

Office of the Governor | Mississippi Division of Medicaid

American Rescue Plan Act: HCBS Enhancement Opportunities



What is the American Rescue Plan Act (ARPA)?

Legislation signed into law by President Biden on March 11, 2021, to provide immediate pandemic-related relief including supporting the national vaccination program, relief to families, and struggling businesses and communities.

Medicaid provisions designed to increase coverage, expand benefits, and increase federal funding for state Medicaid programs.

Section 9817 of ARPA

- Within ARPA, there is a provision outlining additional funding to support increased access to home and community-based services (HCBS) for Medicaid beneficiaries.
- HCBS are benefits which provide older adults and individuals with disabilities critical services in their homes and communities
- CMS guidance interpreting Section 9817 provisions released on May 13, 2021, in State Medicaid Director Letter #21-003.

Key Takeaways

- ❖ The provision will increase Federal Medical Assistance Percentage (FMAP) for Medicaid HCBS spending by 10 percentage points from April 1, 2021 through March 31, 2022.
- ❖ The 10% enhanced match is only available for eligible services.
- ❖ States may spend the funding on both services and administrative activities.
- ❖ Funds must be expended by March 31, 2024.
- ❖ Enhanced match reinvested in eligible services may receive the enhanced match one additional time.

Services Eligible for Enhanced FMAP under Section 9817

- Home Health and Private Duty Nursing
- Personal Care
- Case Management
- Certain School-Based Services
- Behavioral Health Rehabilitative Services
- 1915c Waiver Services
- 1915(i) State Plan Services
- Program of All-inclusive Care for the Elderly (PACE)
- Managed Long-Term Services and Supports (MLTSS)

Requirements to Qualify

The state must:

- ✓ Use the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- ✓ Use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- ✓ Not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- ✓ Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- ✓ Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Reporting

CMS will require states to submit both an initial and quarterly HCBS spending plan and narrative that describe activities that the state has intends to implement.

Initial Spending Plan

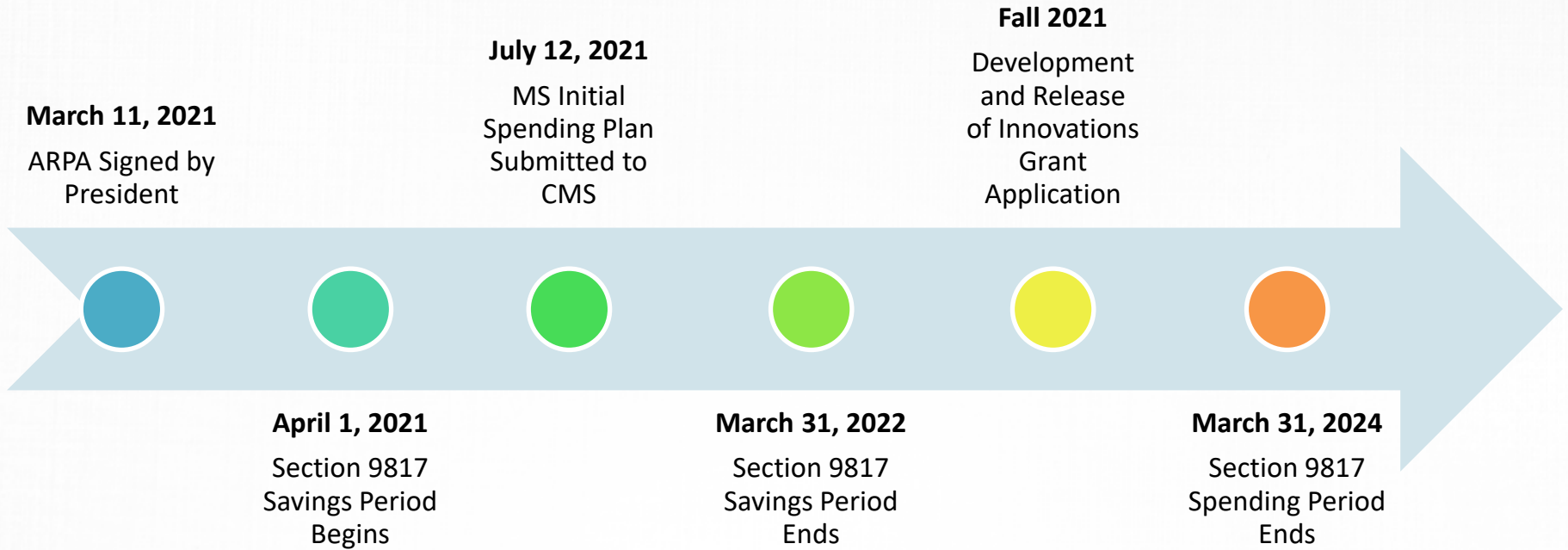
States were required to submit the initial plan by June 12, 2021. However, Mississippi requested and was granted a 30-day extension to July 12, 2021.

- Should estimate total amount of funds attributable to FMAP increase and anticipated expenditures on enhancement activities.
- Must detail how planned activities will enhance HCBS and explain how activities will be sustained past 2024.
- UPDATE: Mississippi received partial approval of our spending plan on August 17th and submitted responses to requests for additional information on October 27th. We are still awaiting a full approval.

Quarterly Spending Plan

- Must include actual/anticipated expenditures on enhancement activities.
- Should include progress reports on enhancement activities.

Timeline



Mississippi's Enhanced HCBS Spending Plan

Three Key Initiatives

- **Expand Access to HCBS**, by increasing capacity across our 1915(c) waivers and reducing waiting lists.
- **Innovations Grants**, to authorize direct spending on community proposed short-term or one-time initiatives to enhance HCBS.
- **Strengthen HCBS Technology and Infrastructure**, to enable more effective care coordination, access, and delivery.

Expand Access to HCBS - \$57.9 Million

These initiatives target investments that immediately expand and improve access to community-based services as well as opportunities to enhance existing services and to support workforce initiatives to retain and recruit the workforce needed to render services. Funding targets include:

- Increasing capacity across our 1915(c) waivers and reduce waiting lists. In year one, the state will enroll an additional 1,600+ members in HCBS across our five waivers.
- Evaluating and implementing opportunities to add additional services to existing 1915(c) and 1915(i) waivers in years 2 and 3.
- Pursuing a strategy aimed at developing and strengthening our HCBS provider network to support additional waiver capacity. This plan will focus on the recruitment and retention of direct support staff.

Innovations Grants - \$20 Million

This initiative targets the awarding of subgrants to allow direct spending on community proposed short-term or one-time projects to:

- enhance person-centered HCBS services,
- improve overall quality, encourage interagency partnerships to address social determinants of health affecting individuals requiring HCBS through transformative systems change, and
- to build a stronger HCBS workforce.

The process will be built out following additional stakeholder input to include an application process to be managed by a committee composed of DOM staff across various program areas to ensure feasibility and fiscal oversight in approved projects.

Strengthen HCBS Technology and Infrastructure - \$8.8 Million

These initiatives target investments to enhance and implement technology solutions and infrastructure needed to enable more effective care coordination, access, and service delivery for home and community-based services. Funding targets include:

- Upgrades to the state's electronic visit verification solution.
- Upgrades to the state's electronic Long-Term Services & Supports system.
- Implementation of a data lake/repository and associated analytics software.
- Expansion of data sharing across entities, including state agencies, to improve member service and ensure interoperability across technology systems.
- Consultation fees for Independent Validation and Verification vendors, project management vendors, and a data analyst/scientist.

Stakeholder Input

- Mississippi DOM maintains a robust network of highly engaged stakeholders who provide continuous input into our programs and processes.
- Prior to the submission of our spending plan, we engaged our state agency partners at the Mississippi Department of Rehabilitation Services, the Mississippi Department of Mental Health, and the Mississippi Department of Human Services for input. We also received input from both HCBS providers and vendors.
- Due to the limited window to receive input prior to the deadline for plan submission, DOM has also posted our plan to our website for additional public input throughout the review period with the understanding that the plan will continue to evolve over the coming months.
- Additionally, with the funds set aside for the Innovations Grants, DOM hopes to receive grant applications from stakeholders whose improvement ideas were not otherwise spelled out in the initial plan.

Staying Informed

For more information about the ARPA Enhanced HCBS Spending Plan or to review associated documents, visit us at:

<https://medicaid.ms.gov/american-rescue-plan-act-hcbs-enhancement-opportunities/>

Stakeholders interested in submitting written comments, recommendations, or suggestions may submit them to:

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