MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED
MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

D. HOME & COMMUNITY BASED SERVICES (HCBS) WAIVER PROGRAMS

The Division of Medicaid has been granted the authority under Section 1915 (c) of the Social Security Act to implement Home & Community Based Services (HCBS) Waiver Programs. The waiver program is limited to individuals who meet the nursing home level of care or ICF/MR level of care but choose to remain at home. Individuals eligible for the waiver programs will receive all regular Medicaid services in addition to the waiver services. The following coverage groups are limited to those who qualify for the waiver program:

1. HCBS Independent Living Waiver (IL)

The approval of the HCBS Handicapped Waiver created a new coverage group for certain individuals who participate in this program. Coverage of this new eligibility group is effective January 1, 1994. The individual must meet the following criteria in order to qualify for the Independent Living coverage:

- Disabled individuals of any age.

- Individuals whose handicap consists of severe orthopedic and neurological impairments that render the individual dependent upon others, assistive devices, other types of assistance or a combination of these to accomplish the activities of daily living. The individual must be able to communicate effectively with the caregiver and service provider.

- Would require a nursing home level of care if assistance is not provided.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED
MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

The initial point of contact for participation in this program is the Department of Rehabilitation Services (DRS). DRS staff has the responsibility of assessing an individual's medical potential for participation in this group and for completion of Form DOM-260HCBS Physician's Certification for Medicaid Home and Community Based Services Program. A completed DOM-260HCBS Form is then forwarded to the DOM Community Long Term Care Unit where medical review staff will render the final decision regarding medical eligibility for the Independent Living (IL) group.

A list of the Mississippi Department of Rehabilitation Services (MDRS) offices is located in the appendix.

Services offered through this waiver program include personal care attendant services, and case management, as well as all the other benefits that a full service Medicaid recipient would receive.

2. Elderly and Disabled Waiver (E&D)

The Elderly and Disabled Waiver is a satewide program that provides home and community based services to individuals over the age of 21. The individual must meet the following criteria to be eligible for this coverage group:

- Be age 21 or older

- Have deficits in at least three activities of daily living (ADL) such as: Eating, toileting, bathing, personal hygiene, ambulation, transferring and dressing. Must meet a nursing facility level of care.

The initial point of contact for participation in this program is the Area Agency on Aging (AAA). Case Management services are provided by the Area Agencies on Aging/Planning and Development Districts. The case management team is composed of a registered nurse and a licensed social worker who are responsible for identifying, screening and completing an assessment on individuals in need of at-home services.

A listing of the Area Agencies on Aging is located in the Appendix.

Services offered through the E & D coverage group include:

- Case Management
- Homemaker Services
- Adult Day Services
- Home Delivered Meals
- Transportation
- Institutional and In-Home Respite

3. Mentally **Retarded/ Developmentally Disabled Waiver (MR/DD)**

The Mentally Retarded/Developmentally Disabled (MR?DD) coverage group is a statewide program administered directly by the Department of Mental Health, Bureau of Mental Retardation. To be eligible for this waiver, individuals must meet the following criteria:

- Have a diagnosis of mental retardation or developmental disability

- Without assistance, would require ICF/MR level of care

The initial point of contact for participation in this program is the Department of Mental Health. Referrals may be made directly to the local Regional Centers: Boswell, Ellisville, Hudspeth and North Mississippi Regional Center.

Director names and phone numbers of the Regional Centers are listed in the Appendix.

Services provided through this waiver include: Community and in-home respite; Residential habilitation; Day habilitation; Supported employment; Occupational therapy; Behavioral support and intervention; ICF-MR respite; Attendant care aide; Prevocational services; Physical therapy; Speech, language and hearing services; and, Specialized medical supplies.

4. **Assisted Living Waiver**

The 1999 Legislative required the Division of Medicaid to submit an application to the Health Care Financing Administration (HCFA) for an assisted living waiver. This waiver was approved by HCFA effective October 1, 2000, for individuals in the following counties:

Bolivar	Hinds	Sunflower
Forrest	Lee	
Harrison	Newton	

Individuals must meet the following criteria to be eligible for this waiver program:

- Must be 21 years of age or older

- Must require assistance with at least three Activities of Daily Living (ADL)

- Have a diagnosis of Alzheimer's disease or another type of dementia and need help with at least two activities of daily living (ADL)

Services will be offered in a Level I licensed Personal Care Home that has chosen to participate as a Medicaid Waiver Provider. Services provided through this program include the following: Case Management; Attendant Care; Therapeutic Social and Recreational Programming; Intermittent Skilled Nursing Service; Transportation; Incontinence Supplies; Attendant Call System; Chose Services; Medication Administration; Homemaker Services; Personal Care; and, Medication Oversight.

5. Traumatic Brain Injury and Spinal Cord Injury Waiver (TBI/SCI)

State Legislation passed during the 2001 session created a waiver program to assist individuals who have a traumatic brain or spinal cord injury, who, but for the provisions of such services, would require the level of care provided in a nursing facility.

Effective July 1, 2001, in order to be eligible for this coverage group, an individual must meet the following criteria:

- Have a diagnosis of a traumatic brain injury or spinal cord injury
- Must be medically stable
- Cannot have an active life threatening condition that would require systematic therapeutic measures, IV drip to control or support blood pressure, intercranial pressure or arterial monitoring.

The initial point of contact for participation in this program is the Mississippi Department of Rehabilitation Services. A list of the Mississippi Department of Rehabilitation Services (MRDS) offices is located in the appendix.

Services offered through the TBI/SCI Waiver include:

- Case Management
- In-Home Nursing Respite
- In-Home Companion Respite
- Institutional Respite
- Attendant Care Services
- Environmental Accessibility Adaptations
- Specialized Medical Equipment and Supplies

The following eligibility groups are potentially eligible for the TBI/SCI Waiver:

- TANF recipients, SSI recipients, Children under age 19, Foster Children, Disabled Children Living at Home, PLAD eligibles (135%), and 300% FBR income (nursing home limit).

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED
MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

a. **Eligibility Criteria**

Individuals eligible for Medicaid as an SSI recipient, or PLAD eligible may participate in the HCBS Waiver Program if the individual meets the medical criteria. For those not otherwise eligible for Medicaid through the SSI program, or the Poverty Level, Aged and Disabled (PLAD) Program, eligibility for Medicaid under the HCBS Waiver Program will be determined by Medicaid Regional Offices using the same eligibility criteria and special income standard (300% of the SSI FBR for an individual) that is used for Long Term Care coverage groups. An application for MAO eligibility under the HCBS Waiver Programs is required if an individual is not already SSI or PLAD eligible. All factors of eligibility must be met. If the individual is eligible as an SSI recipient, there is no need to change the recipient's eligibility to the HCBS Waiver Program.

Effective July 1, 2001, PLAD eligible cases will need to be changed to the appropriate HCBS coverage group and ensure that all factors of eligibility are met.

b. **Transfer Penalty**

Effective July 1, 2001, all persons applying for a HCBS waiver program will be subject to the transfer of assets policy and the estate recovery policy provisions. This will include individuals already eligible under the PLAD coverage group who enroll in a HCBS Waiver Program after 07-01-01 as well as the individuals qualifying under the 300% guidelines. Any transfers that occurred prior to July 1, 2001, will not be developed for the HCBS Waiver Programs. Any person who entered the HCBS Waiver Program prior to July 1, 2001, will not have their case reviewed for transfers. Those individuals will be "grandfathered". However, if the individual is discharged from the program and is readmitted after July 1, 2001, the "grandfathered" status is lost. The case will be reviewed as a new HCBS recipient.

c. Application Process

a. The application process is handled as follows:

To begin the application process, the applicant or representative must be advised to contact the agency that is responsible for the specific waiver program:

- Independent Living Waiver-Department of Rehabilitation Services (DRS)
- Elderly & Disabled Waiver-Area Agency on Aging (AAA)
- MR/DD-Department of Mental Health
- Assisted Living-Community LTC at the Division of Medicaid
- Traumatic Brain Injury and Spinal Cord Injury Waiver - Department of Rehabilitation Services (DRS)

Names and phone numbers for each agency are listed in the appendix.

Only those individuals who meet the age and medical criteria should be referred to agency for participation in this program. Do not refer any individuals to an agency who do not meet the basic criteria.

The appropriate agency will initiate the completion of the DOM-260HCBS Form and will send the completed DOM-260HCBS to the DOM Community Long Term Care Unit for approval. The agency will also notify the individual in writing that an application must be filed with the appropriate Regional Medicaid Office within 45 days.

If the Regional Office receives an approved DOM-260HCBS but no application is on file, the Regional Office will send out an application package to the individual. Note: If an application is not filed within 45 days from the date the DOM-260HCBS is approved, the DOM-260HCBS will no longer be valid. The appropriate agency will notify the individual that a new DOM-260HCBS will be required and the effective date will be subject to change. The Regional Office will receive a copy of this notice.

The Regional Office will process the MAO application for Medicaid under the waiver program in the same manner as nursing home applications are processed:

- Use the same financial and non-financial rules that apply as if the applicant was in a nursing facility

- Spousal Impoverishment rules apply even though the applicant may live in the same household with his/her spouse

- A DDS decision is required unless one of the exceptions for obtaining a DDS decision applies.

An approved DOM-260 HCBS Form is required prior to approval of an application documenting the individual's need for the level of care provided by a nursing facility. The Regional Office will be mailed a copy of the completed DOM-260 HCBS from the DOM Community Long Term Care Unit on any MAO applicant for the HCBS Waiver Program. **NOTE:** Eligibility can not begin until the month the physician signs the DOM-260 HCBS.

Upon initial application for the special income category (300%) under the HCBS programs, if eligibility is denied for any reason, the DOM-260HCBS submitted with the initial application is no longer valid. If the applicant requests eligibility determination at a later date, a new DOM260HCBS will be required.

A HCBS and Medicaid Regional Office Two-Way Communication Form will be used to notify each bureau of the appropriate action to be taken on each case. A copy of the two-way communication form will be made a part of the permanent case record in the regional office.

Eligibility in the Waiver Program must be redetermined every 12 months and all factors of eligibility must continue to be met. This includes obtaining a new DOM-260HCBS Form each year to document the continuing need for participation in this program. The redetermination process is initiated in the same manner as the application process, i.e., the client or representative must contact the appropriate agency to initiate the 260 process.

d. Effective Date of Benefits

Eligibility can be established with the month the physician signs the DOM-260HCBS, provided the application was filed timely. Retroactive eligibility is possible (up to 3 months prior to the application month) provided the physician signed the DOM-260HCBS within any of these months. If the DOM-260HCBS is not signed until after the month of application, eligibility cannot begin until the month signed.

e. Post Eligibility Treatment of Income

No post-eligibility treatment of income is required for this this eligibility group. The Personal Needs Allowance (PNA) (PNA) for this group is equal to the institutional income limit (300% of the SSI FBR). As a result, no Medicaid Income is payable by the eligible and it is not necessary to issue a 317 Form to authorize any type of payment to a provider. The eligible individual can use the Notice of Approval and/or Medicaid card to notify providers of eligibility.