



MISSISSIPPI DIVISION OF
MEDICAID

**MEDICAID WORKFORCE TRAINING INITIATIVE
1115 DEMONSTRATION WAIVER APPLICATION**

FULL PUBLIC NOTICE AND COMMENT PERIOD

Posted October 31, 2017

I. Overview

In accordance with federal law, specifically 42 C.F.R. Section 431.408, the Mississippi Division of Medicaid (DOM) must notify the public of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) an application for an 1115 demonstration waiver project. DOM must provide an appropriate public comment period prior to submitting to CMS a new 1115 demonstration waiver application.

Public notice is hereby given that DOM intends to submit an application for a new 1115 demonstration waiver to CMS on December 11, 2017. The public can review the official waiver application online at www.medicaid.ms.gov and provide comments for 30 days.

In addition, all public comments will be communicated to the U.S. Department of Health and Human Services (HHS) as part of the final waiver application.

Accessibility

English

DOM is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting the Civil Rights Coordinator at 1-800-421-2408 or via email at civilrights@medicaid.ms.gov. You must make your request at least seven days before the activity.

Spanish

DOM es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Civil Rights Coordinator en 1-800-421-2408 o por correo electrónico en civilrights@medicaid.ms.gov. Debe someter su petición por lo menos 7 días de antes de la actividad.

II. Background

Section 1115 of the Social Security Act provides the Secretary of HHS broad authority to authorize research and demonstration projects, which are experimental or pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute. Flexibility under section 1115 is sufficiently broad to allow states to test substantially new ideas of policy merit. DOM will be submitting a new 1115 demonstration waiver application to CMS that will authorize DOM to implement policies related to Workforce Training Activities for beneficiaries who are enrolled in the Transitional Medical Assistance (TMA) Program and those who are enrolled as caretaker relatives. Once approved, this waiver will allow DOM to provide an additional 12 months of medical assistance to certain Medicaid beneficiaries who have been identified as eligible to participate in workforce training opportunities.

III. Project Goals

- Provide an additional 12 months of Medicaid eligibility for TMA beneficiaries.
- Providing workforce training opportunities for certain TMA beneficiaries to assist them with obtaining employment and transitioning to other health insurance.

IV. Project Objectives

- To connect individuals with resources designed to assist them with employment training.
- To assist individuals moving from Medicaid to other health insurance.
- To reduce the number of individuals dependent on Medicaid.

V. Project Description

DOM believes that extending the period of eligibility for TMA beneficiaries will provide an additional level of increased health security as they transition from Medicaid to other forms of healthcare. In addition to extending the length of eligibility for TMA beneficiaries, DOM is seeking to implement workforce training activities for non-disabled adults currently covered under traditional Medicaid, including low-income parents and caretakers eligible under Section 1931 and individuals eligible for TMA. Mississippi Medicaid workforce training activities will not be applicable to the following: Native Americans,

pregnant women, children under the age of 19, disabled individuals, individuals enrolled in 1915(c) waivers, individuals over 65 years of age, or individuals residing in an institution.

Individuals can fulfill the workforce training activities in a variety of ways. The following list contains acceptable activities and may be amended as necessary depending on individual needs:

- Working in paid employment at least 20 hours per week;
- Self-employment for at least 20 hours per week;
- Participation with the Mississippi Department of Employment Security;
- Volunteering with approved agencies;
- Participation in an alcohol or other drug abuse treatment program; and
- Compliance with Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) work requirements.

DOM understands there are circumstances that limit or prevent a beneficiary from being able to work or receive employment training; therefore, a participant will be exempt from such training and work activities if any one of the following conditions is met:

- The participant is diagnosed with a mental illness.
- The participant receives Social Security Disability Insurance (SSDI).
- The participant is a primary caregiver for a person who cannot care for himself or herself.
- The participant is physically or mentally unable to work per a determination by Disability Determination Services (DDS).
- The participant is receiving or has applied for unemployment insurance.
- The participant is taking part in an alcohol or other drug abuse treatment program.
- The participant is enrolled in an institution of higher learning at least part-time.
- The participant is a high school student age 19 or older, attending high school at least part-time.

Beneficiaries who qualify for workforce training activities and who fail to participate in one of the approved activities will lose their Medicaid benefits. Individuals who lose benefits for failing to participate in an approved activity can begin receiving benefits once they participate in an approved activity if all other conditions of eligibility are met.

VI. Delivery System Impact

The demonstration waiver will not change the current health care delivery system, benefit coverage or cost sharing for individuals participating in the waiver.

VII. Hypothesis and Evaluation Parameters

During the approval period, DOM will test the following hypotheses:

- Increasing Medicaid eligibility for certain TMA beneficiaries will result in a decrease of individuals returning to Medicaid under a different category.
- Providing workforce training opportunities will result in transitions to other health insurance.
- Providing workforce training opportunities will result in an increase in the number of individuals entering the workforce.

A detailed evaluation design will be developed for review and approval by CMS. DOM will use relevant data from the Medicaid program and its managed care organizations as well as information from other pertinent organizations such as the Mississippi Department of Employment Security and the Mississippi Insurance Department. Data elements may include eligibility, enrollment, claims, payment, encounter/utilization, chart reviews, and other administrative data. DOM may also conduct surveys and focus groups of beneficiaries and providers. All evaluation reports will be made public and posted on the DOM website

VIII. Enrollment and Cost Effectiveness Analysis

Federal policy requires section 1115 demonstration waivers be budget neutral to the federal government. This means that a demonstration should not cost the federal government more than what would have otherwise been spent absent the demonstration. Particulars, including methodologies, are subject to negotiation between DOM and CMS.

To ensure budget neutrality for each fiscal year of this new 1115 demonstration waiver, Mississippi will continue to use a per-member per-month (PMPM) methodology specific to the TMA adult population with income under 100 percent of the federal poverty limit (FPL). The demonstration will measure the financial impact to the program independent of enrollment fluctuations.

In establishing the baseline PMPM, historic enrollment and expenditure experience related to TMA adults (managed care and fee-for-service) was evaluated. To predict future costs, adjustments to reflect enrollment trends based on workforce training were predicted based on information related to work requirements for SNAP and TANF.

The following table illustrates the State’s enrollment projections by total **member months**, updated to reflect the proposed modifications to the program. The table also demonstrates the State’s budget projections based on enrollment fluctuations during the five-year period.

During the course of the five-year demonstration period, PMPM for Mississippi Medicaid is not anticipated to change because no services are being added or removed under this demonstration. Member months will fluctuate based on individuals remaining in the program or exiting the program.

HISTORICAL DATA					
	2012	2013	2014	2015	2016
Membr Months	1459620	1473967	1558177	1585700	817508
Expenditures	\$ 324,264,099.00	\$ 345,463,990.00	\$ 375,786,403.00	\$ 436,776,309.00	\$ 411,928,699.00

Overall Demonstration Chart					
Without Waiver Total Cost Demonstration					
	DY 1	DY 2	DY 3	DY 4	DY 5
Enrollment (in Member Months)	735,793	662,246	596,050	536,471	482,847
PMPM	\$521.17	\$540.71	\$560.99	\$582.03	\$603.85
Expenditures	\$383,473,180.44	\$358,085,451.31	\$334,378,509.33	\$312,241,078.46	\$291,569,249.69
With Waiver Total Cost Demonstration					
	DY 1	DY 2	DY 3	DY 4	DY 5
Enrollment Increase (Decrease)	(58,181)	(52,503)	(47,356)	(42,696)	(38,482)
Enrollment (in Member Months)	677,612	609,743	548,694	493,776	444,366
PMPM Increase (Decrease)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PMPM	\$521.17	\$540.71	\$560.99	\$582.03	\$603.85
WW Population Change Multiplied by WOW PMPM Cost (Savings)	(\$30,322,326.40)	(\$28,389,156.48)	(\$26,566,035.54)	(\$24,850,006.93)	(\$23,237,264.83)
New PMPM Multiplied by Waiver Population Cost (Savings)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Cost (Savings)	(\$30,322,326.40)	(\$28,389,156.48)	(\$26,566,035.54)	(\$24,850,006.93)	(\$23,237,264.83)
Total Waiver Expenditures	\$353,150,854.04	\$329,696,294.83	\$307,812,473.78	\$287,391,071.53	\$268,331,984.86
With Waiver Enrollment (in Member Months) and PMPM					
Enrollment (in Member Months) Change Summary Chart					
	2019	2020	2021	2022	2023
Employment Training Introduction Increase (Decrease)	(58,995)	(53,098)	(47,791)	(43,014)	(38,714)
TMA 24 Month Time Limit Increase (Decrease)	814	595	435	318	233
Total Increase (Decrease)	(58,181)	(52,503)	(47,356)	(42,696)	(38,482)
Cost (Savings) of Employment Training on Enrollment	(\$30,322,326.40)	(\$28,389,156.48)	(\$26,566,035.54)	(\$24,850,006.93)	(\$23,237,264.83)
Cost (Savings) of TMA Time Limit Increase on Enrollment	\$424,246.42	\$321,848.54	\$244,165.83	\$185,232.95	\$140,524.35
Total Cost (Savings) of Enrollment Adjustment	(\$29,898,079.98)	(\$28,067,307.94)	(\$26,321,869.71)	(\$24,664,773.98)	(\$23,096,740.48)
Federal Share	(\$22,423,559.98)	(\$21,050,480.96)	(\$19,741,402.28)	(\$18,498,580.49)	(\$17,322,555.36)
State Share	(\$7,474,519.99)	(\$7,016,826.99)	(\$6,580,467.43)	(\$6,166,193.50)	(\$5,774,185.12)

IX. Specific Waiver and Expenditure Authorities

Title XIX Waiver Requests

1. Eligibility

Section 1902(a)(10)(A)

To the extent necessary, to enable DOM to make compliance with the workforce training a condition of eligibility for the population identified in Section II of this application.

2. Transitional Medical Assistance Expansion

Section 1925

To the extent necessary, to extend TMA eligibility to 24 months.

Expenditure Authorities

1. Costs Not Otherwise Matchable

DOM requests that expenditures related to costs associated with employment training as a covered benefit for the demonstration population be regarded as expenditures under the State's Medicaid Title XIX State Plan and receive an enhanced match rate equal to 90%.

X. Review of Documents and Submission of Comments

Location and Internet Address of Demonstration Application for Public Comment and Review

Copies of the demonstration application may be requested in writing from the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, 550 High Street, Suite 1000, Jackson, Mississippi 39201, downloaded and printed from www.medicaid.ms.gov or may be requested at Margaret.Wilson@medicaid.ms.gov or 601-359-2081.

Postal and Internet Email Address for Sending and Reviewing Comments

Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, 550 High Street, Suite 1000, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the publication of public notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

Public Hearings

The first public hearing and teleconference on this proposed demonstration request is scheduled for Wednesday, November 15, 2017, from 10:00 a.m. until 11:00 a.m. at the Woolfolk Building, Room 145, 501 North West Street, Jackson, Mississippi 39201. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 8930051.

The second public hearing on this proposed demonstration request is scheduled for Friday, November 17, 2017, from 10:00 a.m. until 11:00 a.m. at the Mississippi War Memorial Building, 120 North State Street, Jackson, Mississippi 39201.