

MISSISSIPPI

Overview

Mississippi does not license adult day care (ADC) providers. The Mississippi Department of Human Services, Division of Aging and Adult Services, oversees and monitors ADC centers that wish to enter into an agreement to provide services funded by the Older Americans Act program through Area Agencies on Aging (AAAs). The Department requires these centers to meet quality assurance standards.

Medicaid covers ADC services under a 1915(c) Elderly and Disabled (E&D) waiver program. Providers must comply with the state's Division of Medicaid regulations published in the Home and Community-Based Services Provider Reference guide, which are described in this profile.

Definitions

Adult day care is a day program for aged and disabled individuals with serious health problems or impairments that provides recreational activities, personal care supervision, nutrition, limited health care, and the opportunity to engage in individual activities and interact socially with other people in groups. Its purpose is to: (1) provide care, supervision, and services to individuals who are capable of only limited self-care; (2) meet health maintenance, prevention/intervention, and rehabilitation needs; and (3) promote a maximum level of independent functioning.

Parameters for Who Can Be Served

No specific admission or discharge requirements were identified. The definition of ADC (above) indicates the parameters for who can be served.

Inspection and Monitoring

The Mississippi Department of Human Services, Office of Monitoring inspects ADC programs up to three times a year and at least every 6 months. The AAAs monitor and evaluate local service providers for their efficiency and effectiveness in delivering services.

Medicaid waiver program staff conduct an on-site visit after an application is approved and before a provider number is issued. Site visits are conducted at least every 2 years to ensure continued compliance with standards.

Required and Optional Services

All ADC programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Care	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services	X	
Medication Administration	X ¹	
Nursing Services	X ²	
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services	X ²	
Social Services	X	
Transportation	X	
1. Medicaid administration is a required service for providers under the Quality Assurance Standards, but an optional service under the Medicaid E&D waiver program. 2. Nursing and skilled nursing services are required services for providers under the Quality Assurance Standards, but are not required under the Medicaid E&D waiver program.		

Medication Provisions

A registered nurse (RN) must prepare and administer medications if needed by participants.

Staffing Requirements

Type of Staff. ADC providers must have the following staff: a *qualified administrator*, responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the ADC program; a *program director* (either center manager, site manager, or center coordinator), responsible for the organization, implementation, and coordination of the daily operation of the program in accordance with participants' needs and any mandatory requirements; a *qualified social service staff person*--either a licensed social worker or other health service professional such as certified rehabilitation counselors, licensed gerontologists, licensed professional counselors, or licensed/certified mental health workers; a *registered nurse* who must be on staff if the facility provides nursing services; an *activities coordinator*, and a *program assistant*.

Volunteers are permitted to supplement staff in established activities or to provide additional services for which the volunteer is qualified. The facility must not use

volunteers in place of required staff and can use volunteers only on a periodic and temporary basis.

Staffing Ratios. At least two responsible persons--one a paid staff member (the other staff member can be a volunteer)--must be at the center at all times when two or more participants are in attendance. The staff-to-participant ratio must be between 1:6 and 1:10, except in programs serving a high percentage of severely impaired participants, in which case the ratio should be 1:4, or 1:5 in programs serving more than 20 participants. Volunteers can be included in this ratio only if they conform to the same standards as paid staff.

Training Requirements

All staff must complete first-aid, cardiovascular pulmonary resuscitation (CPR), and Heimlich Technique training. A minimum of 8 hours per year in-service training must be provided, preferably quarterly, and must be appropriate to job function and participant care needs. Program assistants must receive training in working with older adults and conducting activities for the population served.

All center staff providing direct care and participating in the day-to-day operation of the center must complete the Division's Adult Day Care Certification training within 12 months of their hire date. All staff and volunteers who have contact with and responsibility for special populations should receive specific training in serving that population.

All paid and volunteer staff must receive general orientation including, but not limited to: (1) the purpose and goals of adult day services; (2) roles and responsibilities of other staff members; (3) needs of the target population; (4) depression; (5) medication management; (6) the center's policies and regulations; (7) communication skills; (8) basic terminology; (9) advance directive policies; (10) elder abuse reporting; (11) safely and appropriately assisting participants with activities of daily living (ADLs); and (12) risk management.

Ongoing training includes at least four in-service training sessions per year. At the time of employment and annually, each employee must receive training about (1) participants' needs; (2) infection control; (3) the fire, safety, and disaster plan; (4) choking prevention and intervention techniques; (5) body mechanics, transfer techniques, and ADL assistance; (6) mandatory reporting laws for abuse/neglect; (7) basics of nutritional care, food safety, and safe feeding techniques; (8) CPR and first-aid; (9) behavioral acceptance, accommodation, and intervention; and (10) additional topics as available.

Location of Licensing, Certification, or Other Requirements

Mississippi Medicaid Provider Reference Guide, Part 208: Home and Community-Based Services. Mississippi Division of Medicaid. [March 2013]

<http://www.medicaid.ms.gov/wp-content/uploads/2014/01/Provider-Reference-Guide-208.pdf>

Quality Assurance Standards, Adult Day Care. Mississippi Department of Human Services, Division of Aging and Adult Services.

As of October 2014, The Quality Assurance standards were being revised. Because there is currently no URL link to the standards, Ms. Shirley Rainey of the Mississippi Department of Human Services provided them via e-mail.

Mississippi Division of Medicaid website: Information and Resources for the Elderly and Disabled Waiver.

<http://www.medicaid.ms.gov/programs/elderly-and-disabled-waiver/>

Information Sources

Erin Barham
Division of Medicaid
Bureau of Long Term Care

Shirley Rainey
Program Coordinator
Mississippi Department of Human Services
Division of Aging and Adult Services

Karson Luther
Office of the Governor
Division of Medicaid

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf
Georgia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
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West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf