



MISSISSIPPI DIVISION OF
MEDICAID

Public Hearing Comments

May 3, 2017 at 10:00am

Woolfolk State Office Building, Room 145

Elderly and Disabled (E&D) Waiver Renewal

Mr. James Curcio
North Delta Planning and Development District

James Curcio with North Delta Planning and Development District. I wasn't real sure of the format of this, but they asked me if I would speak, if I would like to so... Of course, we're part of the state-wide case management through the Mississippi Association of Planning and Development Districts. I think one of our main concerns that -- the PDD Association submitted some comments back in March.

One of the main things on there was the case load requirement. Back in 2012 when the Waiver was redone for these last five years, DOM saw it fit to remove the case load requirement. And actually if you look back at what the 2012 states, under major changes, the case management case load has been removed to allow the case management agency to determine the needs in which to provide services to best meet the waiver participant's needs. Of course we're all in agreement on that.

We as the case management agency manage our areas, you know, with a nurse and social worker based on the area. At our office we have 14 teams. You know, some of those teams are in a small area. You know, they're able to see more than 100 clients. Honestly with the setup that we have and many of the others, you know, I feel like our case managers are going to be -- let me say it like this. They have more time on their hands that they need to see more clients than 100. I feel like the cap is really -- the state-wide cap, the 17,800 that you have in the state, I feel like that's what really governs what the limit is of the state, and then each of the areas are able to manage it to best meet those needs. We have a lot of clients that are in apartments. You know, you may have 20 clients in an apartment. So you think about when the case managers, the ones that are actually out there providing the services. I don't know -- I guess really if I knew why the 100 was placed in there, what the reasoning was for, I would kind of know, you know, how to respond really, but just trying to come up with an idea of why it was in there... You know, I don't

know if it's in there because DOM doesn't think we have enough time to see the clients. We have time to manage the clients. We've been doing it for five years as it is. And I have seen no complaints. DOM has been in to monitor us each year. It's never been pointed out or anything like that, about case load limits. You know, the case management agencies is trying to manage it based on the unit cost, you know, and just dealing with all of the expenses with it. But I feel like we can -- you know, I guess we have a pretty good track record showing that we can see more clients. You know, one of the things that was said back then when it was removed is giving us the ability to manage our in-house, the ability to manage it. And I feel like when you say you can only see this number of clients, you're taking that away from us. So that's really the main thing I wanted to mention was the case load and our request to remove that to allow us to continue to manage the program as DOM saw fit in 2012 of removing the limits. Thank you.

Mr. Mich Dutro:
Attorney
Disability Rights Mississippi

Hello. My name is Micah Dutro. I'm an attorney with Disability Rights Mississippi. We are the designated protection and advocacy organization for the State of Mississippi as set up by federal law. We represent participants in Medicaid and many other programs of people who have disabilities. And, of course, a lot of those folks participate in Medicaid waivers.

In general we like the Elderly and Disabled Waiver. We believe it does a pretty good job of delivering the services that the folks who qualify for it need. And, of course, we recognize the budgetary climate that the state is in, so some of these things are more of a wish list. But, you know, we think that, you know, the waiver provides transportation services for people to get to adult day care centers or work centers and things like that and that's great, but we would love to see that expanded to some other things. If the goal of the waiver is for people to live in the community and enjoy the things that the rest of us do, well, they ought to be able to get to those things. Mississippi is a rural state and sometimes things are far away. Transportation is a big issue for folks, especially people living with disabilities who are on this waiver. They are going to be people who are usually on fixed incomes living below the poverty line or right at it and transportation is a real issue. Obviously that service can't be unlimited, but we'd like to see that be expanded for folks so that they can be more integrated into the community. In general we encourage the Division of Medicaid to try to do everything they can to encourage providers to accept Medicaid funds as remuneration for services and to attract new providers to the state because of the scarcity on the ground in many parts of the state of providers. If we're going to have people in the community it sure is going to help if there's services in the community for those people. Now, we've got a lot of communities out there where there's just -- there's not hardly any services and that's a real problem. Of course, we know that, you know, the Division of Medicaid doesn't have a magic wand and they can't wave it and make some providers appear out of thin air. We hope they'll do everything they can to improve their relationship with the providers that do exist and make it attractive for new ones to follow up where we need them. Similarly we are concerned about funding for adult day care centers. As I understand it, funding is dropping. And, again, I realize the budgetary climate that we're in right now, but the fact of the matter is that some of these places may not be able to stay open now.

At DRMS we don't consider an adult day care to necessarily be the ideal setting for a person with a disability, but at the same time we recognize that in a lot of communities that's the best alternative and it is the most integrated setting that exists, so we'd hate to see them go away because otherwise you'll just have people confined to their homes essentially and that's no more integrated than being in an institution. You're just isolated by yourself instead of being isolated with other people. So, again, we hope that the Division of Medicaid can work with these adult day care centers in ways that they can continue to operate in compliance with the new federal regulations on home and community based settings. That's all I have for this waiver.

Mr. Mark Kluempke:
Pavilion Health Services
Gulf Shores Adult Daycare

Mark Kluempke. I'm with Pavilion Health Services and Gulf Shores Adult Day Care. We are an adult day care located in Biloxi, serving an area from Bay St. Louis to Gautier and Saucier on the north. Essentially it's a 40-mile radius --or half radius. We've got the Gulf on the one end.

We are currently serving a wide range of clients who are from mentally challenged to full dementia. We're doing some respite. Our youngest is 21. Our oldest is 98, 97 or 98. And health condition is anywhere in between and almost anything that you can kind think of. I mean, we're serving under the waiver. The concerns that we have obviously are that the rate is changing. They're doing --the \$2.59 is on a 15-minute looking like they took the six hours to equal the same rate that they were on the per day rate. Doing that, we have clients -- I guess the concerns come in on multiple levels. We do have some residential clients that live in the neighborhood that could come in and take advantage of the 15 minutes. For the most part, we're picking these clients up, some of them for a long range. So one of our concerns is if somebody who we pick up in Long Beach or Bay St. Louis and drive them in and they want to turn around and go back home after they've had breakfast or eaten lunch or had the nurse set their meds up, do we turn them around and then we have to escort them back home because they no longer want to stay for a minimum of a certain number of hours. I don't see anything in the regs that says how long or what kind of policies we can put in place to keep people or to get paid for the services that we are doing.

Again, we offer a lot of services. We do serve a full breakfast and a full lunch. We do offer transportation to doctors' appointments for clients. I know that's not required but that's something we do. As well as daily outings to Wal-Mart, to different events that are going on in the city. We are on the Coast, so, I mean, we do have a lot more activities and things going on than, say, you know, some of the rural areas. So I do understand the concerns of the rural adult day cares because they're covering a lot of area, a lot of territory, and they need to provide all of these things within a set parameter. But the cost on everything is going to go up under the new regulations and the revenues are going to go way down. I just calculated based on if people were doing the 4-hour minimum, I mean, we're looking at a 25 to 30 percent decrease in revenue, and the cost of providing the same transportation or increased transportation under the new regs. The previous person -- you know, some of these day cares can't handle it. We're trying to figure out how to revamp just to see if it's possible. And we probably have more flexibility because we are a fairly large adult day care and have a bigger base to work with. One of the things, and this has

always been in there, the transportation part of we're not getting paid for the pickup. And that certainly would help if we got paid to pick the clients up at the time we actually pick the clients up. We are liable for them. I mean, the minute they set foot on the bus or get into the car we're liable, but we don't get paid for, you know, getting them to the day care. The time starts when they get there, even though we have full care of them from the minute we pick them up and the minute we return them. So that is one thing that would certainly help, is to get paid for and offset some of the transportation costs is that you get paid for part of that because we are providing care. I mean, they're under our protection. And depending on who the clients are. I mean, you know, especially with the dementia and with, you know, accidents and certain needs that they have, the care staff and the drivers are providing care in the vehicles as they're bringing clients in. So it's not just a ride. There's more to it than just that. But that is one thing that would help out in the scheme of all of this.

And then, I guess, you know just more clarification on how we track this. Currently, I mean, we're doing sign-in sheets. The drivers do logs, but we would have to go to some sort of fingerprinting or time clock. There's a lot of, as we see it, a lot of expense into setting up the new tracking of how we track out every 15 minutes. And, again, we're in the residential setting so we do have clients that live in proximity and come and go, you know, or on their own, so we're not picking every one of our clients up. And even those that we are, when they get there, I mean, and track and if they're leaving, if they're not leaving, if they're getting picked up by someone. You know, 15 minutes, how are we tracking that? I mean, is it for one minute over or 7 and a half minutes of a 15 minute? I mean, where is the clarification on that? Or how exactly does this billing work? Those are most of the questions and the concerns. Okay. That's all I've got. Thanks.

Mr. Scott Crawford
Retired Clinical Psychologist

Can you hear me? Can you hear me? I'm going to use this amplifier because my voice doesn't work very well. First of all I feel the need to apologize for being late. You guys probably know that transportation is a significant obstacle for people with disabilities. I mean, I'm very fortunate to live here in Jackson, but still we have difficulty with reliable, affordable transportation, and today was no different than most days. So anyway, I apologize.

For those of you that don't know me, I'm a retired clinical psychologist. I'm now on the Board of the Mississippi Coalition for Citizens with Disabilities and I try to advocate for the needs of people with disabilities. I only have a couple of comments and questions. Some of my friends on the E&D Waiver have expressed concern about the minimum standards and credentialing of PCAs. I have questions about what are the minimum standards that we have here. I apologize I'm not well educated on that. I am asking that we look into the minimum standards. And the reason I ask is that at least on one occasion or two occasions my friend has told me that PCAs have made inappropriate requests of a client with intellectual impairment such as borrowing money. You know, that shouldn't happen, obviously. But the point that it does happen brings up the question of credentialing professional ethics and things like that. How are we credentialing PCAs? And then the opposite is also true. Are the clients on E&D Waivers and ID/DD Waivers educated about their responsibilities with regard to interactions with their PCAs?

You know, are they taught, you know, not to make inappropriate comments that might be construed as harassment in any way. So as a general rule we want to maximize chances for success. So we want both the PCAs and the clients to understand their responsibilities, what behaviors are appropriate and not appropriate so that everything goes well at the very beginning. Thank you.