

MINUTES

Date: January 10, 2013

Project: Balancing Incentive Program:

Committee: Available Services

Present:

Stephanie Taylor, Community Counseling Services
Sandra Bracey-Mack, Division of Medicaid (Liaison)
Stacie Clark, Oxford Health Care
Stanley Devine, pharmacist
Juliette Reese, Community Counseling
Michelle Ford, LPC
Elizabeth Caldwell, Division of Medicaid
Tracey M., Division of Medicaid
Laureta Cameron, Division of Medicaid
Wendy White, Dept of Rehabilitation Services
Lisa Burck, facilitator



OPENING DOORS TO
COMMUNITY BASED SUPPORTS

MEETING CONTENT

1. Welcome and introduction
2. Role call/introductions – Look for additional experience or expertise needed for the task.
3. Available Services → Non-institutionally based
 - a. Institutions - Includes nursing facilities, Intermediate Care Facilities, Institutions for Mental Diseases (IMDs) for people under age 21 or age 65 (ICFs) or older, long term care hospitals as defined by Medicare and psychiatric hospitals that are not IMDs.
 - b. Population covered → Includes the elderly and individuals with mental illness, developmental disabilities, physical disabilities such as traumatic brain injury, and other conditions that warrant community LTSS (long term supports and services) such as Alzheimer's disease.
4. Our task is to make recommendations re current available services.
5. Activities:
 - a. Find out all about the current available services
 - b. Look for missing services that we may need
 - i. Look to other States
 - c. Look critically to see if there are some we do not need
 - i. Look at usage, replacing outdated services
 - d. Determine which services are adequate
 - e. Determine which service need to be beefed up
 - f. (Sandra) Look at stuff not paid by Medicaid that could be covered under a waiver. Is DOM paying for the services that are needed?
 - g. Pen recommendations to DOM (Division of Medicaid) and fellow BIP (Balancing Incentive Program) stakeholders
 - h. Current services - organized by their Program Authority at Medicaid. Listed in 11 categories. Some of these are currently used in Mississippi, and some are not:

- i. HCBS under 1915 (c) or (d) or under 1115 Waiver (these are our traditional waivers)
 1. Elderly and Disabled-Administered by Planning and Development Districts
 2. Independent Living - Administered by the Mississippi Department of Rehabilitation Services
 3. Intellectual and other related Developmental Disabilities - Administered by the Department of Mental Health
 4. Spinal Cord and Traumatic Brain Injury - Administered by the Mississippi Department of Rehabilitation Services
 5. Limited local waiver in Jackson area (aging?) - Administered by the Division of Medicaid?
 - ii. State Plan Home Health
 - iii. State plan personal care services
 - iv. State plan optional rehabilitation services
 - v. The Program of All-Inclusive Care for the Elderly (PACE)
 - vi. Home and community care services defined under Section 1929(a)
 - vii. Self-directed personal assistance services in 1915(j)
 - viii. Services provided under 1915(i)
 - ix. Private duty nursing authorized under Section 1905(a)(8)
 - x. Affordable Care Act, Section 2703, State Option to Provide Health Homes for Enrollees with Chronic Conditions
 - xi. Affordable Care Act, Section 2401, 1915(k) Community First Choice (CFC) Option.
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6. Next Steps

- a. Sandra Bracey-Mack will send everyone on the committee the comprehensive information about what we do provide here in Mississippi
- b. Committee members volunteer to take one of the 11 categories and research it:
 - i. Do we have it? How is it working?
 - ii. If we don't have it, who does? (which States) How is it working? Is it something we should/could consider?
 - iii. Report to committee at next meeting
- c. Lisa will put existing services into a grid form for contrast/compare
- d. Meet again in four weeks; February 7, 2013, 3:00pm.

Respectfully submitted on behalf of Aurora Baugh, Lisa Burck