

## **Comments Received via Email for the Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver Amendment**

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Good afternoon Ms. Wilson,

I have two comments to the IDD waiver application:

1. Page 2, item #11 – The sentence in the copy I have reviewed is partially missing.
2. There are a number of safeguards built into the service entitled Supervised Residential Habilitation. I would like you to consider adding one more. Please add a monthly accounting of personal finances to the people served under this program if the provider is their representative payee. As advocates, we are encountering many instances where the person receiving services has no idea how much money they have, what their rent is, where their money goes. The Arc is often involved in both advocacy and transitioning to Supervised Residential Habilitation from congregate care facilities. We are tasked with tracking their progress and building quality into their life for 365 days after they transition. To my knowledge, requests for this information from some providers have always been ignored. Administrators hold the account information in another town, are the payee, pay the bills, dole out an allowance, and make some purchases on behalf of the people they support. Long term planning and goal setting become impossible without awareness of a person's resources. It is a matter of respect and a rights issue.

Thank you for consideration of this request, and thank you for the opportunity to review the IDD waiver application.

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## Questions/Comments Regarding the ID/DD Waiver Amendment

- The word “individual” is still used in the revised sections. There are some terms used that are not person-first such as, “ambulation”, “on task”, “motor skills”, “personal hygiene”, etc.
- Page 6 – Services provided – it says “intermittent supported living” and “shared supported living” – there is not a definition of “intermittent supported living” but rather just “supported living”; also on page 168 it doesn’t say “intermittent supported living.” *What does that mean?*
- Throughout the document – it says “respite” some places. *Does this refer to in-home nursing respite or in-home respite or both?*
- *What is the difference between Home and Community Supports and In-Home Respite?* They both provided the same services in the home and both services can take the person out into the community.
- Page 33 – (d) refers to the Level of Care Re-evaluation Tool and not the ICAP
- *If someone scored above a 69 on their ICAP I know they will be moved off of the ID/DD Waiver. What if the only other waiver they are appropriate for has a waiting list?*
- There are two (2) separate service definitions for In-Home Nursing Respite. I assume the first one is the correct version. *I’m not sure I see a difference in the definitions? Can nurses accompany people to doctor’s appointments? People providing HCS do but it says people providing in-home respite cannot accompany them.*
- *What is the difference between In-Home Respite and Home and Community Supports?* Also, the definitions of in-home nursing respite and in-home respite are almost the same. They both refer to medical treatments.
- Information is not consistent in the definitions. For example, some definitions say the service cannot be provided at the same time another Medicaid service is being provided except for Behavior Support; however, they do not all say that. Another example, in-home respite says a person cannot be left unattended but shouldn’t that apply to other in-home services?
- Page 52/53 Prevocational Services – M, N and T are restated under applicable limits; however, those same limits apply to DSA and are not recorded on page 45
- *What is the difference between supported living and shared supported living?* With both services, more than one person can reside under the same roof with
- Page 59 says staffing levels for supervised living are based on the ratios set by a person’s service level based on their ICAP score...aren’t other services like this? Like DSA?
- Support Coordination doesn’t indicate the SCs have to notify providers of when the PSS meeting is going to take place nor does it say the SCs must give everyone attending the meeting a copy of the final PSS – **this has been a very big issue**
- Support Coordination – Letters “N”, “Q” and “R” are all the same – *what is the difference?*
- Items on page 65 are repeated at the top of page 66
- On page 67, It says that four (4) or fewer people may live together and get Supported Living; however, on page 68 it says activities may be shared by up to 3 people receiving supported living...*doesn’t this contradict itself?*
- *Is the amount of supported living based on ICAP score just like shared supported living?* Some services have this statement under them and some services don’t.
- *People living in Supervised Living, Supported Living or Host Homes cannot get Community Respite can they?*

- *I don't see any changes really to the Home and Community Supports service definition.*
- Page 92 – Relatives providing in-home respite – *can't they provide Home and Community Supports as well? Is this no longer prior approved by DMH?*
- Page 102 – adults are defined as age 21 or older – *what about people living in Supervised, shared supported, or host homes who are 18 years old?*
- The “core budget” services says “in-home respite”; *is this in-home respite and in-home nursing respite? What about Community Respite?*
- *When will the service packages and new rates be available on the DMH website?*
- Page 103 says that “reviews are conducted by BIDD staff based on established criteria and recommendations” – *what criteria and recommendations? Where does this information come from?*
- *Will people be able to change providers in the middle of the month or will they still have to wait until the first of the next month unless medically necessary?*
- *How is choice of provider documented in people's records?*
- For people initially enrolled in the program, it says the first evaluation will be used to write the first Plan of Services and Supports. *Will providers write their first Activity Support Plan strictly from that PSS? DSPs/Nurses will not know the person yet.*
- Page 107 – Appendix D: says BIDD will approve/disapprove a representative sample of requests for initial certification, recertification and for all changes in type/amount of service – *I thought BIDD was going to review every request for changes in the type/amount of services.*
- Page 109 says if a Support Coordinator discovers issues with the PSS then they contact the provider to address the issue. *If the provider is unresponsive, the SC should report it as a grievance to DMH. What if Support Coordinators are unresponsive to providers regarding issues with the PSS?*
- Page 133 says MS requires the use of the MANDT System in all community based programs. *How does this apply to in-home services? Are all DSPs supposed to be MANDT trained?*
- Page 161 refers to “respite” - *does this include in-home respite, in-home nursing respite and community respite?*



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