



INDEPENDENT LIVING WAIVER: Home and Community Based Services

Independent Living Waiver Basics

The Independent Living Waiver is a statewide program, administered by the Division of Medicaid and operated by the Mississippi Department of Rehabilitation Services (MDRS). It is designed to offer assistance and services in a home or community-based setting if you qualify for Medicaid. The program allows you to remain in a home or community-based setting as an alternative to nursing facility care or other institutional care.

Who is Eligible?

To qualify for the Independent Living Waiver, you must meet the following eligibility criteria:

- You must be age 16 or older.
- You must have a severe neurological or orthopedic impairment.
- You must require nursing facility level of care if assistance is not provided.
- Your nursing facility level of care must be certified by a physician and recertified every 12 months at a minimum.
- You must be determined clinically eligible through the use of a comprehensive Long Term Services and Supports (LTSS) assessment tool.

Additional Eligibility Requirements

You must qualify for full Medicaid benefits in one of the following categories of eligibility (COE):

- Supplemental security income (SSI)
- Parent/caretaker group and low income families
- Disabled child living at home
- Working disabled
- Children under age 19 under 100 percent of poverty
- Disabled adult child
- Protected foster care adolescents
- Child Welfare Services foster children and adoption assistance children
- IV-E foster children and adoption assistance children
- An aged, blind, or disabled person who meets all factors of eligibility if your income is under 300 percent of the SSI limit for an individual. If income exceeds the 300 percent limit, you must pay the amount that is over the limit each month to the Division of Medicaid under an income trust, provided you are otherwise eligible.

Covered Services

Upon approval of home and community based-services, the following services are offered through this waiver:

- ✓ **Case Management** is a required service and you are assigned to a case manager. The case manager is responsible for assessing your health, welfare, and social needs; developing a plan of services and supports to address your assessed needs; and managing and coordinating services on the plan of services and supports.

BACKGROUND

The Mississippi Division of Medicaid is a state agency that has approximately 1,000 employees located throughout one central office, 30 regional offices and over 90 outstations.

WHAT IS MEDICAID?

Medicaid provides health coverage for eligible, low income populations in Mississippi. Eligible members do not directly receive money from Medicaid for health benefits. Medicaid is separate from Medicare.

Covered Services continued

- √ **Transition Assistance Services** are provided if you currently reside in a nursing facility and wish to transition from the nursing facility to the Independent Living Waiver. This is a one-time assistance of initial expenses required for setting up a household.
- √ **Personal Care Attendant (PCA) services** provide assistance with eating, bathing, dressing, personal hygiene, and activities of daily living in your home or community. When specified in the plan of services and supports, this service can include light housekeeping duties. You may select your own PCA. All PCA's must meet basic competencies that include both educational and functional requirements.
- √ **Specialized Medical Equipment and Supplies** include devices, controls or appliances specified in the plan of services and supports, which enable you to increase your abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which you live.
- √ **Environmental Accessibility Adaptations** are physical adaptations to the home, required by your plan of services and supports, which are necessary to ensure your health, welfare, and safety, or which enable you to function with greater independence in the home, and without which you would require institutionalization.
- √ **Financial Management Service (FMS)** is a support service to assist the person on the IL wavier who chooses the Person-Directed Personal Care Service. Person-Directed personal care service recognizes the person as the employer of record. The person will provide budgetary and employer functions with assistance from the FMS agent.

How to get more information

QUESTIONS?

For more information about the Independent Living Waiver, contact:

▶ **Mississippi Access to Care Center (MAC Center)**

- Toll-free: 844-822-4MAC (4622)
- Website: <http://mississippiaccessstocare.org>

▶ **Office of Long Term Care Mississippi Division of Medicaid**

- Toll-free: 800-421-2408
- Phone: 601-359-6141
- Website: <http://medicaid.ms.gov>

▶ **Mississippi Department of Rehabilitation Services**

- Toll-free: 800-443-1000

The Mississippi Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of age, race, sex, national origin, or disability - as defined through the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, and the Civil Rights Act of 1964.