



October 27, 2021

Jennifer Bowdoin
Director, Division of Community Systems Transformation
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd, Mail Stop S2-26-12
Baltimore, MD 21244-1850

RE: Mississippi's American Rescue Plan Act HCBS Spending Plan

Dear Director Bowdoin,

The Mississippi Division of Medicaid (DOM) appreciates CMS' partial approval of the state's proposed spending plan and narrative in response to the CMS Medicaid Director Letter dated May 13, 2021. Mississippi agrees to maintain compliance with program requirements as stated in SMDL #21-003, including the following assurances:

- The state will use the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state will 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;
- The state will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state will preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state will maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Additionally, the state agrees to notify CMS as soon as possible if our activities to enhance, expand, or strengthen HCBS under ARP section 9817:

- Are focused on services other than those listed in Appendix B or that could be listed in Appendix B;
- Include room and board (which CMS would not find to be a permissible use of funds); and/or
- Include activities other than those listed in Appendices C and D.

Attached are the state's responses to the questions listed under the "Additional Information Requested" section of the CMS Letter as well as our Quarterly Spending Plan and Narrative Update. We hope that following your review, we can proceed to full approval and implementation of these programs to strengthen Mississippi's home and community-based services.

If there are any additional questions, or if it would be helpful to schedule a discussion, please contact Misty Jenkins at misty.jenkins@medicaid.ms.gov or at (601) 359-9549.

Sincerely,

A handwritten signature in blue ink, appearing to read "Drew L. Snyder", with a long horizontal flourish extending to the right.

Drew L. Snyder
Executive Director

Mississippi Responses to Additional Information Requested by CMS Regarding the State's Initial Section 9817 Spending Plan

CMS Request: Clearly indicate whether the following activities are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit):

- Increased Access to HCBS; and
- HCBS Technology and Infrastructure.

If any of these activities are not focused on providers that are delivering services listed in Appendix B or that could be listed in Appendix B, explain how the activities enhance, expand, or strengthen HCBS under Medicaid.

State Response: All activities under "Increased Access to HCBS" are solely targeted to beneficiaries receiving and providers rendering services outlined in Appendix B of the SMDL. While some of the activities outlined in the "HCBS Technology and Infrastructure" section of the plan will benefit the overall Medicaid provider pool, each project is being approached with a focus on how that implementation/upgrade can enhance, expand, or strengthen HCBS. For example, funding for the implementation of the data lake/repository will enhance data sharing and analytics across the Medicaid enterprise, but integration work between the repository, our eLTSS case management system, and our electronic visit verification system will specifically support access to data for 1915(c) waiver case managers to better inform care coordination. This response has been incorporated into the Spending Plan updated 10/18/21.

CMS Request: Provide additional information on the services that would be paid for with ARP section 9817 funding under the "increasing capacity across 1915(c) waivers and reduce waiting list" activity and clarify whether the state intends to use ARP section 9817 funding to pay for any services other than those listed in Appendix B or that could be listed in Appendix B for individuals who are Medicaid-eligible prior to HCBS waiver enrollment, or any institutional services for individuals who become newly eligible as a result of the increase in waiver slots.

Please note that, if a state increases the number of section 1915(c) waiver slots and enrolls additional individuals who are not already Medicaid eligible into the waiver program as a result, the state will have an increase in non-HCBS Medicaid expenditures as a result of the increase in waiver program enrollment. In this situation, states can use the funds attributable to the increased FMAP to pay for community-based Medicaid expenditures, including community-based state plan services not listed in Appendix B, for individuals who become Medicaid eligible because of the increase in the number of waiver slots as part of the state's activities to enhance, expand, or strengthen HCBS under ARP section 9817. However, states cannot use the funds attributable to the increased FMAP to pay for institutional services for those individuals, as this would be inconsistent with the intent of ARP section 9817.

State Response: The state will use ARP section 9817 funding to increase capacity on existing 1915(c) waivers. The state will utilize funds attributable to the FMAP to pay for all 1915(c) services for the additional individuals. For those who were not already eligible, the state will also use funds attributable to the FMAP increase to pay for non-institutional State Plan services. This response has been incorporated into the Spending Plan updated 10/18/21.

CMS Request: Provide additional information on the Innovations Grants, including whether:

- The subgrant recipients are delivering services listed in Appendix B or could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any of the activities are not directly related to the services in Appendix B or services that could be listed in Appendix B, please explain how those activities enhance, expand, or strengthen HCBS under Medicaid;

State Response: In order to solicit a wide range of innovative projects, the state does not plan to limit subgrant recipients to service providers. The state will define an Innovations Grant application that ensures that activities funded under approved subgrants must enhance, expand, or strengthen HCBS under Medicaid. This response has been incorporated into the Spending Plan updated 10/18/21.

- Your state plans to pay for capital investments or ongoing internet connectivity costs as part of this activity. Capital investments and ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments and ongoing internet connectivity costs would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments and ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP; and

State Response: The state defined Innovations Grant approval and contracting will ensure that any capital investments or ongoing internet costs funded under approved subgrants must enhance, expand, or strengthen HCBS under Medicaid and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. The state acknowledges that approval of capital investments and ongoing internet connectivity costs in ARP section 9817 spending plans and narratives do not authorize such activities for FFP. This response has been incorporated into the Spending Plan updated 10/18/21.

- Your state plans to pay for room and board (which CMS would not find to be a permissible use of funds) as part of this activity.

State Response: The state will not approve Innovations Grants or subcontract for projects soliciting payment for room and board costs. This response has been incorporated into the Spending Plan updated 10/18/21.

CMS Request: Clearly indicate whether your state plans to pay for ongoing internet connectivity costs as part of the “HCBS Technology and Infrastructure” activity. Ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how ongoing internet connectivity costs would enhance, expand, or strengthen HCBS. Further, approval of ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP.

State Response: Initiatives under the “HCBS Technology and Infrastructure” section of the state’s plan do not include ongoing internet costs. The state acknowledges that any future requests to expend funds attributable to the increased FMAP on ongoing internet connectivity costs would require additional review and approval by CMS at that time. This response has been incorporated into the Spending Plan updated 10/18/21.