



Mississippi Department of Mental Health
Provider Bulletin
Number PR0144

Subject: Requirements for Family Members providing Home and Community Supports and/or In Home Respite

Issue Date: 10/17/2023

Effective Date: 11/1/2023

Scope

All IDD Certified Providers for Home and Community Supports and/or In Home Respite

Purpose

The purpose of this bulletin is to clarify the requirements for family members providing Home and Community Supports and In Home Respite. ***This Provider Bulletin replaces the requirements outlined in Provider Bulletin PR0137 and Provider Bulletin PR0141.*** Providers must use the *Qualifying Relative DCW Questionnaire* attached to this bulletin and update annually with the person's recertification.

Subject

The following Standards ***replace Rule 45.2 and Rule 47.2.*** of the 2020 DMH Operational Standards:

Legally responsible relatives are not allowed to provide Home and Community Supports (HCS) or In-Home Respite (IHR). This includes legal guardians or legal representatives, including but not limited to spouses, parents/stepparents of minor children, conservators, guardians, individuals who hold the participant's power of attorney or those designated as the participant's representative payee for Social Security benefits. For the purposes of this requirement, relatives are defined as any individual related by blood or marriage to the participant.

Non-legally responsible relatives may provide Home and Community Supports or In-Home Respite only when the following criteria are met:

1. The selected relative is qualified to provide service(s).
2. The person receiving the service, or another designated representative is available to sign verifying that services were rendered by the selected relative.
3. The selected relative agrees to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours.

The person's chosen Home and Community Supports or In Home Respite provider is responsible for ensuring all Direct Care Workers (DCWs) are compliant with the regulations. Providers must document each family member's eligibility meets the above requirements in the staff's personnel record. Providers employing a family member to serve as Home and Community Supports or In-Home Respite personnel, must maintain the following documentation in each staff's personnel record:

1. The *Qualifying Relative DCW Questionnaire* indicating eligibility.
2. Evidence the person's ID/DD Waiver Support Coordinator or IDD Community Support Program Targeted Case Manager was notified the agency is seeking approval of a family member to provide Home and Community Supports or In-Home Respite. The person's Plan of Services and Supports (PSS) must document the family member is providing the approved service.

3. Documentation the provider has conducted drop-in, unannounced visits during the time the approved family member is providing services. These visits must occur at least two (2) times per year and must include the following:
 - a. Observation of the family member's interactions with the person receiving services,
 - b. Review of the Plan of Services and Supports and Service Notes to determine if outcomes are being met, and
 - c. Review of utilization to determine if contents of Service Notes support the amount of service provided.

The amount of service hours are determined by the level of support required for the person. A qualified family member providing ID/DD Waiver Home and Community Supports and/or In-Home Respite cannot be authorized to provide more than one-hundred seventy-two (172) hours per month (or forty [40] hours per week) of one service or combination of the two services.

The Department of Mental Health (DMH) and/or Division of Medicaid (DOM) reserves the right to remove a selected relative from the provision of services at any time if there is a suspicion of, or substantiation, of abuse/neglect/exploitation/fraud or if it is determined that the services are not being professionally rendered in accordance with the approved Plan of Services and Supports. If DMH/DOM removes a selected relative from the provision of services, the person/legal representative will be asked to select an alternate qualified provider.

If you have questions, contact Betty Pinion, Director of ID/DD Waiver at (601)359-5797 or email betty.pinion@dmh.ms.gov or Pamela Harkins, Director of IDD CSP at (601)359-5777 or email pamela.harkins@dmh.ms.gov.

End of Provider Bulletin

Qualifying Relative DCW Questionnaire

Member Name		Member ID		
DCW Name		Relationship to Member		
#1 – Is the direct care worker (DCW) the member’s legal guardian? *Legal guardian is defined as spouse, conservator, guardian, parent/stepparent of minor, power of attorney, representative payee for Social Security.			Yes	No
If the answer to question #1 is “yes”, STOP HERE . This individual is <u>not</u> eligible to provide services under the criteria. If “no”, continue to the questions below.				
#2 – Is the direct care worker (DCW) the primary caregiver for the member?			Yes	No
If the answer to question #2 is “yes”, the individual is <u>not</u> eligible to provide In Home Respite. For Home and Community Supports and non-primary caregivers for In Home Respite, the following criteria must be met.				
#3 - Is the direct care staff qualified to provide service as specified in the CMS approved ID/DD Waiver or IDD Community Support Program and DMH Operational Standards?			Yes	No
#4 - Is the participant or another designated representative available to sign verifying that services were rendered by the selected relative?			Yes	No
#5 - Does the selected relative agree to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours?			Yes	No
Member refers to the person receiving service(s) under ID/DD Waiver or IDD Community Support Program. Review of these requirements is required at hire and with the member’s recertification to ensure continued compliance.				
I attest I am not legally responsible for the member and meet all requirements above. Should information/conditions change and I no longer meet requirements, I will notify my employer immediately.				
Signature of Qualified Relative DCW Caregiver		Date		
Agency Representative Signature/Credentials		Date		