

Office of the Governor | Mississippi Division of Medicaid

Assisted Living Waiver Renewal Stakeholder Meeting

March 26, 2018



Assisted Living Waiver

- The Assisted Living Waiver is a home and community-based waiver that provides services to beneficiaries who, but for the provision of such services, would require the level of care provided in a nursing facility.
- Qualified beneficiaries are allowed to reside in a Personal Care Home-Assisted Living (PCH-AL) facility that is licensed as a PCH-AL Facility by the Mississippi State Department of Health, and is approved as a Medicaid provider for Assisted Living services. Medicaid reimburses for the services received in the facility.

AL Waiver Eligibility

Eligibility for the Assisted Living Waiver is limited to individuals age 21 years old and older, who meet clinical eligibility requirements determined through screening the following areas:

- activities of daily living
- instrumental activities of daily living
- sensory deficits
- cognitive deficits
- client behaviors
- medical conditions
- medical services

Beneficiaries of this waiver must be Medicaid eligible either as a Supplemental Security Income (SSI) recipient or meet the income level up to 300% of the SSI federal benefit rate.

AL Waiver Covered Services

- Case Management
- Personal Care
- Homemaker Services
- Attendant Care
- Medication Oversight/Administration
- Therapeutic Social Recreational Programming
- Intermittent Skilled Nursing Services
- Transportation
- Attendant Call System

Traumatic Brain Injury Slots on the Assisted Living Waiver

The Assisted Living Waiver has five (5) designated waiver slots for people with acquired traumatic brain injuries who are in a family/participant crisis or have behavioral issues that require 24-hour supervision and assistance to successfully thrive in a community or residential setting. Services provided are to strengthen and support informal and formal services to meet the unique needs, cognitively and behaviorally, for people in a specialized residential setting.

Qualifications for the TBI Residential Facility Setting

The participant must:

- have a diagnosis of acquired traumatic brain injury which is non-degenerative structural brain damage (excludes brain injuries that are congenital or due to injuries induced by birth trauma).
- be in a family/participant crisis or have behavioral issues requiring 24-hour supervision.
- have completed acute rehabilitation treatment.
- be age 21 or older and meet nursing facility level of care.

CMS Final Rule

- Centers for Medicare and Medicaid Services (CMS) published in the Federal Register on January 16, 2014.
- Defines, describes, and aligns home and community-based setting requirements across three Medicaid authorities
- Final rule includes changes to the requirements regarding person-centered service plans for HCBS waivers under 1915(c) and HCBS state plan benefits under 1915(i). The person-centered service plan must be developed through a person-centered planning process

CMS Final Rule Intent

- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate
- To enhance the quality of HCBS and provide protection to participants

Overview of Renewal Process

- 1915(c) HCBS Waivers must be renewed every 5 years.
- The current AL Waiver expires on September 30, 2018.
- Renewal must be submitted to CMS for review at least 90 days prior to the expiration.
- Waiver renewal process must incorporate CMS recommendations as well as provide opportunity for public input from stakeholders including providers, participant's and their caregivers.
- Prior to submission for CMS review, the waiver application must be posted for Public Notice for 30 days.

CMS Quality Review

- Two (2) years prior to the expiration of a 1915(c) waiver, the State must submit 3 years of evidentiary data on the performance of that waiver for CMS to complete a quality review.
- DOM received CMS' Final Report following the Quality Review for the Assisted Living Waiver in September 2017.
- After their review of the data, CMS recommended that the state include the following types of changes in the renewal application:
 - ❖ Update performance measures to align with technical guidance and changes regarding assurances/sub-assurances to be monitored.
 - ❖ Strengthen performance measures to capture administrative authority and reflect current processes.
 - ❖ Continued implementation of systemic changes documented in the evidence report.

Stakeholder Recommendations?



Other Ways to Provide Input

To provide recommendations or input regarding the upcoming renewal of the Assisted Living Waiver, please contact:

Office of Long Term Care

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While public input is welcome at all times, recommendations specific to the upcoming renewal must be received by March 31, 2018.