan to be conducted telephonically;
2. To allow Day Services - Adult, Prevocational Services, Supported Employment, and Supported Living to be provided in a residential setting or telephonically; and
3. To suspend the annual provider compliance reviews under Day Services - Adult, Prevocational Services, Supported Employment and Supported Living; and Supported Employment annual orientation meetings.

This SPA is approved effective April 1, 2020, as requested by the state.

We appreciate your cooperation during the approval process. If there are any questions concerning this information, please contact me at (206) 615-2356 or your staff may contact Elizabeth (Liz) Heintzman at Elizabeth.heintzman@cms.hhs.gov or (206)-615-2596.

Sincerely,

[redacted]

David L. Meacham, Director
Division of HCBS Operations and Oversight

Enclosure

cc:
Margaret Wilson, MS Division of Medicaid

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **20-0014**

2. STATE: **MS**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

TO: **REGIONAL ADMINISTRATOR**
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~**03/01/2020**~~ 04/01/2020

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

42 C.F.R. § 430.12

7. FEDERAL BUDGET IMPACT:

There is no anticipated economic impact with these revisions.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

State Plan Attachment 3.1– Pages 6, 10 – 12, 14-15, 17, 20 - 22

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

State Plan Attachment 3.1– Pages 6, 10 – 12, 14-15, 17, 20 - 21

10. SUBJECT OF AMENDMENT:
State Plan Amendment (SPA) 20-0014 1915(i) Community Support Program (CSP) Emergency Filing – The Mississippi Division of Medicaid is submitting this SPA to address CSP service delivery limitations during the COVID-19 emergency.

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: **Drew L. Snyder**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: MAY 15 2020

16. RETURN TO:

Drew L. Snyder
Miss. Division of Medicaid
Attn: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 05/15/2020

18. DATE APPROVED: 7/15/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]
Digitally signed by David L. -07'00'

21. TYPED NAME: David L. Meacham

22. TITLE: Director, Division of HCBS Operations and Oversight

23. REMARKS:

07/13/2020-State authorized P&I change to block #4

	DMH

2. **Qualifications of Individuals Performing Evaluation/Reevaluation**. The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. *(Specify qualifications):*

The D&E Team conducts the evaluation for initial eligibility. Each D&E Team consists of at least a psychologist and social worker. Additional team members may be utilized, dependent upon the needs of the individual being evaluated, such as physical therapists, dieticians, etc. All members of the D&E Teams are licensed and/or certified through the appropriate State licensing/certification body for their respective disciplines.

Targeted Case Managers conducts the reevaluation for eligibility. Targeted Case Management is provided by an individual with at least a Bachelor's degree in an intellectual/developmental disabilities or related field and at least one year experience in working with people with intellectual or developmental disabilities. Targeted Case Management can also be provided by a Registered Nurse with at least one year experience in working with people with intellectual or developmental disabilities.

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

The process for evaluation/reevaluating needs-based eligibility for State plan HCBS involves a review of current pertinent information in the individual's record, such as medical, social and psychological evaluations, and standardized instruments to measure intellectual functioning, the individual service plan, progress notes, case management notes and other assessment information. The review verifies the determination that the individual meets the needs-based eligibility criteria including the existence of significant functional limitations in two (2) or more areas of major life activity including: receptive/expressive language, learning, self-care, mobility, self-direction, capacity for independent living and economic self- sufficiency. The State determines whether an individual meets the needs-based criteria through the use of the Inventory for Client and Agency Planning (ICAP).

The ICAP is administered by both the Diagnostic and Evaluation Team during the initial evaluation and by the Targeted Case Managers during the annual reevaluation. In response to the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow evaluations and reevaluations to be conducted telephonically, in accordance with HIPAA requirements.

4. ☑ **Reevaluation Schedule**. *(By checking this box the state assures that):* Needs-based eligibility reevaluations are conducted at least every twelve months.

5. ☑ **Needs-based HCBS Eligibility Criteria.** *(By checking this box the state assures that):* Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for State plan HCBS.

The criteria take into account the individual's support needs, and may include other risk factors: *(Specify the needs-based criteria):*

The person has a need for assistance typically demonstrated by meeting the following criteria on a continuing or intermittent basis: The individual must have significant limitations of functioning in two (2) or more areas of major live activity including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

Targeted Case Managers (TCM) are responsible for the development of a Plan of Service and Supports (PSS) for each person receiving 1915(i) Services. Targeted Case Management is provided by an individual with at least a Bachelor's degree in an intellectual/developmental disabilities or related field and at least one year experience in working with people with intellectual or developmental disabilities. Targeted Case Management can also be provided by a Registered Nurse with at least one year experience in working with people with intellectual or developmental disabilities. Additionally, Targeted Case Managers must complete training in Person-Centered Planning and demonstrate competencies associated with that process.

TCM Education Needs: The TCM must be certified in order to provide case management. Additionally, TCMs must be recertified annually. DMH, as the operating agency, will be responsible for certification standards, as approved by the State.

TCM Supervisors: This is an administrative position involving the planning, direction, and administration of the case management program. Supervision of the TCM is a function that is required to ensure that all components of case management are carried out according to the Quality Assurance Standards. DMH, as the operating agency, will be responsible for certification standards for TCM supervisors, as approved by the State.

6. **Supporting the Participant in Development of Person-Centered Service Plan**. Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the person-centered service plan development process. *(Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):*

The active involvement of individuals and their families and/or legal guardians are essential to the development and implementation of a PSS that is person-centered and addresses the outcomes desired by the individuals. Individuals participating in HCBS and/or their family members and legal representatives will have the authority to determine who is included in their planning process. Case managers will work with the individuals and their families and/or legal guardians to educate them about the Person-Centered Planning process itself and encourage them to identify and determine who is included in the face-to-face process. Case Managers will encourage the inclusion of formal and informal providers of support to the individuals in the development of a person-centered plan. In response to the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow the person centered planning process to be conducted by telephone in accordance with HIPAA requirements.

7. **Informed Choice of Providers.** *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the person-centered service plan):*

Targeted Case Managers will assist individuals in selecting qualified providers of the 1915(i) services. A qualified provider must be a Medicaid provider and be certified by DMH to provide the services. During the development of the PSS, Targeted Case Managers will educate the individual about the qualified providers certified to provide the services in the area the individual lives as identified on the plan of care. Individuals have a right to choose a provider and may change service providers at any time. Should additional qualified providers be identified, the Targeted Case Managers will inform the individuals of the new qualified providers. DMH, Division of Certification, is the entity responsible for notifying the Targeted Case Managers regarding providers who have received DMH certification to provide services.

8. **Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency**. *(Describe the process by which the person-centered service plan is made subject to the approval of the Medicaid agency):*

Each PSS is initially reviewed by DMH to verify the HCBS services are:

1. Addressed,
2. Appropriate and adequate to ensure the individual's health and welfare, and
3. Delivered by a DMH certified provider.

DMH then forwards the Plan of Services and Supports to the State for review and approval.

On an annual basis, DMH, in conjunction with the State, will verify through a representative sample of beneficiaries PSSs to ensure all service plan requirements have been met. PSSs are housed in a Document Management System allowing both agencies access to PSSs at any time.

9. **Maintenance of Person-Centered Service Plan Forms**. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies):*

☑	Medicaid agency	☑	Operating agency	☑	Case manager
☐	Other (*specify):*				

Services

1. **State plan HCBS.** *(Complete the following table for each service. Copy table as needed):*

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):*	
Service Title:	Day Services – Adult
Service Definition (Scope)*:*	
Day Services - Adult are designed to support meaningful day opportunities that provide structured, varied and age appropriate activities (both active and passive) and the option for	

individuals to make choices about the activities in which they participate. The activities must be designed to support and enhance the individual's independence in the community through the provision of structured supports to enhance an individual's acquisition of skills, appropriate behaviors and personal choice. Day Services -Adult activities must aim to improve skills needed for the individuals to function as independently as possible. Day Services – Adult will be provided based on a person-centered approach with supports tailored to the individual desires and life plan of the individual participant. Day Services – Adult takes place in a non-residential setting that is separate from the residence of the individuals receiving the service. In response to the COVID -19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow Day Services - Adult to also be provided in a residential setting.

Transportation is a component of Day Services – Adult. Transportation must be provided to and from the program and for community participation activities. Accessible transportation must be provided for those who need that level of assistance.

In response to the COVID -19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow Day Services - Adult to also be provided telephonically or virtually where appropriate in accordance with HIPAA requirements.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

N/A

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. *(Choose each that applies):*

☑ Categorically needy *(specify limits):*

The State covers Day Services – Adult for individuals enrolled in the Community Support Program up to the maximum amount of six (6) hours per day. In instances in which a person requires additional amounts of services, as identified through Person- Centered Planning, those services must be authorized by DMH or the State.

In response to the COVID -19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, Day Services – Adult is covered up to three (3) hours per day and will be reimbursed at the lowest support level, when provided telephonically or virtually.

☐ Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Day Services – Adult Providers	DMH Certification	Certified every three years by DMH after initial certification. DMH conducts an annual provider compliance review. DOM has the flexibility to suspend the annual provider compliance review during the COVID19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions. Annual provider compliance reviews will be suspended to the end of the public health emergency, including any extensions. Should a provider fail to complete the compliance review after the end of the suspended review period, the provider will no longer be qualified to render services.	Enrolled as a provider by the MS Division of Medicaid and the MS Dept. of Mental Health. The minimum staffing ratio is based on the individuals ICAP Support Level.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Ability to get around in the community as well as the Prevocational Services site

The distinction between Vocational and Prevocational Services is that Prevocational Services, regardless of setting, are developed for the purpose of furthering habilitation goals that will lead to greater job opportunities. Vocational services teach job specific task skills required by a participant for the primary purpose of completing these tasks for a specific job and are delivered in an integrated work setting through Supported Employment. Participation in Prevocational Services is not a prerequisite for Supported Employment. A person receiving Prevocational Services may pursue employment opportunities at any time to enter the general work force.

Prevocational Services may be furnished in a variety of locations in the community and are not limited to fixed program locations. In response to the COVID -19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow Prevocational Services to also be provided in a residential setting.

Individuals may be compensated in accordance with applicable Federal Laws.

Transportation is a component of Prevocational Services. Transportation must be provided to and from the program and for community integration/job exploration. Accessible transportation must be provided for those who need that level of assistance.

Any individual receiving Prevocational Services who is performing productive work as a trial work experience that benefits the organization or that would have to be performed by someone else if not performed by the individual must be paid commensurate with members of the general work force doing similar work per wage and hour regulations of the U.S. Department of Labor.

At least annually, providers will conduct an orientation informing individuals about Supported Employment and other competitive employment opportunities in the community. In response to the COVID-19 pandemic, DOM has the flexibility to allow for suspension of the annual orientation meeting/s from April 1, 2020 to the end of the public health emergency, including any extensions.

In response to the COVID -19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow Prevocational Service to also be provided telephonically or virtually where appropriate in accordance with HIPAA requirements.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

N/A

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

☑ Categorically needy *(specify limits):*

The State covers Prevocational Services for individuals enrolled in CSP up to the maximum amount of six (6) hours per day. In instances in which a person requires additional amounts of services, as identified through Person-Centered Planning, those services must be authorized by DMH or the State.

In response to the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, Prevocational Services is covered up to three (3) hours per day and will be reimbursed at the lowest support level, when provided telephonically or virtually.

☐	Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Prevocational Services Providers	DMH Certification	Certified every three years by DMH after initial certification. DMH conducts an annual provider compliance review. DOM has the flexibility to suspend the annual provider compliance review during the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions. Annual provider compliance reviews will be suspended to the end of the public health emergency, including any extensions. Should a provider fail to complete the compliance review after the end of the suspended review period, the provider will no longer be qualified to render services.	Enrolled as a provider by the MS Division of Medicaid and the MS Dept. of Mental Health. The minimum staffing ratio is based on the individuals ICAP Support Level.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Prevocational Services Providers	Division of Medicaid	Annually

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications ***(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):***

Service Title:	

Service Definition (Scope)*:*

Additional needs-based criteria for receiving the service, if applicable *(specify):*

N/A

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

in the individual's record.

Supported Employment Services are provided in a work site where individuals without disabilities are employed; therefore payment is made only for adaptations, supervision, and training required by individuals receiving services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting. Other workplace supports may include services not specifically related to job skills training that enable the individual to be successful in integrating into the job setting. Each individual must have an Activity Plan that is developed based on his/her PSS. In response to the COVID -19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow the Activity Plan to be developed by telephone in accordance with HIPAA requirements.

Providers must provide all activities that constitute Supported Employment:

1. **Job Seeking – Activities that assist an individual in determining the best type of job for him/her and then locating a job in the community that meets those stated desires. Job Seeking is limited to ninety (90) hours per certification year. Additional hours may be approved by the DMH Bureau of Intellectual and Developmental Disabilities on an individual basis with appropriate documentation. Job seeking includes:**
   - **a. Completion of IDD Employment Profile**
   - **b. Person-Centered Career Planning, conducted by Supported Employment provider staff, which is a discussion of specific strategies that will be helpful to assist job seekers with disabilities to plan for job searches**
   - **c. Job Development**
     - **(1) Determining the type of environment in which the person is at his/her best**
     - **(2) Determining in what environments has the person experienced success**
     - **(3) Determining what work and social skills does the person bring to the environment**
     - **(4) Assessing what environments are their skills viewed as an asset**
     - **(5) Determining what types of work environments should be avoided**
   - **d. Employer research**
   - **e. Employer needs assessment**
     - **(1) Tour the employment site to capture the requirements of the job**
     - **(2) Observe current employees**
     - **(3) Assess the culture and the potential for natural supports**
     - **(4) Determine unmet needs**
   - **f. Negotiation with prospective employers**
     - **(1) Job developer acts as a representative for the job seeker**
     - **(2) Employer needs are identified**
2. **Job Coaching – Activities that assist an individual to learn and maintain a job in the community. The amount of Job Coaching a person receives is dependent upon individual need, team recommendations, and employer evaluation. Job coaching includes:**
   - **a. Meeting and getting to know co-workers and supervisors**
   - **b. Learning company policies, dress codes, orientation procedures, and company culture**
   - **c. Job and task analysis**
     - **(1) Core work tasks**
     - **(2) Episodic work tasks**
     - **(3) Job related tasks**

Supported Employment Providers	DMH Certification	Certified every three years by DMH after initial certification. DMH conducts an annual provider compliance review. DOM has the flexibility to suspend the annual provider compliance review during the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions. Annual provider compliance reviews will be suspended to the end of the public health emergency, including any extensions. Should a provider fail to complete the compliance review after the end of the suspended review period, the provider will no longer be qualified to render services.	Enrolled as a provider by the MS Division of Medicaid and the MS Dept. of Mental Health.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	**Entity Responsible for Verification *(Specify):***	**Frequency of Verification *(Specify):***
Supported Employment Provider	Division of Medicaid	Annually

Service Delivery Method. *(Check each that applies)*:

☐	**Participant-directed**	☑	**Provider managed**

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):*

Service Title:	Supported Living

Service Definition (Scope)*:*

A new service, Supported Living is provided to individuals who reside in their own residences (either owned or leased) for the purposes of increasing and enhancing independent living in the community. Supported living is for individuals who need less than 24-hour staff support per day. Staff must be on call 24/7 in order to respond to emergencies via phone call or return to the living site, depending on the type of emergency.

Supported Living Services are provided in residences in the community with four (4) or fewer individuals.

Supported Living provides assistance with the following, depending on each individual's support needs:

- **Grooming**

- **Eating**
- **Bathing**
- **Dressing**
- **Other personal needs.**

Supported Living provides assistance with instrumental activities of daily living which include assistance with:

A. **Planning and preparing meals, including assistance in adhering to any diet prescribed by an M.D., Nurse Practitioner or Licensed Dietician/Nutritionist,**

B. **Cleaning**

C. **Transportation**

D. **Assistance with mobility both at home and in the community**

E. **Supervision of the individual's safety and security**

F. **Banking**

G. **Shopping**

H. **Budgeting**

I. **Facilitation of the individual's participation in community activities**

J. **Use of natural supports and typical community services available to everyone**

K. **Social activities**

L. **Participation in leisure activities**

M. **Development of socially valued behaviors**

N. **Assistance with scheduling and attending appointments**

Providers must facilitate meaningful days and independent living choices about activities/services/staff for the individual(s) receiving Supported Living services. Procedures must be in place for individual(s) to access needed medical and other services, as well as typical community services, available to all people.

Nursing services are a component part of Support Living. They must be provided as-needed, based on each individual's need for nursing services. Examples of activities may include: Monitoring vital signs; monitoring blood sugar; administration of medication; setting up medication sets for self-administration; administration of medication; weight monitoring; periodic assessment, accompanying people on medical visits, etc.

If chosen by the person, Supported Living staff must assist the person in participation in community activities. Supported Living services for community participation activities may be shared by up to three (3) individuals who may or may not live together and who have a common direct service provider agency. In these cases, individuals may share Supported Living staff when agreed to by the individuals and when the health and welfare can be assured for each individual.

Each individual must have an Activity Plan that is developed based on his/her PSS. Information from the PSS and Initial Discovery (which takes place during the first thirty (30) days of services) is to be included in the Activity Support Plan and must address the outcomes on his/her approved PSS. In response to the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions, DOM has the flexibility to allow the Activity Plan to be developed by telephone in accordance with HIPAA requirements.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

N/A

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

☑	**Categorically needy *(specify limits):***
	The State covers Support Living Services for individuals enrolled in CSP up to the maximum amount of four (4) hours per day. In instances in which a person requires additional amounts of services, as identified through Person-Centered Planning, those services must be authorized by DMH or the State.
☐	**Medically needy *(specify limits):***

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	**License *(Specify):***	**Certification *(Specify):***	**Other Standard *(Specify):***
Supported Living Providers	DMH Certification	Certified every three years by DMH after initial certification. DMH conducts an annual provider compliance review. DOM has the flexibility to suspend the annual provider compliance review during the COVID-19 pandemic, from April 1, 2020 to the end of the public health emergency, including any extensions. Annual provider compliance reviews will be suspended to the end of the public health emergency, including any extensions. Should a provider fail to complete the compliance review after the end of the suspended review period, the provider will no longer be qualified to render services.	Enrolled as a provider by the MS Division of Medicaid and the MS Dept. of Mental Health.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	**Entity Responsible for Verification *(Specify):***	**Frequency of Verification *(Specify):***
Supported Living Providers	Division of Medicaid	Annually

Service Delivery Method. *(Check each that applies)*: