



**Mississippi Department of Mental Health**  
**Provider Bulletin**  
**Number PR005**

<b>Subject:</b> Activity Plans for ID/DD Waiver Services	<b>Issue Date:</b> March 27, 2012 <b>Effective Date:</b> March 27, 2012
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**Scope**

DMH/H (ID/DD Waiver) Providers

**Purpose**

Provide guidance and clarification for the development of the required Activity Plans for ID/DD Waiver Services.

**Background**

Activity Plans for In-Home Nursing Respite and Home & Community Supports were developed by Support Coordinators and given to the providers of those services for implementation. This process was revised in the *2012 Support Coordination Manual* and *2012 DMH Record Guide* so that the service providers became responsible for the development of the Activity Plans in collaboration with the individual/family/legal representative (when applicable).

**Subject**

Activity Plans for Prevocational Services, Day Services–Adult, Home & Community Supports, In-Home Nursing Respite, and Community Respite **must be completed by July 1, 2012** only if the provider has received a Plan of Care Outcomes for Activity Plan (Plan of Care Outcomes) and Service Authorization from January 1, 2012 through June 30, 2012. Copies of the completed Activity Plans must be sent to the ID/DD Waiver participant’s Support Coordinator by the **15<sup>th</sup>** of the month following the month in which the plan is developed. For example, an Activity Plan developed in March must be sent to the appropriate Support Coordinator by the 15<sup>th</sup> of April. DMH understands that this may put some individual Activity Plans out of the annual timeline for completion during this time period. During a DMH compliance review, this will not be cited as a deficiency. This issue should be resolved by the annual update in 2013 when the provider receives the annual Service Authorization and Plan of Care Outcomes. Therefore, the annual date of the Activity Plan and Service Agreements (for Home and Community Supports and In-Home Nursing Respite) will be the individual’s certification date, regardless of the date the documents were created between January 1, 2012 and June 30, 2012.

Activity Plans must be developed in collaboration with the individual/family/legal representative (when

applicable).

- Providers of In-Home Nursing Respite and Community Respite must adhere to the timelines for development of the Activity Plan that are stated in the *2012 DMH Record Guide*.
- Providers of Home and Community Supports can develop the Activity Plans via the telephone with the required signatures obtained before the first service event and annually thereafter. The Service Agreements must also be signed and returned to the provider before services can begin/continue.
- Providers of Prevocational Services and Day Services-Adult, have thirty (30) calendar days from the date the individual begins receiving the services to develop the Activity Plan. During the thirty (30) day period allowed to develop the Activity Plan, providers of Prevocational Services and Day Services-Adult should utilize the Activity Note in the 2012 DMH Record Guide to document service provision and times in and out of the service. Documentation during this time period should address actual activities that are provided prior to completion of the Activity Plan. All documentation of activities after the Activity Plan is developed should be directed by and support the written plan.

Additionally, the Plan of Care Outcomes and Service Agreements (for Home and Community Supports and In-Home Nursing Respite) that a provider has received from January 1, 2012 and will receive through June 30, 2012 must be signed and a copy returned to the appropriate Support Coordinator with the copy of the Activity Plan. This information must be sent to the ID/DD Waiver participant's Support Coordinator by the 15<sup>th</sup> of the month following the month in which the plan is developed. DMH understands that this may put some Plan of Care Outcomes forms and Service Agreements out of the annual timeline for completion. During a DMH compliance review, this will not be cited as a deficiency. This issue should be resolved by the annual update in 2013.

***End of Provider Bulletin***