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# *Mississippi-at-Home*

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*Advancing Mississippi's Long-Term Care System By Opening  
Doors To Community-Based Services and Supports*



The Mississippi Division of Medicaid's  
Balancing Incentive Program Application

**May 2012**

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**STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID**

DAVID J. DZIELAK, Ph.D.  
EXECUTIVE DIRECTOR

May 1, 2012

Jennifer Burnett  
Centers for Medicare & Medicaid Services  
Disabled and Elderly Health Programs Group  
7500 Security Boulevard  
Mail Stop: S2-14-26  
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Mississippi Division of Medicaid's enclosed Balancing Incentive Program application proposes a comprehensive approach to bring balance to the State's long-term care system and provide more options for those in need of long-term services and supports (LTSS). The amount of requested funding for the program, titled Mississippi-at-Home, is \$68.5 million based on projected total community-based LTSS expenditures of \$1.4 billion from July 1, 2012, through September 30, 2015.

The Division of Medicaid is Mississippi's sole Medicaid agency and will act as the lead organization in implementation and oversight of the program. Ms. Kristi Plotner, Office Director of the Bureau of Policy, Planning and Development, will serve as the Principal Investigator and contact person for the initiative. She can be contacted (601) 359-6698, or by e-mail at [Kristi.Plotner@medicaid.ms.gov](mailto:Kristi.Plotner@medicaid.ms.gov).

As executive director, I am committed to seeing that people with disabilities and older adults have access to care in the community when it is needed, and that the State's long-term services and supports allow individuals the ability to maintain their quality of life to the greatest extent possible in the community.

Sincerely,

David J. Dzielak, Ph.D.  
Executive Director

## Project Abstract

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The Division of Medicaid's (DOM's) strategic plan for expanding access to Home and Community-Based Services (HCBS) calls for a person-centered, data-driven approach to creating a sustainable long-term care system that enables individuals who are disabled and aging to access services in the most appropriate and desired setting. The Balancing Incentive Program will serve as the catalyst for that plan, titled Mississippi-at-Home, by providing enhanced federal funding for HCBS and a strategic overlay to ensure continuity among related community-based, long-term care programs.

DOM is requesting **\$68.5 million** in increased Federal Medical Assistance Percentage through the Balancing Incentive Program. By coordinating with related programs such as Money Follows the Person, Mississippi Youth Programs Around the Clock, and MS Partnerships for Sustainable Housing, the DOM is committed to utilizing the program to increase its HCBS spending percentage to at least 25% of overall long-term services and supports (LTSS) expenditures by Oct. 1, 2015. The DOM's Mississippi-at-Home strategic plan includes:

- **A No Wrong Door System** that plays a key role in the timely coordination of financial and functional Medicaid eligibility and helps individuals navigate both administrative and community-resource barriers to HCBS.
- **Conflict-Free Case Management** requiring providers of case management services to develop and adopt firewall policies and procedures.
- **Core Standardized Assessment Instruments** streamlining and improving data collection for the purposes of placement in Medicaid HCBS programs.
- **A Multi-Year HCBS Research Project** that underscores the need to fully understand the system's present limitations to allow for data-driven decision-making that leads to lasting reform of the state's LTSS system.
- **HCBS Quality Assurance Improvements** designed to enhance the level of community-based care by development of new instruments for data collection, quality measurement, and enhanced oversight functionality.
- **A Strategic Public Health Communication Plan** that influences individual and institutional behaviors, fosters cooperation, and encourages the exchange of knowledge about Mississippi Medicaid HCBS health care initiatives.
- **A Strategic HCBS Plan** that is published for public review and comment outlining agency and community goals to increase access to community-based LTSS including recommendations for programs, incentives, legislative changes, funding needs, and quality service.

## Preliminary Work Plan

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Mississippi's **Preliminary Work Plan** is located in **Attachment A**. The Mississippi Division of Medicaid will coordinate with community stakeholders and agency partners to finalize a detailed Work Plan that will be submitted to CMS six months after the acceptance of this application. The agency has already initiated conversations with stakeholders who will be instrumental in meeting objectives to achieve meaningful reform.

## Letters of Endorsement

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Evidenced by the **Letters of Endorsement located in Attachment B**, DOM's Mississippi-at-Home project has widespread support from key players and stakeholders in the endeavor to offer more community choices to the elderly and persons with disabilities. Policymakers and consumers recognize the need for change in Mississippi and are actively working together to responsibly restructure the state's long-term care system. Stakeholders are already at the table with the implementation of other state initiatives to grow community-based services, as well as to address recent findings by the Department of Justice's investigation of long-term care services for persons with mental and intellectual disabilities. The Mississippi-at-Home project proposed in the DOM's application provides an avenue for pooling resources, collecting data, and coordinating shared priorities to achieve the collective goal of opening access to HCBS.

### **Mississippi-at-Home partners include:**

MS Department of Mental Health  
MS Department of Rehabilitation Services  
MS Department of Human Services  
MS Department of Health  
AARP Mississippi  
The Arc of Mississippi  
Living Independence for Everyone of MS  
Mississippi Association of Community Mental Health Centers  
MS Association of Planning and Development Districts  
MS Coalition for Citizens with Disabilities  
Disability Rights Mississippi  
Independent Nursing Home Association  
Mississippi Adolescent Center  
MS Council on Developmental Disabilities  
MS Health Care Association  
MS Transportation Coalition  
National Aging in Place Council  
National Alliance on Mental Illness  
University of Southern Mississippi Institute for Disability Studies  
U.S. Department of Housing and Urban Development

## Application Narrative

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### Understanding of Balancing Incentive Program Objectives

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The Mississippi-at-Home-Balancing Incentive Program seeks to raise the bar in the Magnolia State as it relates to delivery of long-term, community-based care by implementation of a broad range of infrastructure upgrades and quality improvement activities. The Centers for Medicare and Medicaid Services (CMS) proposes states leverage the Balancing Incentive Program as one component of a comprehensive approach to creating a fiscally responsible, person-driven system that offers a full array of choices, thereby empowering people to direct their health care decisions to the fullest extent possible.

Mississippi-at-Home provides a strategic overlay to ensure continuity and avoid duplication among the related programs and efforts that seek to expand access to HCBS in Mississippi. That includes initiatives to help individuals transition to less restrictive community-living environments through Money Follows the Person (MFP), known in Mississippi as Bridge to Independence (B2I), as well as the Mississippi Coordinated Access Network (MississippiCAN), a managed care program designed to treat individuals with complex and multiple health needs in community settings. Additionally, the proposal calls for a multi-year study of the state's long-term services and supports (LTSS) delivery system to identify administrative and community-resource barriers to community living that will allow for data-driven financial and functional decisions related to HCBS expansion. DOM is requesting **\$68.5 million** in increased Federal Medical Assistance Percentage (FMAP) through the Balancing Incentive Program.

DOM is committed to increasing its Home and Community-Based Services (HCBS) spending percentage to at least 25% of LTSS expenditures by Oct. 1, 2015. Mississippi-at-Home calls for implementation of the following:

1. **A No Wrong Door System** that plays a key role in coordinating financial and functional Medicaid eligibility and helps individuals navigate complex administrative and community-resource barriers to HCBS. Key components of the No Wrong Door (NWD) system include:

- a. A system that coordinates financial and functional Medicaid eligibility and offers a seamless user experience regardless of where one enters the system
- b. Implementation of a system that flags individuals entering nursing homes for short-term rehabilitation to ensure they receive HCBS information and have access to transition planning services that works in coordination with the Transition to Community Referral (TCR) driven by Section Q of the MDS
- c. Designated “HCBS specialists” trained to navigate administrative and community resource barriers to accessing long-term supports at home; HCBS specialists also will oversee a 508 compliant (accessible to persons with disabilities) LTSS information and referral website that includes a “mini-preadmission screening” to aid in determining need for a full functional assessment
- d. Easy access—online, in-person, and by phone—to a menu of long-term support services to holistically address a person’s community living needs regardless of his/her participation in a particular health care program

**2. Conflict-Free Case Management** that requires providers of case management services to develop and adopt firewall policies and procedures, including assignment of an ‘independent agent’ to mitigate conflicts. Key components of conflict-free case management include:

- a. DOM review of care and service development policies to identify conflicts that may restrict HCBS access
- b. Creating and enforcing new policies to ensure care and service plans are person driven and include description of needs and measurable goals to ensure services are appropriate for reaching specified goals
- c. Implementation of firewall policies to ensure freedom of choice of providers regardless of the agency developing care and service plans and ensuring that administrative separation between those doing assessments and services are enforced
- d. Adoption of policies that empower case managers to evaluate providers of service for compliance with care and service plans, and a clear reporting system for correcting deficiencies noted in the field



- e. Assuring that individuals have a voice in care and service plan development and a clear and easily understood method for making complaints, and/or appeals regarding quality and choice consistent with DOM's Elderly & Disabled and Independent Living waiver renewals
- f. Continued assessment and implementation of policies across waivers that allow beneficiaries and their families to direct their own health care to the extent possible, building upon self-directed policies implemented in the Independent Living waiver renewal

**3. Core Standardized Assessment Instruments** to streamline and improve data collection for the purposes of placement in Medicaid HCBS programs. The key components of core standardized assessment instrument changes include:

- a. Evaluation of the preadmission screening assessment tools used to determine functional qualification for placement in Mississippi waivers and nursing facilities
- b. Inclusion of updated standards to shift the focus to individuals' abilities rather than their disabilities for the purpose of care and service plan development and to reflect MDS 3.0 language
- c. Implementation of an intuitive standardized core assessment tool for functional eligibility determination for all waivers including individuals placed on the IDD waiver, which presently utilizes a separate assessment process
- d. Mechanisms for internally flagging individuals during the preadmission screening and resident review (PASRR) Level I and Level II process based on an updated algorithmic scoring system who are seeking institutional placement but who may be appropriate for HCBS now or in the near future, in coordination with TCR
- e. Development of a "mini-PAS" for use by individuals, providers, and Medicaid financial eligibility specialists to determine the appropriateness of a full functional assessment
- f. Key stakeholder involvement in development of a revised core standardized assessment tool
- g. Training and education prior to implementation, ongoing in-services for providers, and continued monitoring of the usage and effectiveness of the tool

4. **A Multi-Year HCBS Research Project** that aims to provide an accurate picture of the system’s present limitations and strengths to allow for data-driven decision-making leading to long-lasting reform. Key components of the HCBS Research Project include:
  - a. Analyzing the current HCBS delivery system to identify and explain service territory vacuums and administrative “red-tape” barriers to HCBS expansion
  - b. Examining community resource barriers such as a lack of safe, affordable housing, accessible transportation, and employment opportunities for persons with disabilities
  - c. Resident interviews and file reviews to determine the factors that led to institutional placement for individuals who scored between a predetermined range on the PASRR Level I for the purposes of institutional placement
  - d. Determining prevalence of disabilities and chronic health conditions that most commonly lead to institutionalization and analyzing social and environmental contributing factors
  - e. Packaging data collection across studies to allow for data-driven financial decisions regarding HCBS services
  
5. **HCBS Quality Assurance Improvements** designed to enhance the level of community-based care by development of new instruments for data collection, quality measurement, and enhanced oversight functionality. The key components of quality assurance improvements include:
  - a. Evaluating Medicaid’s compliance review policies and procedures across HCBS program areas to ensure uniform evaluation criteria for a core set of service and financial standards, allowing for deviation where appropriate
  - b. Reviewing Medicaid providers’ critical incident reporting systems as well as DOM’s management system, and implementing a 24/7 reporting system to ensure safety, health, and welfare issues are addressed appropriately and timely for individuals receiving HCBS
  - c. Implementing risk mitigation policies and procedures
  - d. Clear practices for holding providers accountable for corrective action plans including sanctions for noncompliance

- e. Creating and enforcing discharge planning policies for hospitals and facilities addressing the “rapid revolving-door” phenomenon where people cycle between community and institutional care for lack of appropriate planning

**6. A Strategic Public Health Communication Plan** that influences individual and institutional behaviors, fosters cooperation, and encourages the exchange of knowledge about Mississippi Medicaid HCBS health care initiatives. The key components of this strategic communication plan include:

- a. Employing an outreach campaign aimed at a cultural shift in thinking whereby institutional placement is considered the option of last resort
- b. Coordinating with physicians to identify solutions for assessing and treating people with chronic health and psychiatric conditions in the community
- c. Implementing a strategic beneficiary education campaign addressing solutions to social, economic, environmental, and health challenges to HCBS
- d. Convening stakeholder groups at various levels for the purpose of implementing the major components of Mississippi-at-Home

**7. A Strategic HCBS Plan** that is published for public review and comment outlining agency and community goals to increase access to community-based LTSS including recommendations for programs, incentives, legislative changes, funding needs, and quality service. Key components of the Strategic HCBS Plan include:

- a. Evaluating the administrative structure of DOM’s five HCBS waiver programs to recommend strategies for efficiency, consolidation, and simplification to increase access for consumers. This includes exploration of utilizing a third-party entity to assume assessment responsibilities for waiver and facility placement
- b. Monitoring the continued implementation of MississippiCAN to determine feasibility of incorporating LTSS
- c. Streamlining administrative functions and eliminating barriers to accessing Medicaid HCBS through review of procedures and policy, as well as education and outreach to community and institutional providers

- d. Engaging institutional owners to identify ways facilities can diversify business models via participation in the Mississippi Medicaid HCBS delivery system
- e. Retraining of the long-term care work force to allow for quality service delivery in the home as well as skills development and transition planning inside facilities to encourage temporary instead of long-term stays
- f. Exploring use of Civil Money Penalty Funds to engage facility operators in redesigning the institutional blueprint to replicate a home-like environment to the extent possible allowing for smoother transitions when individuals seek short-term care for rehabilitation
- g. Increase HCBS and decrease reliance on institutional beds. This could include examination of institutional beds in abeyance
- h. Coordinating programs that propose expanding HCBS access and improving coordinated care in the community for the elderly and individuals with disabilities, and/or living with chronic illness or psychiatric conditions. Those programs include Mississippi Youth Programs Around the Clock (MYPAC), Mississippi Partnerships for Sustainable Housing, MississippiCAN, and B2I

The state's multi-pronged approach to expanding access to HCBS includes enjoining stakeholders, pooling resources and centralizing access to information, streamlining DOM's information and referral processes, and identifying and eradicating administrative barriers to community living. In concert with agency partners and key stakeholders, DOM will help tackle the resource vacuums that can exasperate the prevalence of chronic health conditions and leave Mississippians little choice but to seek long-term care in an institutional setting who may otherwise have been able to remain in the community.

DOM believes the core mission of the federal-state Medicaid program is to ensure access to quality health care primarily for low-income children and adults who are elderly and/or disabled in the least restrictive environment that is appropriate and preferred. Mississippi-at-Home stays true to the Medicaid program's core mission while seeking to responsibly restructure the state's LTSS system to emphasize community-based care and implement a balanced approach to LTSS delivery.

## Current Medicaid Strengths and Challenges

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### *LTSS Information and Referral System-Strengths*

DOM as well as providers, state agencies, and advocacy organizations have made concerted efforts to compile and make available information about community-based LTSS for individuals in need. Information about Mississippi Medicaid LTSS and other long-term care support programs are available at the following:

- The Division of Medicaid has brochures and information available via DOM's website on each of the five waivers
- The Department of Mental Health has information for individuals with intellectual, developmental, or mental disabilities
- Planning and Development Districts, which include the Area Agencies on Aging, have information about elderly and disabled services
- The Mississippi Department of Rehabilitation Services provides information to persons with physical disabilities, including traumatic brain and spinal cord injuries
- Various advocacy and outreach organizations have LTSS listings and information, including the Arc of Mississippi, the Mississippi ADRC, Mississippi 2-1-1, AARP Mississippi, Disability Rights Mississippi, and Living Independence for Everyone of Mississippi, a Center for Independent Living

In recent years, DOM implemented a system that makes referrals to HCBS quicker and less cumbersome for individuals seeking community-based support. DOM's Long Term Care Bureau began receiving referrals in response to Section Q of the MDS 3.0 on Oct. 1, 2010, for individuals in nursing facilities requesting HCBS information. Referrals made by or on behalf of individuals via the DOM's website are transferred to the appropriate waiver operating agencies in a timely manner, and tracked by action status.

Beginning Dec. 1, 2011, Mississippi's MFP program known as B2I, administered by DOM, began accepting referrals from or on behalf of individuals living in nursing facilities and ICFs/MR who are interested in transitioning to the community. Those referrals can be made by individuals, family, friends, and facility representatives. At the time of this application, DOM was creating a system to coordinate B2I with the Section Q referral process known as Transition to Community Referral (TCR). The Mississippi-

at-Home proposal calls for a coordinated point of entry for TCR and B2I referrals. HCBS specialists with the NWD call center will provide information, make referrals to provider entities, and initiate the eligibility and enrollment process regardless of the origin of the referral.

### *LTSS Information and Referral System-Challenges*

While there is an abundance of community LTSS information available from a variety of sources, ‘information black holes’ not only cause frustration for beneficiaries and families but may also lead to unnecessary institutional placement.

The state’s complex community-based LTSS delivery system is a contributing factor to the information chasm. The present system was built to meet the specific needs of the state’s rural geographic challenges as well as the diversity of individuals with disabilities seeking long-term supports. Over time, this system has served many Mississippians well in some areas, such as producing employees who are highly specialized in caring for people in a single disability category.

However, the system presents significant barriers in the exchange of knowledge that is so crucial for addressing a person’s needs holistically in the community, particularly when one’s needs are complex and multiple. Information black holes are created by a lack of systems knowledge by front-line workers, scattered sites for information, and information that often differs depending on the source.

The Mississippi Division of Medicaid, Office of the Governor administers all five Medicaid waivers in the state, as follows (see **Attachment C** for **present information and referral diagram**):

- DOM operates and administers the Assisted Living (AL) waiver.
- Ten Planning & Development Districts administer and establish care and service plans for the state’s Elderly & Disabled (E&D) waiver by catchment area.
- The Mississippi Department of Rehabilitation Services, which reports to a board of directors, operates the Independent Living (IL) and Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) waiver.
- The Department of Mental Health (DMH), which reports to a board of directors, operates the Intellectual/Developmental Disabilities (IDD) waiver. DMH’s five Regional Centers are responsible for determining

functional eligibility, establishing care and service plans and provides case management services within defined catchment areas.

- Additionally, 15 community mental health centers offer Mental Health State Plan (Rehabilitation Option) HCBS services in their respective catchment areas under the oversight of DMH.

The various HCBS administrative agencies' policies and procedures vary, sometimes even within the same umbrella agency or agency category. Similar waiver services often have different names and varying descriptions. While there have been recent efforts to streamline service names and definitions, the waiver process is complex for consumers. Personal Care Attendants are now listed as a service in the IL, TBI/SCI, and E&D waiver. Until the most recent round of waiver renewals, a similar service was called 'homemaker' in the E&D waiver. It is presently called Home and Community Supports in the IDD waiver. Additionally, the IDD waiver does not use the same screening tool as the other Medicaid waivers. And even though four waivers use a standardized preadmission screening (PAS) assessment tool, there is not an adequate protocol for transferring a PAS from one agency to another. Training and educational requirements of those administering the PAS and direct service professionals differ between waivers as well.

Because each waiver's administrative process is different, cross-training on HCBS program areas outside an agency's expertise presents significant challenges. This lack of overall LTSS systems knowledge by front-line employees creates barriers when an individual enters the system via the "wrong door." For instance, if an individual is determined not functionally eligible for a particular waiver, the assessing employees may or may not have pertinent information to make a proper referral to another HCBS provider. Mississippi-at-Home's No Wrong Door component proposes a multi-stage approach to shoring up information black holes, starting with an intensive outreach effort to cross-train front-line LTSS staff and building to an overhaul of the LTSS delivery system to streamline administrative and assessment functions and simplify the process to increase access for consumers.

#### *Eligibility Determination-Strengths*

For evaluating functional assessment, with the exception of the IDD waiver, all waivers utilize Mississippi Medicaid's Long Term Care PAS assessment which creates an allegorical score in real time for determining functional qualification for HCBS.

Generally, scores of 50 or above meet the benchmark for functional eligibility for these waivers or institutional placement. Data is stored and can be retrieved for analysis. For IDD waiver eligibility determination, a DMH Diagnostic and Evaluation (D&E) team selects the assessment instruments that will most accurately assess an individual's functioning in all areas of development. Across HCBS program areas, case managers responsible for care and service plan development are trained and specialized to serve the disability populations under their purview.

The use of a core standardized assessment to determine both waiver and nursing facility placement allows for internally flagging individuals seeking institutional placement who may be appropriate for HCBS now or in the future. Individuals whose qualifying score for institutional placement is marginal—where it is determined that their assistance needs with activities of daily living are less than 24/7—could be considered high priority for engagement about HCBS alternative options as well as preemptive action by case managers to prevent unnecessary institutionalization.

Once functional eligibility has been determined by the appropriate HCBS operating entity, an individual must be assessed for financial eligibility. Mississippi law requires individuals to apply for and annually renew Medicaid benefits via a face-to-face meeting with financial eligibility specialists at one of 30 Medicaid Regional Offices, or one of approximately 100 outlying field offices that are open part-time to accommodate individuals who live in remote parts of the state. The law additionally allows for exceptions to the face-to-face rule for those whose disabilities are so severe that travel is impossible or would impair one's health. In those instances, a designee may meet the face-to-face enrollment/renewal requirement on behalf of the person with disabilities. The face-to-face requirement is not applicable to those residing in institutions. With those exceptions, anyone applying for or renewing Medicaid benefits must do so in person.

### *Eligibility Determination-Challenges*

People often enter the LTSS system when in need of critical care due to an accident, or decline in health related to disability or age. In many cases, they enter the system through a hospital, which without other obvious options refers individuals to nursing facilities, ICFs/MR, or Psychiatric Residential Treatment Facilities (PRTFs). They may also seek assistance when caregivers are no longer able to provide that care, either because of work, their own decline in health, or caregiver burnout. Facilities provide immediate shelter and care, while the HCBS eligibility and enrollment process takes weeks, at best,



or even months. These timelines are best case scenarios and do not take into account long waiting lists for waiver services.

Although this section does not specifically address HCBS capacity, even if financial and functional eligibility are timely coordinated, an individual living in the community may not have immediate access to HCBS because of waiting lists for services. The E&D waiver has expanded capacity in recent years but waits remain for services because of the hurdle of identifying service providers. However, individuals transitioning from facilities to a less restrictive environment in the community are given priority waiver status, and DOM has made a concerted effort to streamline the eligibility and enrollment processes for those transitioning from institutions to the community. In fact, individuals transitioning through B2I/MFP have discharge dates that are coordinated with waiver start dates so services begin the day an individual moves into the community.

While these eligibility and enrollment (E&E) advancements are admirable, DOM recognizes the need to concentrate efforts on the timeliness of E&E for individuals in the community who are at-risk of institutional placement if HCBS are not made available. The advancements in coordinating E&E with HCBS start dates are primarily built on low-cost enhanced communication efforts for the small B2I population. Broader efforts would require ingrained systems changes that allow the Medicaid Regional Offices to expedite the processing of an increased volume of E&E applications for waiver services for those coming out of institutions and those already in the community on waiting lists for services.

Rebalancing programs such as B2I, which seeks to assist people in moving out of institutions, must be coupled with streamlined policies and procedures that prevent people from unnecessary institutionalization in the first place. Failure to provide adequate access to services for those at-risk of institutionalization could inadvertently create an incentive for individuals to seek institutional placement as a vehicle to accessing HCBS. Additionally, failure to address the system holistically would amount to discharging individuals only to admit others instead of addressing the need to balance the delivery of LTSS.

Institutional placement may not be the most appropriate setting for an individual, but may be the only option if HCBS are not available immediately. On the other hand, if an individual remains in the community for months waiting for an HCBS start date, it raises

the question: Does he/she really need HCBS assistance? The answer to that question is generally more complicated than “yes” or “no.” It may have required, for instance, that an adult daughter/son take off work to care for an aging parent, or that an aging parent take on responsibilities for which he/she is not equipped to care for an individual with severe intellectual or mental disabilities. Undue burden on a caregiver can lead to burnout which can lead to institutionalization.

Other variables for the need of HCBS must be considered in an equation for access to waiver capacity that allows some flexibility to triage individuals on waiting lists, such as those deemed at immediate risk for institutionalization. Presently, only priority status is given to those in institutions. Mississippi-at-Home provides the strategic overlay to determine how various HCBS policies and programs can work together to bring balance to the state’s LTSS delivery system now and in future years.

### *Case Management-Strengths*

The development and oversight of care and service plans are two of the most vital components of a LTSS delivery system. As a general rule, individuals responsible for case management services in Mississippi are highly trained in the specific care needs of individuals in the disability categories they serve, such as individuals who are aging, or physically, mentally, intellectually, or developmentally disabled. While the state’s waiver case management and delivery system presents challenges, one of the primary strengths of the present setup is the degree to which case managers are able to specialize and provide high quality care and service plans for the individuals they serve.

Additionally, DOM recently contracted with a new vendor to perform PASRR Level II evaluations for individuals in nursing homes for the purpose of establishing care and service plans for those in need of mental health services in an institutional setting. Tennessee-based Ascend Management Innovations LLC assumed responsibility of the PASRR Level II evaluation from community mental health centers (CHMC), which were delivering services to some of the individuals assessed. This contractual change represents a significant step forward in DOM’s attempts to implement conflict-free case management policies across program areas. Another recent change is a State Plan amendment to the Rehabilitation Option that created Community Support Services for community-based mental health services and clarified the administrative and oversight role of in-house case management.

However, because Mississippi has a large rural population with limited providers, case management services are performed, in almost all cases, by agencies that also deliver HCBS. In many cases, policies are in place to help mitigate conflicts. For example, case managers do not set funding levels for individuals, and employees performing evaluations and assessments, as well as those establishing care and service plans, cannot be related by blood or marriage to the individual or his/her caregivers. Caregivers are defined as individuals who are paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual. Furthermore, case management provider agencies are required to establish administrative separation between those doing assessments and service planning and those delivering direct services.

### *Case Management-Challenges*

Unfortunately, because of this arrangement Mississippi's case management system is program-centered rather than person-centered. Care and service plan development is limited by the "silo" operational and administrative structure of HCBS programs. There is not a clear separation of case management from direct service provisions because case managers are often employees of organizations that provide direct services to the individual. In all cases, the agencies responsible for functional assessment for eligibility of service are the same agencies responsible for establishing care and service plans. While DOM believes most case managers and employing agencies act in good faith, these conflicts could pressure individuals to refer to their own organizations for service delivery, or to perform an assessment to increase business for the organization. In an ideal situation, these temptations would not exist.

The state's rural landscape presents significant challenges in creating a true conflict-free case management system. Still, DOM is taking steps to mitigate potential conflict, as mentioned above. Firewall policies and procedures, including DOM's oversight functionality, will be reviewed in Phase I of the Mississippi-at-Home plan, with suggestions for reform presented as needed. Phase II of the plan includes evaluation of waiver administrative and assessment practices to simplify the process and ensure alternatives to institutions are made available to those seeking long-term supports.

Mississippi-at-Home proposes to implement and/or enforce the following in an effort to mitigate conflicts in case management:

- Documenting the individual has been offered a choice among waivers and among all qualified providers of direct services
- Establishing a consumer council within care management agency providers to monitor issues of choice
- Documenting the number and types of appeals and the decisions made regarding complaints and/or appeals
- Implementing case management firewall oversight measures that allow DOM to ensure that consumer choice and control are not compromised
- Documenting consumer experiences with measures that capture the quality of case management
- Evaluating agencies which play a dual role in development of care and service plans and rendering of services and, if appropriate, recommendation for restructuring

## No Wrong Door/ Single Entry Point System

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### *Mississippi-at-Home NWD Overview*

The Division of Medicaid (DOM) will develop a statewide system to enable consumers to access community-based long-term services and supports (LTSS) through a No Wrong Door (NWD) system. The NWD system will be operated and managed by the DOM and provide (See **Attachment D** diagram for the **proposed NWD/SEP**):

- Coordinated access to desired, appropriate, and available services and supports
- Information about Medicaid LTSS
- Systems for “flagging” people who enter the NWD and are at high-risk for unnecessary institutionalization as well as those seeking short-term rehabilitative care in a facility to ensure they have access to transition planning services
- Referrals to other available non-Medicaid services such as affordable housing, accessible public transportation, employment services, TANF, SNAP, and LIHEAP
- “HCBS specialists” to assist in coordinating financial and functional eligibility and that are trained to navigate administrative and community resource barriers to accessing long-term supports at home
- Improved efficiencies in the functional and financial eligibility determination process, thereby reducing the length of time between assessment and start date of services
- Identification of a set of Single Entry Point (SEP) agencies, including Medicaid Regional Offices, waiver operating entities, and community mental health centers that coordinate efforts to assist in financial and functional Medicaid eligibility determination
- Methods for engaging individuals with complex and/or multiple health care needs for the purposes of treatment and participation in health care programs
- Online, in-person, and call-in access to a “mini-PAS” for use by individuals, providers, and Medicaid financial eligibility specialists to aid in determining the appropriateness of a full functional assessment.
- Information to resources created for family members and caregivers

In Phase I of the Mississippi-at-Home plan, DOM proposes operating and managing the NWD system, which will include a website, 1-800 number and walk-in centers. The NWD system will be coordinated to include related functions of B2I/MFP and the MDS

Section Q referral entry point. The NWD system will include HCBS specialists located at Medicaid’s Jackson headquarters who will serve as a resource for outside callers and eligibility workers across the state. They will provide B2I and HCBS training for employees of the state’s 30 Medicaid Regional Offices and waiver operating agencies across the state.

The Regional Offices, where individuals must go to apply for and annually renew their Medicaid benefits, along with waiver operating agencies, will serve as Single Entry Points in the NWD system. If an individual cannot access a SEP, transportation arrangements will be considered on a case-by-case basis. The website and call-in center will be managed centrally in Jackson.

Phase II of the plan calls for potential outsourcing of the information and referral component of the NWD system to an entity in the community such as 2-1-1 Mississippi or an Aging and Disability Resource Center. However, at this time, DOM believes there is not an entity that is “shovel ready” to take on a project of this magnitude. Furthermore, keeping the NWD infrastructure in-house during the incubation phase will allow DOM to identify and eradicate administrative barriers to HCBS, build a system around high-volume needs, and control quality and output. The call center will aid components of the HCBS Research Study, and allow DOM to assess the effectiveness of its self-assessment “mini-PAS” pre-screening tool.

In future years, DOM will identify and select the most appropriate entity to develop and implement its shared responsibility of the NWD/SEP system in accordance with all state procurement laws. DOM will development a document that identifies and explains all of the system requirements: the long-term oversight role of DOM; skills, experience, and capacity needed to successfully develop and operate the system; expected outcomes and how they will be evaluated; timeframe for implementation; projected development and implementation costs; and the amount of DOM financial support. In response to the document, interested parties will have the opportunity to submit a proposal for operating the NWD/SEP system.

*Information about functional and financial eligibility determination*

*Functional* – DOM will implement processes to “flag” individuals who are considered at high risk for unnecessary institutional placement because community services are not immediately available and individuals who enter facilities for short-term rehabilitative care. Examples include the possibility of mandating nursing homes to report to Mississippi-at-Home staff the names of all individuals entering a facility from a hospital for the purpose of short-term rehabilitative care funded by Medicare Part A, and whose stay would be paid by Medicaid on the 101<sup>st</sup> day or prior.

DOM would assume responsibility for ensuring these individuals have access to HCBS information, as well as transition planning services where appropriate from facility staff, waiver case managers, or B2I/MFP. In addition to the Section Q process discussed in a previous section, DOM is presently in the process of developing a similar system to flag individuals through the PASRR Level II evaluation who may make appropriate candidates for transition from a facility. DOM will explore the use of a third-party entity to perform functional assessments for placement in facilities and waivers, develop care and service plans, and make appropriate referrals to facilities or HCBS providers.

This will include development of staff qualification and training policies to ensure the most appropriate health care professionals perform the various aspects of an assessment. For example, social workers with community integration training and experiencing may be the most appropriate professional to perform all or parts of most assessments, with nurse and physician review required only if certain medical conditions trigger a tiered review.

Through this process, efforts will be made to triage and quickly assess individuals at serious risk of institutional placement, but who could remain in the community if supports are made immediately available. Processes will be explored to give these individuals priority status for financial and functional eligibility and for placement in waivers where there is reserve capacity. Presently, that reserve is only available for people already in an institution. This policy will be reviewed to ensure DOM does not unintentionally incentivize individuals to seek institutional care as a means to accessing HCBS.

To the extent possible, DOM’s NWD system will plug into a web of interconnected systems that “talk” to one another. The user experience will be seamless regardless of where a person enters the system or whether he or she is seeking a functional assessment, a financial eligibility screening, service options, or all three. Information will flow between portals with the goal that consumers “tell their story” once to the greatest extent possible. In an attempt to meet this laudable mandate, the self-assessment “min-PAS” tool located on the NWD website will be securely forwarded to the appropriate waiver assessment entity, with a long-range goal for the “mini-PAS” to prepopulate the full functional PAS where questions overlap.

*Financial*—Integral to this interconnect NWD system is the Insurance Exchange (hereinafter referred to as Exchange) under development in Mississippi in accordance with the Affordable Care Act (Section 1413). The Mississippi Comprehensive Health Insurance Risk Pool Association, which is a quasi-government entity associated with the Mississippi Department of Insurance, will operate the Exchange. This will be the primary system for determining financial eligibility for persons seeking health care coverage in Mississippi. The Exchange will tap a federally managed “data hub” to retrieve information on citizenship, immigration status, and Modified Adjusted Gross Income (MAGI) as defined by federal tax information.

Because financial and functional assessments for the Mississippi Medicaid program are so complex, many categories of eligibility including those for waivers will be MAGI exempt. Therefore, coordination between the Exchange and the NWD system will help match HCBS specialists with individuals seeking community-based LTSS for assistance in navigating the Medicaid Eligibility and Enrollment process.

DOM’s role in the NWD/SEP is development of a system that electronically communicates with the Exchange, thereby allowing financial information to move from the Exchange portal to a DOM portal in a manner that does not disrupt the user experience. This exchange of data has the potential to speed the eligibility determination process. Coordination between these two systems is vital to helping ensure continuous coverage for people whose financial status fluctuates around the cutoff line for Medicaid financial eligibility.

Streamlining the Exchange and Medicaid eligibility and enrollment system to “talk” also could allow financial data retrieved from the federal “hub” to pass to Medicaid Regional



Offices, thereby cutting down on the required paperwork burden for an individual seeking a Medicaid financial eligibility status determination. Similarly, if a person enters from the Mississippi-at-Home-NWD portal but does not qualify for Medicaid, he/she will be routed to the Exchange for review of subsidy and private insurance options.

## NWD Agency Partners & Roles

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DOM will be the designated NWD/SEP system oversight and management agency with ultimate authority and responsibility for the NWD/SEP network, to be housed in the agency's Office of Policy, Planning, and Development. The DOM will house the virtual infrastructure, website administration, databases, toll-free number, and full-time staffing, including HCBS specialists. Partnering agencies, including the Mississippi Departments of Rehabilitative Services, Health, Mental Health, Human Services, community mental health centers, planning and development districts, aging and disabilities advocacy groups, home health agencies, housing and transportation providers, and other private providers of home and community-based supports, will maintain relationships with the NWD/SEP system keeping the network informed both formally through database entries and form completions and informally through meetings, conversations, emails, etc. The DOM and the above listed partner entities will be responsible for initial identification and ongoing updates of:

- Available services/supports
- Changes in service/support eligibility, availability, access, and funding
- Consumer service/support utilization
- Consumer outcomes
- Consumer satisfaction surveys

DOM will establish a Mississippi-at-Home LTSS stakeholder advisory group to review network processes and procedures, availability of and access to home and community services and supports, and complaints and other arising concerns regarding network effectiveness. Additional provider entities and advocacy organizations will be added to the group by request.

## Person Flow

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DOM will employ an outreach campaign to advertise the internally developed NWD as the place to access information about a wide berth of community-based LTSS, both Medicaid funded and otherwise provided in the community by federal, state, and local sources or advocacy organizations. Individuals will enter the system via the NWD website, 1-800 number, or in-person by accessing the NWD system by visiting one of the state's multiple SEP entities, which include Regional Offices and HCBS provider agencies.

If access is by the website, the consumer may complete the "mini-PAS" self-screening tool to determine whether a full functional assessment for HCBS is appropriate. The consumer may also complete the "mini-PAS" in person either independently or with assistance at various SEP agencies. DOM's NWD website will be 508 compliant and accessible to persons with disabilities including those who are blind, visually impaired or physically disabled. The NWD system will include a TTY line for the deaf and hard of hearing. The DOM is committed to creating a NWD that provides reasonable accommodations to persons with disabilities, and will provide for a variety of auxiliary aids and services to ensure effective communication with consumers, including using plain, easy-to-understand language in accordance with federal Plain Language Act of 2010. Other available aids would include reader services, large-print documents, and accessible online versions of printed materials.

Individuals whose "mini-PAS" result indicates need for a full functional assessment will be provided waiver numbers to the appropriate waiver assessment entity or entities to schedule an appointment. A number for the NWD system also will be available and a Mississippi-at-Home HCBS specialist will schedule an appointment for the individual if necessary. Ideally, the same HCBS specialist will follow an individual through the entire process.

Individuals who are not HCBS Medicaid eligible may still utilize the NWD system to find information about other government and private-pay services. To the extent possible, Mississippi-at-Home HCBS specialists will assist individuals who are not Medicaid eligible by making referrals to other agencies or organizations that may be of assistance, such as programs for home ownership and employment opportunities.

## NWD Data Flow

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DOM's statewide NWD/SEP System will have an easily accessible website that provides standardized eligibility information and describes available community LTSS in the state. It also will provide contact information, where additional information may be obtained, location of the nearest SEP (Regional Offices and local/regional waiver operating agencies), and how to complete the user-friendly electronic "mini-PAS" self-screening tool. Once the self-screening has been completed, the consumer is presented with results indicating appropriateness of a full functional assessment. The individual is also provided the contact number to the appropriate SEP agency for scheduling a full functional assessment, or he/she may indicate a request for callback. Results of the self-screen, and program, service/support information can be downloaded and/or printed.

A statewide NWD/SEP 1-800 number will be widely marketed, easily accessible, and provide an important link to information to individuals who are more comfortable talking to a person rather than searching on a website or who do not have Internet access. One of the key roles of the NWD/SEP will be to streamline and coordinate the financial and functional eligibility determinations and the enrollment of consumers into identified and appropriate LTSS. If the PAS indicates a person is functionally eligible for HCBS, a HCBS specialist will assist the individual in understanding the enrollment process.

This eligibility process will be coordinated and automated as much as possible to expedite determination in a timely manner. DOM will implement a triaging system that allows Regional Offices to process paperwork for priority individuals in immediate need of HCBS. The Mississippi-at-Home NWD central office staff will make the priority status determination.

Individuals will be assessed only once for the full range of Medicaid-funded community LTSS which they may be eligible for reducing the times they have to answer the same questions and complete the same forms. DOM will ensure systems, people, data, processes, and procedures are all congruent with achieving this timing goal. For example, questions answered on the "mini-PAS" will be shared with the assessment agency and eventually prepopulate in the full functional assessment, thereby saving time and cutting down on the number of times a person must tell his/her story to gain access to critical community-based supports.

After determinations are made, waiver operating agencies' staff will help consumers develop care and service plans and choose among programs for which they are eligible and provide support. Freedom of choice will be emphasized and clear channels for reporting concerns regarding quality and choice of HCBS providers will be communicated to all participants. Implementation of a data management system will track consumer outcomes and satisfaction as well as service utilization.

## **Potential Automation of Initial Assessment**

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Mississippi-at-Home will implement an automated “mini-PAS” that can be completed by an individual or someone chosen by the individual who has no association with providers of LTSS. Answers on the “mini-PAS” will determine the appropriate agency responsible for completing the full functional assessment and care and service plan development. In Phase I of the plan, answers will be shared securely with the assessment agency via electronic delivery. In Phase II, duplicative questions answered on the “mini-PAS” will pre-populate the full assessment, enabling an individual to tell his/her story once to the extent possible.

Automation will allow a wider range of people to be able to assess their needs quickly, determine what services they qualify for, and receive referral to a HCBS specialist. The primary challenge of this automation is implementation of a secure IT system for sharing protected health information (PHI) among partners, as well as formulating agreements between partners for the transfer of PHI. DOM anticipants needing technical assistance around these issues, as well as creation of a scoring methodology of the “mini-PAS” that ensures uniform referral for a full functional assessment.

## **Potential Automation of Core Standardized Assessments (CSA)**

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The State already has automated the PAS, which is the assessment tool presently used by four of the five Mississippi Medicaid HCBS waivers. This automation allows for real time electronic collection of functional assessment data producing an allegorical score indicating appropriateness for LTSS. Generally, a score of 50 or greater is necessary for institutional or waiver placement. The IDD waiver is the only waiver not using the PAS as an assessment tool. The Mississippi-at-Home proposal calls for exploring the option of utilizing a revised, intuitive PAS for the IDD waiver, discussed in detail below.

## **Incorporating CSAs in the Eligibility Determination Process**

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The IDD waiver assessment tools are not presently automated. However, the PAS addresses some key measures of IDD waiver criteria with questions and choices consisting of the following:

- Section I Intake – Usual Living Arrangement is an ICF/MR
- Section V Medical Screen – Neurological medical conditions of autism, cerebral palsy, developmental disability, or mental retardation
- Section VIII Informed Choice – Person’s Choice of “other” when the options of nursing facility or specific waiver choices are listed

If these questions are answered indicating IDD waiver services are appropriate, the case manager administering the PAS is responsible for referring the individual to the appropriate DMH Regional Center’s Diagnostic and Evaluation (D&E) team for further assessing for waiver services or ICF/MR placement. However, the PAS has no bearing on the final determination evaluation by the D&E teams.

The IDD waiver utilizes a core battery of individualized assessment tools to determine eligibility and drive care and service plan development. D&E teams at DMH’s five Regional Centers are responsible for administering the eligibility assessment for both the IDD waiver and placement in ICFs/MR. These tools allow for teams that consist of a variety of health care professionals to choose the assortment that they feel will best evaluate the individual seeking LTSS. However, because of a lack of standardization in the eligibility determination process, it is difficult to evaluate the appropriateness of an assessment from one Regional Center’s D&E team to another’s.

The Mississippi-at-Home project proposes revising the PAS to allow for person-centered assessments for services. DOM plans to engage the Department of Mental Health in exploring creation of a single core standardized assessment tool for use across waivers, including the IDD waiver, to provide for a more accurate, less subjective measurement of needs. DOM will engage DMH to work cooperatively toward creation of an intuitive tool that provides flexibility for determining the unique needs of those with intellectual and developmental disabilities. The primary challenge will be incorporating in a single assessment the unique elements of all disability categories into indicators necessary to assess for functional qualification and care and service plan development.



## Staff Qualifications and Training

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The Division of Medicaid will create a comprehensive staff qualification and training plan.

1. Mississippi-at-Home will provide ongoing staff training and development in the following areas:
  - Person-centered planning
  - Resource and administrative navigation
  - Financial and functional assessment for LTSS
  - Cross-training on waivers and other HCBS programs
  - Care and service plan development
  - Quality assurance procedures
  - Risk mitigation systems
  - Critical incident reporting
  - Discharge planning
  
2. The Mississippi-at-Home project includes an evaluation of staff qualification policies in the following fields:
  - Direct service professionals
  - Functional assessment administrators
  - Case managers

## **Location of SEP Agencies**

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Mississippi currently has 30 Medicaid Regional Offices and over 100 outstations strategically located in all 82 counties that will serve as Single Entry Point locations along with offices of the Planning and Development Districts, Department of Mental Health Regional Centers, and the Department of Rehabilitation Services. DOM's regional office outstations are located within hospitals, health departments, health clinics, and medical clinics, providing multiple locations for individuals to inquire about financial and functional eligibility, LTSS, and providers. Mississippi currently has 100 percent of its population living within the service area of at least one Single Entry Point. If an individual cannot access a Single Entry Point location, he/she will be provided transportation to the most appropriate Single Entry Point location or will be visited in his/her home.

## Strategic Public Health Communication Plan

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The Mississippi-at-Home plan calls for a strategic public health communication plan that influences individual and institutional behaviors, fosters cooperation, and encourages the exchange of knowledge about Mississippi Medicaid HCBS health care initiatives. The overarching goal of this communication campaign is to affect a cultural shift in thinking among service providers, individuals in need of long-term care, and their families/caregivers whereby institutional placement is considered the option of last resort.

## Outreach and Marketing

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The State intends to implement an intensive outreach and marketing campaign that will reach individuals in need of long-term support services living in communities as well as institutions, providers of institutional and community-based care, caregivers, policymakers, and any citizen of Mississippi affected by or interested in the Medicaid LTSS delivery system. Outreach and marketing efforts will be developed as part of the work plan, and be statewide and strategic in nature to make maximum use of scarce resources in reaching target populations, including individuals and their families in need of LTSS and the professionals who help drive their care decisions.

The Mississippi-at-Home project proposes marketing of the No Wrong Door system by the following means:

- Public Service Announcements
- Participation in provider and consumer annual conferences and seminars
- Media
- Brochures and other printed and online material
- Notices in mailings to Medicaid beneficiaries
- Targeted marketing to residents of institutions seeking information about community service options via Section Q of the MDS 3.0
- Strategic placement of information at high-traffic areas including Federally Qualified Health Centers, Community Mental Health Centers, Department of Health clinics, Rural Health Clinics, physicians and dentist's offices, among other areas

## Education Improvement Strategies

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The Mississippi-at-Home Strategic Public Health Communication Plan also strives to cultivate a learning environment among system players in the attempt to identify weaknesses and best practices in the Mississippi Medicaid LTSS system. This education action plan will include identifying and addressing solutions to the social, economic, environmental, and health barriers that pose significant threats to expanding HCBS. The plan will focus on reducing the reliance on institutional care, and creating a sustainable LTSS delivery system in Mississippi.

Through various educational activities, DOM will engage physicians to identify solutions for assessing and treating people with chronic and psychiatric conditions in the community. This education component recognizes the capacity for physical, psychiatric, and orthodontic care in the community must expand, and that health care professionals must adapt to treating people with complex disabilities and chronic health problems who previously received such care in facilities.

Outreach efforts also will be targeted toward hospital and nursing home staff to provide educational opportunities regarding HCBS. The long-term goal is to have a large number of facility staff statewide playing an active role in discharge planning at the hospital and nursing home when someone needs short-term rehabilitative care in an institutional setting but has the means to return to the community.

## Stakeholder Involvement & Provider Diversification

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Reducing institutional care outlays and redirecting expenditures toward home and community-based care requires cooperation, patience, and understanding of the perspective and interests of the various parties at the table. It is critical for those in need of LTSS, as well as the health care professionals and community partners who drive the delivery of welfare medicine in Mississippi, to have input into the development of the revised system. Everyone must buy into the fundamental belief that people with disabilities are able to lead quality lives in the community.

DOM's Mississippi-at-Home plan calls for bringing balance to the system by growing the number of and competition among private home care providers as well as engaging present providers of institutional care in identifying creative ways to diversify business models via participation in the HCBS delivery system. The Mississippi-at-Home plan encourages providers presently engaged in the LTSS system to propose innovative solutions that reinvent the healthcare delivery system at home and in institutional settings. For instance, DOM challenges operators of nursing facilities, ICFs/MR and other institutions to rethink the way care is provided—architecturally, systematically, and administratively—when 24/7 institutional placement *is* the best option to meet a person's long-term or short-term care needs.

That includes reassessing the “medical model” blueprint for new construction and renovation and creating facilities that replicate home-like environments to the extent possible. Under this hybrid model, front-line staff would begin planning residents' transitions to the community the day individuals enter the facility for short-term rehabilitation. DOM will additionally consider amending case management services in all waivers to allow providers to bill for transition planning services 60 days prior to a resident's move home.

DOM will convene stakeholder groups at various levels to serve as sounding boards and inventive “think-tanks.” Alone, DOM will make only incremental advancements toward climbing up from 50<sup>th</sup> in the nation in its percentage of HCBS spending; together, Mississippi will raise the bar and become a benchmark state to which others look for guidance and workable solutions in a rural, impoverished state.

## Funding Plan

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Financial decisions regarding expansion of HCBS through BIP savings will be driven by data collected through the Mississippi-at-Home research project. Financial decisions will be data-driven to avoid the pitfalls of short-term emotional solutions to long-term systemic problems. **Early financial projections** and HCBS spending increases by service category can be viewed in **Attachment E**. Additional spending goals will be developed over the next six months, and ongoing over the life of the Mississippi-at-Home program.

The state also is exploring mechanisms to fund the structural changes outlined in the Mississippi-at-Home proposal. Where possible, efforts will be made to integrate identified structural changes into ongoing operations in a cost-effective, efficient manner. Many of the proposed systems changes can be achieved through better use of existing financial resources and staff time.

However, some of the proposed changes come with a price tag. DOM will explore use of enhanced FFP for Eligibility and Enrollment Systems and allowable administrative and savings expenditures under the B2I program for staff needs and infrastructure upgrades, such as implementation of a No Wrong Door. DOM staff in the Bureaus of Long Term Care, Coordinated Care, and Policy, Planning and Development will work collectively with stakeholders to complete the finalized work plan six months upon approval.

## Challenges & HCBS Research Project

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A lack of safe, affordable housing, and accessible transportation coupled with a shortage of health care professionals are common barriers to HCBS program expansion in many states. These community resource vacuums are exasperated in rural, impoverished areas of Mississippi, particularly for people with disabilities and psychiatric and chronic illness. It stands to reason that increasing access to community-based resources and care will allow some people to move home from institutions, prevent others from seeking institutional placement, and go a long way toward slowing the “revolving door” phenomenon where individuals cycle between receiving care in the community and in an institutional setting, exacting an economic toll on the state’s Medicaid program.

While anecdotal stories are plentiful about the reasons Mississippians who could otherwise remain in the community with limited support seek institutional care, data-driven research ferreting out the root causes is needed for a more accurate understanding of the present limitations of the state’s LTSS system. The proposed research project will enable DOM to understand where there are administrative barriers to HCBS expansion that can be addressed through implementation of a No Wrong Door system. This includes streamlining financial and functional eligibility determination to shorten the timeframe between when a person enters the system and the date waiver services begin. It also includes a broad educational component to cross-train front line HCBS staff across Mississippi.

The research component of the project will allow DOM to couple the financial savings afforded states by the BIP program with the administrative and infrastructure improvements outlined in the DOM’s Mississippi-at-Home proposal in a manner that leads to lasting change. For example, it is well known that long waiting lists for waiver services lead some people to seek institutional care. What is less known is the extent to which the information chasm across Mississippi’s many service providers leads to unnecessary institutionalization or unnecessarily prolonged institutionalization.

The findings from the research component of the Mississippi-at-Home project will help shape investments in HCBS policy and service upgrades that are driven by data and lead to a lasting long-term care system in Mississippi that emphasizes quality of life for all.



## NWD/SEP effect on Rebalancing

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The NWD/SEP system identified in the Mississippi-at-Home project is designed to prevent unnecessary institutionalization, and to help people quickly transition from institutions when short-term rehabilitative care is needed in a nursing home or other facility. The primary component of the NWD system is better coordination of financial and functional eligibility so that individuals in need of care are not faced with the decision of waiting months for waiver services to begin in the community or accessing services immediately in the nursing home.

Additionally, NWD will ensure those entering facilities for short-term care have access to transition planning services through facility staff, waiver case managers, and/or programs such as B2I.

Centralizing the assessment process for waiver and nursing facility determination will allow more people to have access to information about community LTSS. Building firewalls between those responsible for assessments and service delivery will lead to better decisions about appropriate services and placement options for individuals with long-term care needs. It also will allow the system to “flag” individuals entering facilities for short-term care so the DOM can ensure they receive information about HCBS and access appropriate transition planning to avoid the Medicare Part A short-term “rehabilitation quicksand” where one enters a facility, generally from a hospital, to recover from injury or illness and then stays for years on Medicaid’s dime, often because of poor or nonexistent transition planning.

NWD will also make available listings of Medicaid and non-Medicaid support services, including provider lists, and housing and transportation options. These resources will benefit individuals in need of supports, as well as social workers and other professionals who assist people in accessing services and developing care and service plans. Cross-training of administrators and front-line staff is another important component of the No Wrong Door. In concert, these efforts will help divert people in the community from unnecessary institutional placement as well as assist those in facilities for short-term rehabilitation to smoothly transition back home with support services in place.

## Other Balancing Initiatives

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### HCBS Quality Assurance Improvements

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DOM will implement HCBS quality assurance improvements designed to enhance the level of community-based care by development of new instruments and enhanced oversight functionality. By reviewing current evaluation tools and compliance policies, the agency will determine necessary changes to collect the specific data required by CMS to evaluate the quality of HCBS services.

There will be three types of data collected: service data, quality data linked to population-specific outcomes, and outcomes measures. Currently, service data is collected on each individual receiving HCBS through generated reports and is audited for correct provider billing. A more in-depth review of this data could reveal quality issues determining if type, frequency and duration of services are appropriate. Quality data will include population-specific medical conditions most commonly found in Mississippi such as hypertension, diabetes, and obesity and psychiatric conditions, which are often co-occurring. The quality measures will be based on the Medicaid Adult Health Quality Measures determined in the Final Rule of Section 2701 of the Affordable Care Act.

Results will be shared with providers to encourage quality improvements. Outcomes data will consist of implementing questionnaires and telephone surveys to evaluate beneficiary and family caregiver experience and satisfaction with providers. Responses to questions regarding employment, participation in community life, health stability and prevention of loss in function will aid in quality improvement of HCBS.

Analyses of these core measurements will enable DOM to pinpoint successes as well as challenges in implementing new services as well as improving the present delivery of HCBS to the elderly and disabled populations. Collected data will be part of the HCBS research project and used to drive financial and functional LTSS design decisions.

## Strategic HCBS Plan

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A uniform HCBS Reform Plan will ensure continuity and avoid duplication among related programs, and allow for strategic implementation of identified best practices and policies across LTSS program areas. The Mississippi-at-Home project provides the strategic overlay to streamline and coordinate programs including B2I/MFP, MississippiCAN, MYPAC, and Mississippi Partnerships for Sustainable Housing, among other efforts to increase HCBS and to identify and engage individuals with multiple and complex needs for pre-emptive care and participation in care management programs. Below is a brief description of the primary ongoing efforts to enhance the state's LTSS delivery system:

*Bridge to Independence* is Mississippi's MFP initiative, awarded to DOM by CMS in February 2011. The B2I team began accepting referrals Dec. 1, 2011, and the first participant transitioned from a nursing facility on March 2, 2012. The state's MFP operational protocol calls for transitioning 595 people through 2016, though benchmarks may be adjusted upward as part of a comprehensive effort to meet Olmstead mandates. B2I is a key component of the Mississippi-at-Home project.

*Mississippi Partnerships for Sustainable Housing* was formed as part of a Real Choice Systems Change planning grant awarded to DOM by CMS on Sept. 30, 2011, to assist the state in building partnerships with housing providers to enhance community living options. At the time of this application, DOM was actively engaged with housing and service partners to develop a competitive application for U.S. Department of Housing and Urban Development Section 811 PRA units, and to expand other safe, affordable housing options for persons with disabilities who fall in the very low-income bracket.

*Waiver capacity* expansion as well as prioritization for those leaving institutions has helped more people access HCBS. All waivers have or are targeted to have reserved capacity for individuals presently in institutions who desire and have the ability to receive LTSS in the community. Recent financial decisions to freeze nursing home and hospital rates and expand waiver capacity have opened access to those in the community on waiting lists for HCBS.

*MississippiCAN* is a coordinated care program that began Jan. 1, 2011, in all 82 counties. It offers expanded benefits and case management services for eligible high-risk Medicaid

beneficiaries from the following categories of eligibility: SSI, Disabled Child at Home, Working Disabled, Department of Human Services Foster Care, Breast/Cervical Cancer Group. Participation is voluntary via an “opt-out” option. The Mississippi-at-Home proposal calls for a feasibility study of incorporation of LTSS into managed care.

*Meeting mandates of the Olmstead decision* is a collective responsibility of Medicaid and other human services agencies, which are working together to open doors to community-based care. The Department of Justice, in concluding a year-long investigation of LTSS for persons with intellectual, mental and developmental disabilities, penned in December 2011 findings letter that the State has failed to meet obligations of Title II of the ADA by “unnecessarily institutionalizing persons ... and failing to ensure they are offered meaningful opportunity to live in integrated community settings consistent with their needs.” The Mississippi-at-Home project seeks to expand opportunities for persons with disabilities in need of LTSS to receive services in the most integrated and appropriate setting of their choosing.

## Technical Assistance Needed

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Mississippi anticipates the technical assistance needs in the following areas to successfully implement Mississippi-at-Home:

- Setup of NWD information and referral process
- Institutional diversion and transition planning policies
- Interfacing NWD with Insurance Exchange
- Revision of PAS and scoring methodology
- Implementation of “mini-PAS”
- Processes for sharing PHI
- Administrative streamlining of waiver programs
- Conflict-free case management “firewall” policies
- Integrated care for dual eligibles
- Feasibility study for incorporation of LTSS into managed care

## Acronyms Used in Document

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ADRC	Aging and Disability Resource Center
AL	Assisted Living
B2I	Bridge to Independence
BIPP	Balancing Incentive Payment Program
CMS	Centers for Medicare and Medicaid Services
CMHC	Community Mental Health Centers
D&E	Diagnostic and Evaluation
DMH	Department of Mental Health
DOM	Division of Medicaid
E&E	Eligibility and Enrollment
FMAP	Federal Medical Assistance Percentage
HCBS	Home and Community-Based Services
IMD	Institutions for Mental Disease
IDD	Intellectual/Developmental Disabilities
LTSS	Long-Term Services and Supports
MAGI	Modified Adjusted Gross Income
MDS	Minimum Data Set
MFP	Money Follows the Person
MMIS	Medicaid Management Information System
MS	Mississippi
MYPAC	Mississippi Youth Programs Around the Clock
PAS	Preadmission Screening
PASRR	Preadmission Screening and Resident Review
PHI	Protected Health Information
QAP	Qualified Allocation Plan
PRTF	Psychiatric Residential Treatment Facility
TBI/SCI	Traumatic Brain Injury/Spinal Cord Injury
TCR	Transition to Community Referral

# Work Plan

## Work Plan Table Template

\*Please replace the number of months with an actual date.

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
General NWD/SEP Structure	<b>All individuals receive standardized information and experience the same eligibility determination and enrollment processes.</b>				
	• Develop standardized informational materials that NWD/SEPs provide to individuals	October 2012	Molly Parker		Informational materials
	• Train all participating agencies/staff on eligibility determination and enrollment processes	March 2013 and ongoing	Training Coordinator/ Molly Parker		Training agenda and schedule
	<b>A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. (The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time.)</b>				
	• Design system (initial overview)	November 2012	Ann Ricks & Rita Rutland		Description of the system
	• Design system (final detailed design)	November 2012	Business Analyst		Detailed technical specifications of system
	• Select vendor (if automated)	December 2013	Melanie Wakeland		Vendor name and qualifications
	• Implement and test system	October 2014	ALL		Description of pilot roll-out
	• System goes live	January 2015	ALL		Memo indicating system is fully operational
	• System updates	Semiannual after 24 months	ALL		Description of successes and challenges
NWD/SEP	<b>State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.</b>				
	• Identify the Operating Agency	TBD-Plan to start internal	TBD	Completed	MS Division of Medicaid
	• Identify the NWD/SEPs	TBD	TBD	Completed	Medicaid ROs and Waiver Operating Agencies
	• Develop and implement a Memorandum of Understanding (MOU) across agencies	December 2012	Kristi Plotner & Legal		Signed MOU



Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
	<b>NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.</b>				
	• Identify service shed coverage of all NWD/SEPs	October 2014	Kristi Plotner		Percentage of State population covered by NWD/SEPs
	• Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	October 2014	ALL		Description of NWD/SEP features that promote accessibility
Website	<b>The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.</b>				
	• Identify or develop URL	December 2012	Carleton Smith		URL
	• Develop and incorporate content	December 2012	Molly Parker		Working URL with content completed, screen shots of main pages
	• Incorporate the Level I screen ( <i>recommended, not required</i> )	TBD	Margaret Wilson		Screen shots of Level I screen and instructions for completion
1-800 Number	<b>Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.</b>				
	• Contract 1-800 number service	TBD-Internal in Phase I/1-800 number exists	Zyronious Thompson		Phone number
	• Train staff on answering phones, providing information, and conducting the Level I screen	March 2013	Training Coordinator/Molly Parker		Training materials
Advertising	<b>State advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS</b>				
	• Develop advertising plan	March 2013	Molly Parker		Advertising plan
	• Implement advertising plan	March 2013	Molly Parker		Materials associated with advertising plan
CSA/CDS	<b>A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (required domains and topics).</b>				
	• Develop questions for the Level I screen	TBD	Ann Ricks & Margaret		Level I screening questions

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
			Wilson		
	<ul style="list-style-type: none"> <li>Fill out CDS crosswalk (see Appendix H) to determine if your State's current assessments include required domains and topics</li> </ul>	December 2012	Ann Ricks, Margaret Wilson, et. al		Completed crosswalk(s)
	<ul style="list-style-type: none"> <li>Incorporate additional domains and topics if necessary (<i>stakeholder involvement is highly recommended</i>)</li> </ul>	March 2013	Ann Ricks & Margaret Wilson		Final Level II assessment(s); notes from meetings involving stakeholder input
	<ul style="list-style-type: none"> <li>Train staff members at NWD/SEPs to coordinate the CSA</li> </ul>	TBA	Training Coordinator/Molly Parker		Training materials
	<ul style="list-style-type: none"> <li>Identify qualified personnel to conduct the CSA</li> </ul>	July 2013	Kristi Plotner & Ann Ricks		List of entities contracted to conduct the various components of the CSA
	<ul style="list-style-type: none"> <li>Continual updates</li> </ul>	Semiannual after 12 months	Kristi Plotner		Description of success and challenges
Conflict-Free Case Management	<b>States must establish conflict of interest standards for the Level I screen the Level II assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.</b>				
	<ul style="list-style-type: none"> <li>Describe current case management system, including conflict-free policies and areas of potential conflict</li> </ul>	April 2013	Margaret Wilson, Ann Ricks & Bonlitha Windham		Description of pros and cons of case management system
	<ul style="list-style-type: none"> <li>Establish protocol for removing conflict of interest</li> </ul>	June 2013	Ann Ricks, Bonlitha Windham, & Kristi Plotner		Protocol; if conflict cannot be removed entirely, explain why and describe mitigation strategies
Data Collection and Reporting	<b>States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.</b>				
	<ul style="list-style-type: none"> <li>Identify data collection protocol for <i>service data</i></li> </ul>	Jan. 1, 2012	Peter Montgomery	Jan. 1, 2012	Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> <li>Identify data collection protocol for <i>quality data</i></li> </ul>	Jan. 1, 2012	Ann Ricks, Bonlitha Windham & Molly Parker	Jan. 1, 2012	Measures, data collection instruments, and data collection protocol

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
	<ul style="list-style-type: none"> <li>Identify data collection protocol for <i>outcome measures</i></li> </ul>	Jan. 1, 2012	Ann Ricks, Bonlitha Windham & Molly Parker	Jan. 1, 2012	Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> <li>Report updates to data collection protocol and instances of <i>service data</i> collection</li> </ul>	Semiannual**	Kristi Plotner		Document describing when data was collected during previous 6-month period and updates to protocol
	<ul style="list-style-type: none"> <li>Report updates to data collection protocol and instances of <i>quality data</i> collection</li> </ul>	Semiannual**	Kristi Plotner		Document describing when data was collected during previous 6-month period and updates to protocol
	<ul style="list-style-type: none"> <li>Report updates to data collection protocol and instances of <i>outcomes measures</i> collection</li> </ul>	Semiannual**	Kristi Plotner		Document describing when data was collected during previous 6-month period and updates to protocol
Sustainability	States should identify funding sources that will allow them to build and maintain the required structural changes.				
	<ul style="list-style-type: none"> <li>Identify funding sources to implement the structural changes</li> </ul>	December 2012	Kristi Plotner		Description of funding sources
	<ul style="list-style-type: none"> <li>Develop sustainability plan</li> </ul>	December 2013	Kristi Plotner		Estimated annual budget to maintain the structural changes and funding sources
Exchange IT Coordination	States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.				
	<ul style="list-style-type: none"> <li>Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system</li> </ul>	January 2014	Rita Rutland		Description of plan of coordination
	<ul style="list-style-type: none"> <li>Provide updates on coordination, including the technological infrastructure</li> </ul>	Semiannual	Rita Rutland		Description of coordination efforts

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
Multi-Year HCBS Research Study	<ul style="list-style-type: none"> <li>Develop objectives and guidelines for research project</li> </ul>	January 2013	Ann Ricks, Bonlitha Windham, Kristi Plotner, & Molly Parker		Description of research project guidelines and objectives
HCBS Quality Assurance Improvements	<ul style="list-style-type: none"> <li>Evaluate compliance review policies across HCBS program areas to ensure uniform evaluation criteria for a core set of financial and service standards</li> </ul>	January 2014	Ann Ricks, Bonlitha Windham, & Kristi Plotner		Report of review policies and recommendations
Strategic Public Health Communication Plan	<ul style="list-style-type: none"> <li>Develop HCBS outreach and education plan</li> <li>Identify target groups for outreach and education (consumers and providers)</li> </ul>	April 2013	Molly Parker		
Strategic HCBS Plan Development	<ul style="list-style-type: none"> <li>Develop strategic HCBS plan for public review and comment outlining agency and community goals to increase access to HCBS</li> </ul>	July 1, 2014	Executive		Strategic Plan

\*\* If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.

Signature of Lead of Operating Agency



Name: David J. Dzielak  
Agency: MS Division of Medicaid  
Position: Executive Director

Signature of Lead of Oversight Agency (Medicaid)

---

Name:  
Agency:  
Position:

# Letters of Endorsement

# DEPARTMENT OF MENTAL HEALTH

## State of Mississippi

1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, Mississippi 39201



(601) 359-1288  
FAX (601) 359-6295  
TDD (601) 359-6230

Edwin C. LeGrand III - Executive Director

April 23, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Dear Dr. Dzielak,

On behalf of the Mississippi Department of Mental Health, I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. I am eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

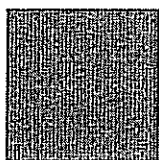
DMH is committed to improving the lives of Mississippians with mental illness, intellectual and/or developmental disabilities, substance abuse problems, and Alzheimer's disease and other dementia. We are dedicated to providing the citizens of Mississippi with services and supports which allow them to receive DMH services in the least restrictive environment. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Edwin C. LeGrand III".

Edwin C. LeGrand III  
Executive Director



Mississippi Association of  
**COMMUNITY**  
Mental Health Centers

■ 3450 Highway 80 West  
■ Jackson, MS 39209  
■ Phone 601-321-2442  
■ Fax 601-321-2476  
■ [ms.assn.cmhc@gmail.com](mailto:ms.assn.cmhc@gmail.com)

April 23, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Dear Dr. Dzielak,

On behalf of the Mississippi Association of Community Mental Health Centers, we are pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. We are eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

The Mississippi Association of Community Mental Health Centers is an organization that promotes the well-being of the over 100,000 Mississippians we serve that suffer from mental illness, severe emotional disturbances, intellectual and/or developmental disabilities and substance abuse issues. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,

A handwritten signature in cursive script that reads "Zandrea King Ware, Esq.".

Zandrea King Ware, Esq.  
Chief Executive Officer





# NAMI MISSISSIPPI

*National Alliance on Mental Illness*

## **MISSISSIPPI'S VOICE ON MENTAL ILLNESS**

411 Briarwood Drive, Suite 401

Jackson, MS 39206

601-899-9058 800-357-0388

Fax: 601-956-6380

May 1, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

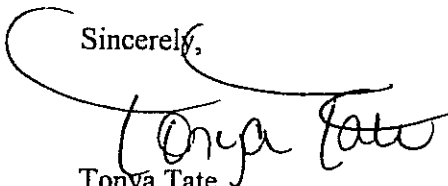
Dear Dr. Dzielak,

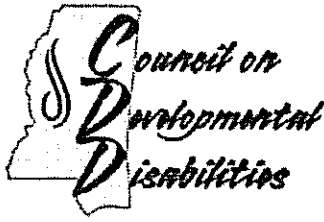
On behalf of the NAMI-MS (National Alliance on Mental Illness), I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. I am eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

NAMI-MS is a non-profit organization, grassroots, and advocacy organization dedicated to improving the lives of persons with serious mental illness and their families. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,

  
Tonya Tate  
Executive Director



1101 Robert E. Lee Bldg • 239 N. Lamar Street  
Jackson, MS 39201  
(601) 359 - 6238 • Fax (601) 359 - 5330

April 18, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Dear Dr. Dzielak,

The Mississippi Council on Developmental Disabilities endorses the Division of Medicaid's application for the Balancing Incentive Program offered by CMS. There are many changes needed to balance Mississippi's long-term services and supports to increase choices for individuals with developmental and other disabilities.

The Council is a 30-member board of advocates, appointed by the Governor, to promote quality of life through programming and systems change. MS CDD is funded by the U.S. Administration on Developmental Disabilities. Individuals with disabilities and their families should receive individualized health care supports to enable them to be self-determined, be independent, productive, and integrated into their communities.

We encourage the Division of Medicaid to achieve the goals of the Balancing Incentive Program to enhance long-term services and supports. If we can be of assistance, please contact me at 601-359-6242 or [charles.hughes@dmh.state.ms.us](mailto:charles.hughes@dmh.state.ms.us)

Sincerely,

Charles Hughes, Jr.  
Executive Director



7 Lakeland Circle Suite 600  
Jackson, Mississippi 39216  
601-982-1180 or 800-717-1180  
FAX 601-982-5792

[www.arcms.org](http://www.arcms.org)

341 Highway 90 Suite D, P.O. Box 950  
Gautier, Mississippi 39553  
228-497-1044 or 228-497-1035  
FAX 228-497-1035

May 1, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Dear Dr. Dzielak,

On behalf of The Arc of Mississippi, I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. I am eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

The Arc of Mississippi is an advocacy organization responsible for promoting and protecting the rights of people with intellectual and developmental disabilities. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt Nalker'.

Matt Nalker,  
Executive Director

*Achieve with us.*

# MHCA

Mississippi Health Care Association

*Leading the way in long-term care.*

May 1, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Dear Dr. Dzielak,

On behalf of the Mississippi Health Care Association, I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. I am eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

The Mississippi Health Care Association is an advocacy organization for the long term skilled nursing home providers. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. This can be achieved only if funding for long term skilled care is not reduced to pay for Home and Community Based Services for the disabled and elderly. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,



Vanessa Phipps Henderson  
Executive Director



May 1, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

*Dedicated to the Empowerment  
of Individuals with Disabilities*

Dear Dr. Dzielak,

On behalf of Living Independence For Everyone (LIFE) of Mississippi, Inc. I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. I am eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

LIFE of Mississippi serves as the Title VII, Part C center for independent living under the Rehabilitation Act. We have been providing services to individuals with disabilities, in an effort to assist them in living independently in their own homes and communities, since 1993. We have advocated strongly for more home and community based options in Mississippi and are dedicated to ensuring a more balanced long term care system in our state. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,

Christy Dunaway  
Executive Director

**STATE OFFICE**  
1304 Vine St.  
Jackson, MS 39202  
601-969-4009  
800-748-9398  
(V/TTY)  
[www.lifeofms.com](http://www.lifeofms.com)

**TUPELO OFFICE**  
1051 Cliff Cookin Blvd.  
Tupelo, MS 38801  
662-844-6633  
(V/TTY)

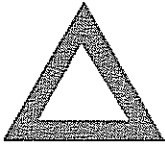
**GREENWOOD OFFICE**  
502-A West Park Ave.  
Greenwood, MS 38930  
662-453-9940  
(V/TTY)

**McCOMB OFFICE**  
915-A South Locust St.  
McComb, MS 39648  
601-684-3079  
(V/TTY)

**HATTIESBURG OFFICE**  
710 Katy Ave.  
Hattiesburg, MS 39401  
601-583-2108  
800-898-8977  
(V/TTY)

**BILOXI OFFICE**  
188 C Main St.  
Biloxi, MS 39530  
228-435-5433  
(V/TTY)





# GOLDEN TRIANGLE Planning and Development District, Inc.

Post Office Box 828

Starkville, MS 39760-0828

Telephone (662) 324-7860

Fax (662) 324-1911

**Cecil Hamilton**  
*President*

**Robert E. Boykin**  
*Vice President*

**Jimmie Oliver**  
*Secretary / Treasurer*

**Rupert L. "Rudy" Johnson**  
*Executive Director*

May 1, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 100  
Jackson, MS 30201

Dear Dr. Dzielak,

On behalf of the Golden Triangle Planning and Development District, Inc., I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. I am eager to join you in efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

The GTPDD is a private non-profit responsible for providing single system plan with a regional approach for federal and state agencies administration of programs. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,

Rupert L. "Rudy" Johnson  
Executive Director

**RECEIVED**

MAY 02 2012

DIVISION OF MEDICAID  
EXECUTIVE DIVISION



**State of Mississippi**  
**DEPARTMENT OF REHABILITATION SERVICES**

April 25, 2012

David J. Dzielak, Ph.D.  
Executive Director  
Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 30201

Dear Dr. Dzielak,

On behalf of the Mississippi Department of Rehabilitation Services (MDRS), I am pleased to endorse the Division of Medicaid's application for the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services. We look forward to continuing our existing partnership with the Division of Medicaid as this is in line with our combined efforts to bring balance to the state's long-term services and supports system and increase choices for individuals to receive services in the most appropriate and desired settings.

The Mississippi Department of Rehabilitation Services provides a whole spectrum of services designed to allow Mississippians with disabilities to live independently, enjoy self-determination, make choices, contribute to society, pursue meaningful careers, and enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society. We believe people are the focus of the public health system, and we value the participation of those we serve in the design, choice, and provision of services to meet their unique needs.

We are committed to working with the Division of Medicaid to achieve the goals of the Balancing Incentive Program and ensure the financial integrity of the state's long-term services and supports system. Together, we can create a long-term care system that is balanced and allows individuals the ability to access services while maintaining their quality of life to the greatest extent possible in the community.

Sincerely,

A handwritten signature in black ink that reads "H.S. 'Butch' McMillan".

H. S. McMillan  
Executive Director, MDRS

**RECEIVED**  
APR 26 2012

DIVISION OF MEDICAID  
EXECUTIVE DIVISION

# **Present Information and Referral System**



**Attachment D**  
**Present Information and Referral System**

**Division of Medicaid**  
Administers and Operates  
AL Waiver

DOM Website contains  
5 Waiver Brochures with  
a 1-800 #

MDS Section Q  
Transition to Community  
Website Referral

PAS Eligibility  
Assessment

**Department of Mental Health**  
Operates IDD Waiver

Oversees 5 Regional Centers

Provides IDD Services

DMH Website

D&E Eligibility Assessment

**Living Independence for Everyone  
of Mississippi**

Website lists information about  
LTSS and a 1-800 help line

**29 DOM Regional  
Offices**

Financial Eligibility

**Aging and Disability Resource Center**

Website LTSS

1-888 #

Needs Assessment

**Disability  
Rights  
Mississippi**

Website

**AARP**

Website  
Toll Free  
#

**10 Planning and  
Development  
Districts**

Case Management and  
Services for  
E&D Waiver

PAS Eligibility  
Assessment

**15 Community  
Mental Health  
Centers**

**The Arc of  
Mississippi**

Website  
1-800 #

**United Way**

2-1-1 #  
MS Website  
LTSS  
Information  
and  
Assistance

**MDRS**  
Operates  
TBI/SCI and IL  
Waivers

MDRS Website  
Provides Services  
PAS Eligibility  
Assessment

# **Proposed No Wrong Door**

**Attachment E**  
**Proposed No Wrong Door / Single Entry Point**



# Funding

