MISSISSIPPI DIVISION OF MEDICAID

MISSISSIPPI ACCESS TO CARE (MAC) Plan Update

November 8, 2016

Executive Summary

This update provides a status report on Mississippi's progress toward goals established in the 2001 Mississippi Access to Care (MAC) Plan. Over the last decade, the state has made significant progress and has not deviated from the original goal of implementing a comprehensive plan for the provision of community-based services.

Submitted to the MAC 2.0 Stakeholder's Group
November 8, 2016

Office of the Governor, Division of Medicaid
550 High Street, Suite 1000 | Jackson, Mississippi 39201
Phone (601) 359-5241
Website: www.medicaid.ms.gov

MAC PLAN UPDATE
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BACKGROUND

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The Court ruled that the Americans with Disabilities Act (ADA) may require states to provide community-based services for people with disabilities, who would otherwise be entitled to institutional services, when:

(1) The state's treatment professionals reasonably determine that such placement is appropriate;
(2) The affected person does not oppose such treatment; and
(3) The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving services.

The Court suggested that a state may be able to meet its obligation under the ADA by demonstrating that it has a comprehensive, effectively working plan for placing qualified, persons with disabilities in the most integrated setting, and a waiting list that moves at a "reasonable" pace not controlled by the state's endeavors to keep its institutions fully populated.

For states to meet their obligations under the *Olmstead* decision a process must exist to assess the capacity of existing community services, and the number of persons currently in institutional settings who desire and would benefit from community services for each targeted population group: persons with intellectual disabilities, mental illness, and/or who have physical disabilities (including elderly). This means that states have the obligation to:

(1) Divert people from going into institutional placements in the first place if they can be served in a community setting;
(2) Review those already in institutions to decide how many could be served in the home or community-based setting and how many want to be served in the community; and
(3) Respond to individual requests by institutionalized people to leave the institutional setting for a home or community-based setting.

In June 2000, then Governor Ronnie Musgrove appointed the Division of Medicaid as the lead agency to develop , a comprehensive, effective plan for addressing the issues related to the Olmstead decision, in coordination with the Department of Education, Department of Health, Department of Human Services, Department of Mental Health, and Department of Rehabilitation Services. The MAC workgroup was formed in October 2000, and the first statewide work group comprised of state agencies, advocacy groups, consumer groups, consumers, providers, and other organizations held its first meeting in November 2000.

The Mississippi Legislature passed House Bill 929 on March 23, 2001 mandating the development of a comprehensive state plan to provide services to people with disabilities in the most integrated setting appropriate. Over 5,000 Mississippians participated in the development of the MAC Plan.

In 2001, state legislators, in response to the need for more home and community-based services (HCBS) programs, began providing additional funding to serve more people in the waiver programs and to reduce waiting lists resulting in incremental progress in expanding HCBS programs over the years. This action, as well as other state efforts, contributed to national data indicating Mississippi substantially improved the percentage of funds spent on HCBS programs during the five year period of 2007 through 2012. For example, in 2007 Mississippi spent 15.6% of its overall long term care dollars on HCBS. By 2012, that percentage increased to 27.4%. This represents the highest rate of increase of any state during this period. State data reveals that Medicaid-paid days in nursing homes declined between 2007 and 2014 and Medicaid's use of HCBS increased substantially as reflected by the number of people receiving HCBS.[1]

More recent data reflects the state has continued to make significant improvements in rebalancing HCBS with institutional care. As of June 30, 2016, the percentage of long-term care dollars spent on HCBS programs has grown to 30.87%.

The eight common themes, or areas of focus, adopted by the original MAC work group organize and guide the development of this report and identify the current status of access to home and community-based care by all Mississippians. The following descriptions highlight some recent major accomplishments in the identified areas that have, and will continue to have, a meaningful positive impact on continuing to accomplish the goals of the MAC Plan.

INFORMATION/DATA DEVELOPMENT

Lack of a comprehensive, unduplicated, and shared data collection system has been recognized as one of the primary barriers to serving individuals with all disabilities in the most integrated setting of their choice. Without knowing who needs or wants community-based services, the availability of services and supports, or the providers of such services and supports, it is difficult to ensure all people with disabilities will have the opportunity to transition into the most integrated environment.

Therefore, one primary means of achieving the MAC goals, was the development, maintenance, and sharing of comprehensive, reliable data. Over the years, insular efforts to address this need have been attempted. In 2013, Mississippi issued a request for proposals (RFP) for a Long Term Services and Supports (LTSS) Information and Tracking System. DOM retained FEI Systems to develop an electronic system that incorporates a web-based system supporting a No Wrong Door approach. The system plays a key role in coordinating financial and functional Medicaid eligibility, helping people navigate both administrative and community-based barriers to HCBS, tracking and coordinating financial and functional Medicaid eligibility, improving efficiency in the eligibility determination process, and offering a seamless user experience regardless of entry point.

To assist with designing the system specifications, staff from multiple state and nonprofit agencies met regularly during 2013 and 2014 to study the current system and look for efficiencies and opportunities in designing the new system. The first application under the

contract, the information and referral support system, rolled out in 2014. Between January and October 2015, three of Mississippi's five waivers and its quality improvement program were incorporated into the new system, with the final two slated for 2017. Electronic visit verification for in-home services will be added to the system in 2017. When complete, all LTSS staff, regardless of program or agency, will have access to a single case management system.

COMMUNICATION AND EDUCATION

In order to achieve the desired results identified in the MAC Plan, the MAC workgroup determined that it needed a system that is designed to broadly publicize and increase awareness of community-based services/supports, provide linkages with referral sources, and to facilitate user-friendly, timely access to information.

To accomplish that, the Division of Aging and Adult Services of the Mississippi Department of Human Services (MDHS) began MAC Centers, which form the nucleus of Mississippi's No Wrong Door (NWD) system for accessing LTSS. Through these MAC Centers, people can obtain information and assistance to locate LTSS or apply for benefits to receive services. MAC Center operations are folded into the new LTSS technology platform that Mississippi is using to integrate and improve the efficiency of its HCBS programs. The MAC Center System provides:

- Public outreach and linkages with referral sources,
- Easy access, online, in-person and by phone to a menu of Medicaid and non-Medicaid support services,
- A public-facing website that is compliant with Section 508 of the Rehabilitation Act of 1973, and
- Standardized eligibility information, general information about available community LTSS, location and contact information for regional offices, instructions for completion of self-assessment tool(s), and other information and supports.

TRAINING

The MAC goals were primarily about enhancing access and expanding capacity for services/supports. Ongoing training of public and private providers, advocacy groups, as well as state agency employees, is critical to ensure compliance with the MAC goals. Relevant training and technical assistance requirements and ongoing opportunities provided by the state include:

- Person Centered Counseling
- Person Centered Thinking
- Person Centered Planning
- Motivational interviewing
- Information and Referral database utilization
- Adherence to Health Insurance Portability and Accountability (HIPAA) Act
- Cultural sensitivity training

- LTSS management information system software training
- LTSS management information system utilization training
- Alliance for Information and Referral System (AIRS) certification
- InterRAI-HC (Assessment) training
- Electronic Visit Verification training
- Training to direct care staff through Direct Course

STANDARDIZED ASSESSMENTS

A coordinated and standardized evaluation/assessment procedure working in concert with a single point of entry referral system was identified as a key to identifying, developing, and implementing comprehensive care plans that are both desired and appropriate for the person.

As part of the overall LTSS information and tracking system, DOM has established a standardized assessment instrument being used to assess functional eligibility for access to public LTSS. The standardized assessment instrument has a common core set of data-collecting questions and will be interchangeable among state agency providers of public LTSS. The process for determining functional and financial eligibility, and thus enrollment, is simplified and streamlined so that appropriate access is provided in a timely manner. The LTSS system includes:

(1) A Screening (pre-assessment) tool in which outcomes, information, and data generated populate the client's core assessment instrument;
(2) A core standardized instrument for functional eligibility to be used in all waivers that meets all CMS requirements and contains the core set of data elements;
(3) Provides level of care assessment (assigns an acuity score based on risk of institutionalization);
(4) Provides waiting list management with level of care assessment ;
(5) Allows electronic submission of provider forms; and
(6) Provides uniform and consistent training for all users of the screening tools and assessment instruments.

TRANSITIONS FROM INSTITUTIONS

The MAC workgroup considered the prevention of premature or inappropriate out-of-home placement and facilitating, when appropriate, the earliest possible re-entry into the community, which are both critical to accomplishing the overall goal of the MAC Plan. It was determined that individuals with disabilities who are currently residing in institutions and could receive services in a more integrated setting have the right to be advised of the community-based alternatives available and should be provided information and support needed to access home and community-based services.

In response, Mississippi received federal funds in 2011 to operate a Money Follows the Person (MFP) program, known in Mississippi as Bridge to Independence (B2I). This program identifies and refers individuals in institutions who are interested in living in the community, discusses appropriate choices of living arrangements, and helps them

transition from the institution to a community setting. From 2012 through 2015, the program successfully transitioned over 430 people from institutional settings to the community and has received over 1,000 referrals. Program activities and transitions may be sustained through waiver services once the grant funding ends.

Mississippi's Bridge to Independence demonstration project has expended $15 Million over the course of the demonstration period and plans to spend an additional $15 Million over the remaining life of the project to enhance opportunities for eligible Medicaid beneficiaries to successfully transition from institutional settings to home and community-based settings consistent with the intent of the 1999 *Olmstead* Decision.

TRANSPORTATION

As with most rural states, Mississippi struggles with providing sufficient opportunities for accessible, reliable, and affordable transportation for the economically disadvantaged, elderly, and/or people with disabilities. Although transit options have increased and improved, accessible, reliable and affordable transportation remains an identified issue in the MAC Plan the state must continue to address. Examples of some enhanced transportation opportunities include the following:

(1) Opportunities for people with disabilities to access para-transit transportation are much more available now than ten years ago according to people with disabilities as well as advocates for people with disabilities who were interviewed as part of this update. Para-transit is an alternative mode of flexible passenger transportation that does not follow fixed routes or schedules, and can offer door-to door service that is particularly important for people with disabilities. These services often feature modified vans that are equipped with lifts to accommodate passengers who use wheelchairs. Para-transit passengers must be certified as eligible to use the services and provide the signature of a health care professional. Eligible passengers receive a special card that allows them to purchase para-transit fares and schedule rides on the system.

(2) Non-emergency medical transportation (NET) enables Medicaid beneficiaries to obtain covered medical services from both local providers and from tertiary care centers at some distance from their homes. Mississippi assures appropriate utilization through prior approval processes and sets limits on the number of trips allowed per month. The state ensures NET is available to Medicaid beneficiaries to assure their access to medically necessary services.

(3) The Mississippi Department of Transportation has significantly increased its funding and scope of transportation services for people who are elderly and/or have a disability. One such program, Enhanced Mobility of Seniors and Individuals with Disabilities, provides grants to private non-profit organizations (and certain public bodies) to increase the mobility of seniors and persons with disabilities. The program provides grants for services for individuals with disabilities that went above and beyond the requirements of the ADA.

COMMUNITY-BASED HOUSING

Appropriate housing options are necessary for people with disabilities to remain in the community. However, persons with disabilities have a difficult time locating and accessing safe, affordable, ADA compliant housing and the supports needed to remain in the environment of their choice. This is due to the lack of community supports such as attendant care, transitional care, skills training and case management. Another difficulty is financing. People with disabilities have difficult time saving money for down payments, closing costs, repairs, and maintenance. It is well documented, however, that many times the only reason a person cannot live outside of an institution is simply the lack of alternative living accommodations.

In August 2014, a partnership of Mississippi agencies implemented a free housing listing and locator service, www.MSHousingSearch.org. The site currently lists approximately 37,000 rental housing units. The initiative was funded by a Real Choice Systems Change Grant for Community Living to help people transition from institutional care to a home-and community-based setting. The website is available in both English and Spanish and also has a resource link with websites of housing organizations and housing information sources.

Another state effort to expand housing availability and accessibility is the Bridge Subsidy Program. DOM has selected Housing Assistance Group (HAG) to implement a bridge subsidy program for people transitioning from institutional settings through the B2I Project. Through this bridge subsidy program, HAG will work with Regional Housing Authorities (RHA) across the state to develop preferences for participants in the B2I demonstration project. Once a preference is established, the individual becomes qualified, and the housing unit is approved, HAG will provide 100% of the first month's rent and then an ongoing rental subsidy (up to 12 months) to the landlord of the selected housing unit. The HAG subsidy will reflect the RHA voucher program rules for maximum rent (fair market value) and 30% of monthly income for the participant's rental share limit. Once a voucher becomes available, the individual is transferred seamlessly from the HAG subsidy to the RHA voucher for long-term rental assistance. DOM plans to sustain this project after 2020 through State Legislation – House Bill 1563 in 2015– that provides funding for MS Home Corporation (MS's state housing finance agency) to continue the housing susbsidy supports/services. DOM is also working with MS Home Corp. and DMH on housing related issue for people with mental illness. Additionally, MS Home Corp. incorporated additional rating point for developers that committed at least 10 percent of its units for persons with disabilities in their 2015 federal housing application.

In 2015, the MS Home Corp. received funding from the Mississippi Legislature to partner with the MDMH to develop an integrated permanent supported housing project. This ensures people with a serious mental illness who are housed as a result of permanent supportive housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services.

The permanent supported housing initiative between MS Home Corp., DMH and the Community Mental Health Centers continues to grow. CHOICE (Creating Housing Options in Communities for Everyone) provides rental assistance to make housing affordable for individuals with serious mental illness. Individuals have begun receiving rental assistance and the Community Mental Health Centers are providing appropriate services to help individuals remain in housing. As of September 1, 2016, there have been 61 individuals housed under CHOICE. Within the next year an additional 75-100 vouchers will be awarded.

The Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant began in December 2014 and addresses housing and support service needs of persons who are experiencing chronic homelessness who have a substance use or co-occurring use and mental health disorder. Over a three year period, a total of 297 individuals are expected to be enrolled and served, with outreach services provided to as many as 500 individuals. Included in this project is a commitment from five housing service providers in the state of approximately 109 housing slots per year, for a total of 327 housing slots.

In 2015, CABHI entered the second year of the three year grant cycle. The Community Mental Health Centers continue to expand housing options and support services to enable individuals who experience homelessness who have substance use disorders, serious mental illness, or co-occurring disorders to live successfully in the community. DMH continues to partner with Mississippi United to End Homelessness to enroll and provides outreach services/supports in the community. As of September 1, 2016, over 400 people have been assisted with housing and/or supported services.

HOME AND COMMUNITY-BASED SERVICES

Mississippi Youth Programs Around the Clock (MYPAC)

In December 2006, Mississippi was one of ten states selected to participate in the Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF) demonstration grant. Mississippi was awarded $49.5 million over a five year demonstration period. The purpose of the demonstration grant was to allow children and youth with a serious emotional disturbance (SED) an opportunity to receive services at home and in the community under a 1915(c) HCBS waiver. The CA-PRTF demonstration waiver was approved by the Centers for Medicare and Medicaid Services (CMS) on October 1, 2007. Mississippi named the CA-PRTF demonstration waiver Mississippi Youth Programs Around the Clock (MYPAC). MYPAC providers were selected through a competitive RFP process that resulted in the selection of two providers: Mississippi Children's Home Services and Youth Villages. The first participants enrolled in MYPAC on November 27, 2007. A second RFP was released in 2009 to solicit coverage for the transitional age group, which added Pine Belt Mental Healthcare Resources as a MYPAC provider. At the end of the MYPAC demonstration waiver on September 30, 2012, Mississippi had served a total of 1402 youth over the five year demonstration period. MYPAC participants received three core services: Case management, wraparound, and institutional respite.

In 2012, the Mississippi State Plan was amended to include additional services under the Rehabilitation Option to continue serving children with SED needing a home and community alternative to PRTF. The new service array included: Wraparound Facilitation and Intensive Outpatient Psychiatric (IOP). The purpose of including the new service array in the Rehabilitation Option of the State Plan was to allow sustainability for children and youth like those served in the MYPAC demonstration waiver. The participants for the new State Plan MYPAC had to meet the same general criteria as those in the MYPAC demonstration waiver: Medicaid eligibility, age 0-21, diagnosed with SED, and meet PRTF level of care. As of October 1, 2016, MYPAC has six providers serving children and youth in Mississippi.

Waiver Expansion

HCBS waivers allow the state increased flexibility in the type of services that can be provided to people who are Medicaid eligible. All waivers must be approved by CMS and are limited to target populations and an unduplicated count of people to receive services approved by CMS in the waiver application and renewals. The waivers are considered a primary means for the state to serve people in home and community-based settings. Since, 2001, the state legislature has incrementally increased the number of people funded in each of the five waivers. Since 2010, the state, in part with funding through the Balancing Incentive Program, has increased the number of funded slots by 8,192 in the five waivers. This represents an increase of 57%. Not only has this effort resulted in additional people being served but has reduced the number of people on waiting lists by 2,400 over the same time period. [3]

Balancing Incentive Program

Since 2013, Mississippi's Balancing Incentive Program, (BIP) has provided funding in several fundamental areas that are directly supportive of Mississippi's efforts to increase home and community-based services (HCBS) throughout the State. As of June 30, 2016, Mississippi, utilizing BIP funds, has significantly expanded waiver services to beneficiaries. The program has also provided funding for (1) additional Direct Care Worker training, (2) DETECT, Hudspeth Regional Center's training program for medical personnel in support of individuals with intellectual disabilities, (3) Expansion of HCBS services and HCBS staff training, (4) the University of Mississippi Medical Center's Children's Collaborative for increasing access to integrated health (mental and physical) care services for children with special healthcare needs in community settings, and (5) the establishment and implementation of Mississippi Access to Care Centers, our No Wrong Door system. The total BIP funding expenditures for projects in support of increased home and community based services and supports will total over $76,000,000 by project closeout on September 30, 2017.

DMH-RELATED EFFORTS

Supported Employment for Individuals with Serious Mental Illness

In January 2015, DMH provided funding to develop four pilot sites to offer Supported Employment to 75 individuals with mental illness. The sites are located in Community Mental Health Center Regions II, VII, X and XII. At the end of the FY 2016, there were 165 jobs secured of which, 108 were maintained.

DMH was awarded the CABHI/Supported Employment Enhancement in 2015. An additional four Community Health Centers were awarded funding to support individuals with substance use disorders, serous mental illnesses, or co-occurring disorders with supported employment services. The sites are located in Community Mental Health Centers Regions IV, VIII, IX and XIV. The Mental Health Association of South Mississippi was also awarded funding to provide Supported Employment Services to individuals who experience homelessness. As of August 1, 2016, there were 130 people participating in Supported Employment Services and nine individuals who have secured employment and are working.

Mobile Crisis Response Teams

In 2014, each of the 14 Community Mental Health Centers developed Mobile Crisis Response Teams to provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis. This service is available statewide. In state fiscal year 2015, the Teams provided 9,701 face-to-face interventions. In State Fiscal Year 2016, the M-Cert Teams provided 15,442 face-to-face interventions.

Programs of Assertive Community Treatment Teams (PACT)

Mississippi now has eight PACT Teams operated by the following Community Mental Health Centers: Warren-Yazoo Mental Health Services, Life Help, Pine Belt Mental Health (operates two PACT- one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Region III Mental Health Center and Timber Hills Mental Health Services. PACT is a mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient/community services. As of June 30, 2016, a total of 364 people had received PACT services. There are currently 249 people enrolled in PACT services.

Wraparound Facilitation for Children

A partnership between DOM and DMH has allowed the University of Southern Mississippi, School of Social Work to provide training to approximately 500 mental health professionals over the past three years. Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. In FY 2015, seven DMH certified providers served 1,419 children and youth. In FY 2016, eleven DMH certified providers served 2,960 children and youth.

Crisis Intervention Teams
DMH will utilize funding from the CABHI grant to offer Crisis Intervention Training (CIT) to 40 officers across the state each year from 2015 - 2017. In 2014, the Meridian Police Department and Lauderdale County Sheriff's Department responded to 189 crisis mental health calls through the East Mississippi Crisis Intervention Team (CIT). As a result of a coalition including law enforcement, Weems Community Mental Health Center, Central Mississippi Residential Center, NAMI and other health care providers, only five of the calls responded to by law enforcement resulted in arrest (3 percent). The responding CIT officer was able to defuse the situation and/or make a referral for follow-up in 48 percent of the calls. Immediate transport and access to assessment and evaluation through the Crisis Stabilization Unit in Newton, MS resulted in 46 percent of the calls. As a result, approximately 177 individuals were diverted from the criminal justice system and provided immediate access to care. As of September 2016, Pine Belt CIT graduated its first CIT officers. This consisted of nine officers from the Laurel Police Department and six officers from the Jones County Sheriff's Department.

Mississippi State Adolescent Treatment Enhancement and Dissemination
In 2013, DMH received a four-year grant to improve assessment and treatment services for adolescents with co-occurring substance abuse and mental health disorders. The Mississippi State Adolescent Treatment Enhancement and Dissemination (MS SYT-ED) project is strengthening the State's systems to serve adolescents, ages 12 – 18, with co-occurring substance use and mental health disorders by developing two learning sites in Mississippi for evidence-based treatment for adolescents. The two learning sites are developing a blueprint for policies, procedures, and financing structures that can be used to widen the use of evidence-based substance abuse treatment practices in Mississippi. The two learning sites are also identifying barriers to access and treatment, and test solutions that can be applied throughout the state for adolescents and their families.

XPand
In 2013, DMH and Weems Community Mental Health Center received a four-year System of Care grant from the Substance Abuse and Mental Health Services Administration for youth and young adults. Project XPand, a NFusion site, has served 150 youth and young adults, ages 14-21, with serious emotional disturbance who are transitioning from child mental health services to adult mental health services to prepare them for independent living. Since 2009, five NFusion sites across the state have offered Mississippi's youth, who are managing their mental health, the services and supports they need to thrive at home, at school, and in the community.

Think Recovery
In 2012, DMH developed the Think Recovery campaign to help increase the knowledge of service providers and individuals on the Components of Recovery. The campaign engaged consumers in its planning, development and implementation. The campaign highlights the importance of community integration and focuses on sharing personal stories of recovery. Objectives of the Think Recovery campaign completed to date include:

- Reach all DMH certified providers by creating a toolkit for the Think Recovery campaign;
- Utilize the Peer Support Specialist Network to provide personal stories of recovery to include in the toolkit;
- Utilize the Peer Support Specialist Network to provide images and words to help create posters for each of the Components of Recovery;
- Develop posters highlighting each of the Components of Recovery;
- Spotlight personal stories of recovery based on each of the Components of Recovery;
- Video record the personal stories of recovery to add to the DMH website and the Recovery Network website;
- Develop a flyer focusing on the importance of community integration;
- Develop a press release about National Recovery Month and the Think Recovery campaign;
- Develop a sample article for DMH certified providers to include in newsletters;
- Include Think Recovery information on the DMH website; and
- Utilize email to spotlight a Component of Recovery each month.

Think Recovery personal success stories have been shared through videos and written stories with more than 7,500 people across the state, including staff of the public mental health system and consumers and their family members. Since 2012, more than 75 presentations have been conducted statewide reaching more than 1,500 people. Also, Think Recovery efforts have included outreach to newspapers and radio stations statewide. Two statewide radio stations carried an in-depth feature story with one Peer Support Specialist. As a result, this Peer Support Specialist was able to reach more than one million Mississippians with her story of recovery and information about the launch of Think Recovery. In September 2014, DMH received a proclamation from Governor Bryant proclaiming September as Recovery Month in Mississippi.

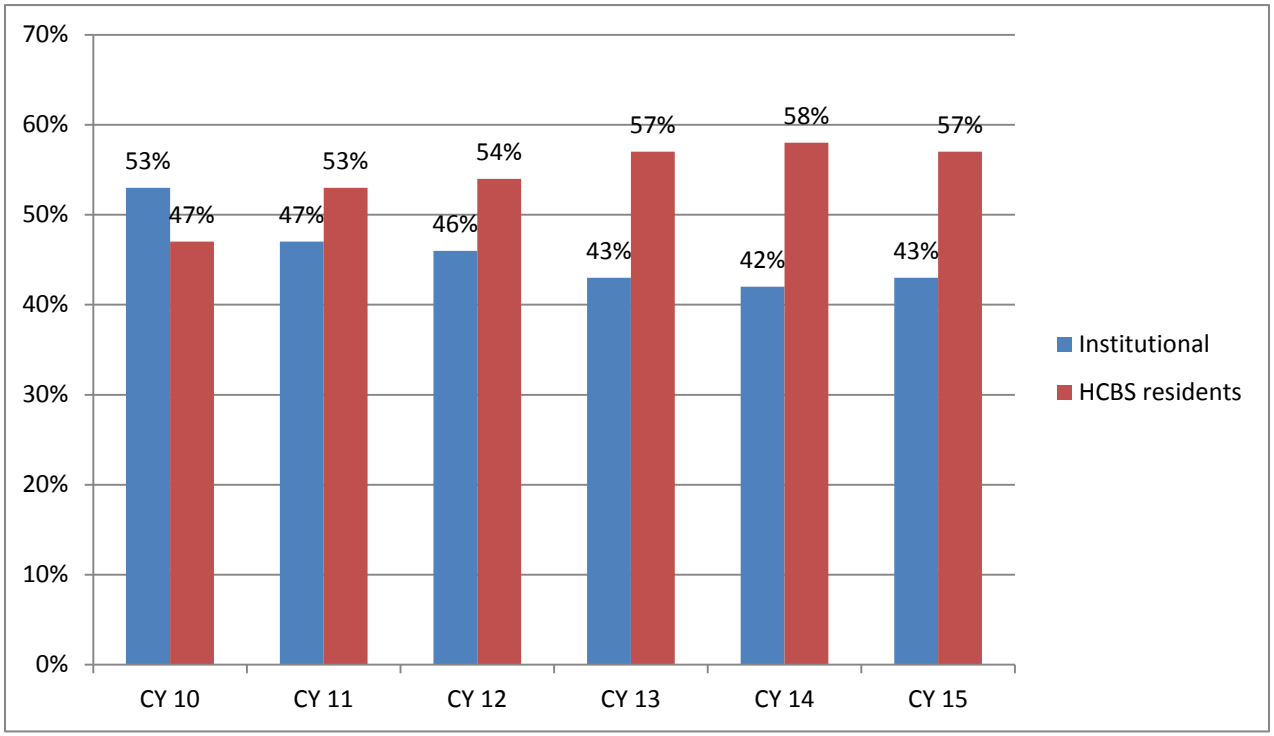
OUTCOME OF OVERALL EFFORTS

The number of individuals receiving LTSS through Mississippi Medicaid residing in institutional settings—both intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IID) and nursing facilities (NF)—has continued to fall during the period of CY 2010 through CY 2015. Concurrently, participation in HCBS programs has been on the rise. While the number of nursing facility and intermediate care facility residents decreased over time by nearly 5% during the period, there was also positive growth noted in the waiver programs of nearly 42% for the same time period. This steady growth has led to a shift in Mississippi's LTSS participation from being mostly institutional 2010 (53% institutional and 47% community-based) to mostly community-based by 2015 (43% institutional and 57% community-based). See charts 1 and 2 on the following page.

Chart 1
Number of Institutional Residents Compared to Number of HCBS Participants

Program Type	CY 10	CY 11	CY 12	CY 13	CY 14	CY 15
Intermediate Care Facility[2]	2,670	2,677	2,568	2,481	2,401	2,235
Nursing Facility [2]	16,975	16,901	16,742	16,675	16,730	16,681
Total Residents in Institutional Settings as of 12/31	**19,645**	**19,578**	**19,310**	**19,156**	**19,131**	**18,916**
HCBS Assisted Living[3]	461	498	592	715	720	729
HCBS Elderly/Disabled[3]	11,925	15,126	17,035	18,775	18,717	17,670
HCBS ID/DD[3]	1,870	1,810	1,943	2,140	2,284	2,421
HCBS Independent Living[3]	2,518	2,794	2,697	2,578	2,853	3,038
HCBS TBI/SCI[3]	837	875	843	890	952	964
Total Participants in HCBS as of 12/31	**17,493**	**20,938**	**22,996**	**24,981**	**25,373**	**24,822**

Chart 2
Percentage of Institutional Residents Compared to HCBS Participants



SUSTAINABILITY

Sustainability is the descriptive term for how Mississippi proposes to move forward and continue with the provision of increased home and community-based services for eligible Medicaid beneficiaries in the State. In Mississippi, DOM will continue to utilize innovative opportunities to expand waiver service participation. DOM will maintain the electronic system for LTSS with state funds after BIP funds have expired. The NWD system (MAC Centers in Mississippi) will be continued with Federal Financial Participation funds and state matching funds with financial assistance from the MAC provider agencies (Planning and Development Districts). Further, the Division of Medicaid will sustain the transition of beneficiaries from institutional settings to integrated home and community-based settings by supporting the continuation of Mississippi's Bridge to Independence demonstration project through existing waiver programs.

Special projects initiated and funded with BIP funds such as the University of Mississippi Medical Center's Children's Collaborative Project, Mississippi Children's Home Autism Pilot Project, and Hudspeth Center's DETECT project will be continued primarily through fee for services via the MS Medicaid State Plan. Training of waiver direct service providers will be continued with financial participation by provider agencies. University of Southern Mississippi will establish and administer a training institute for person-centered planning for waiver case managers.

The Mississippi Department of Mental Health plans to continue each of their identified programs specifically developed to address the Olmstead ruling through state funding and reoccurring grants.

CONCLUSION

The overall purpose or goal of the MAC Plan, as well as the subsequent decade of effort, was to create an individualized service and support system that enables people with disabilities to live and work in the most integrated setting of their choice. The vision was that all Mississippians with disabilities can have the services and supports necessary to live where and how they choose. As revealed in this report, Mississippi has made substantial systemic improvements and significant strides towards achieving this goal.

According to the authors of the AARP Public Policy Institute Case Study, this progress was achieved for three main reasons:

First, policy makers and elected officials developed a vision. Discussions around the meaning of the *Olmstead* lawsuit and the development of a state plan paved the way to creating a vision for what LTSS should be.

Second, legislators, state agency staff, providers, and advocates, aided by strong, consistent leadership, worked together to improve LTSS. This group was persistent and made steady incremental progress over a multiyear period despite a long-standing institutional bias in state service delivery systems and lack of funding. For example, the group was able to obtain periodic funding to reduce HCBS waiting lists.

Third, the politics of patience are evident here, since significant progress became possible when new federal funding opportunities arose. The state used these additional federal funds to promote changes including reinvigorating information and referral programs, expanding HCBS, and committing to major technological innovations that will integrate LTSS programs over the next decade.

Mississippi has taken significant steps toward rebalancing its LTSS with the aim of strengthening HCBS services and programs and reducing institutionalization.[4]
There is no denying the progress Mississippi has made over the past decade with the MAC Plan serving as the "vision" to guide the system forward. With vision and planning, more positive changes to support people living at home is in the future.

Notes:

[1] *S.* Reinhard, E, Kassner, A. Houser, K. Ujvari, R. Mollica and L. Hendrickson*, Raising Expectations 2014 A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physicial Disabilities, and Family Caregivers (*Washington, DC:, AARP Public Policy Institute, June 2014). Available at http://www.longtermscorecard.org.

[2] *Report on Institutions for Aged or Infirm*, 2010 – 2105, Mississippi State Department of Health.

[3] MS Division of Medicaid, Bureau of Long Term Care statistics

[4] K. Ujvari and L. Hendrickson*, Case Study: Mississippi- State Long-Term Services and Supports Scorecard: How One State Improved.(*Washington, DC: AARP Public Policy Institute, April 2015) Available at http://www.longtermscorecard.org