



MISSISSIPPI DIVISION OF
MEDICAID

Mississippi Statewide Transition Plan

Public Comments:



1/18/2022

Via email to: Margaret.Wilson@medicaid.ms.gov
Division of Medicaid
Walter Sillers Building
Suite 1000
550 High Street
Jackson, MS 39201

Re: Mississippi Statewide Transition Plan

My name is Beth Porter and I am an advocate for Disability Rights Mississippi ("DRMS"). DRMS is the protection and advocacy agency for the state of Mississippi and as part of our responsibility we have to keep an eye on the amendments to any Medicaid State plan.

We would like to point out that first, there has been no real effort made to make Medicaid's State plan amendment changes available to the people who use this program. DRMS has consistently requested that the Mississippi Division of Medicaid make us and our consumers aware of any changes to the State plan. You responded that you would not only make us aware but also make your consumers aware. This has not happened over the past two years. During section k (Emergency) services, MDOM has placed amendment changes on the

website and DRMS has not been given notice that there was a State Plan Amendment being changed. Consumers of Medicaid 1915i and 1915c HCB services were not made aware of any changes to the plan. Under the new rules, one should be given choice in all areas of life. Please advise DRMS of how the Mississippi Division of Medicaid will come into compliance with this rule.

Secondly, there do not seem to be many choices in providers. Please advise DRMS how the Mississippi Division of Medicaid will ensure that individuals are actually being given a choice for providers. DRMS receives calls from individuals who receive services who cannot get a Physical therapist, or an RN, or even an LPN, to do the services that have been granted to them through the 1915c and 1915i HCB services. All these specified services are lacking in choice, and have been lacking in choice since before the Pandemic, The Pandemic is now exploiting the holes in the Medicaid system.

Third, there is a lack of training for individuals who work for The Mississippi Division of Medicaid. There is a lack of training for the individuals whom Mississippi Division of Medicaid contracts with and there is a lack of compliance to any Person Centered plans. DRMS always refers people who call, back to their person centered plan and is always told, there is no Person Centered plan.

DRMS has stood firmly and done what it could to explain how the transition plan should be open and available for any one, under that plan, to understand what types of services to see changing and how to understand them. This has not been done. And even further, DRMS did not receive notice of a plan amendment change. We thank you for your hard work on this plan. We know that there have been many people working very hard to make the changes meaningful and do more for our community. We ask you to please try and understand that by not defining it, gives too much room for error.

DRMS gets calls all the time about there being no Physical therapists to help with their son or daughter and that that son or daughter has been without speech therapy since birth because there was not a speech therapist in their area. The schools in these urban areas should at least be staffed with a speech therapist. This is frequently a problem for our clients, and our disability community as a whole. Medicaid is given money to help with covering medical services for all those who cannot afford them.

The 1915c waivers have not been giving the services that are needed to our clients. We have met and spoken with many individuals who have not been able to find a Psychologist for mental health purposes or an RN to do services that just a month ago were being handled by LPN workers. Now, parents are doing everything they can just find a LPN to come into their home and help with their child's needs. We have also seen an influx in phone calls regarding the lack of speech therapy services and Physical therapists.

In addition to calls regarding the ID/DD waiver and the 1915i Expanded EPSDT benefit programs, we have gotten many regarding the IL and the TBI/SCI waiver as well. We see that many people are not receiving the amount of services or even the correct services for their needs and there are no Person Centered plans and supports for any of the clients whom DRMS has worked with. These individuals are people who were just sent a letter stating they were losing services with no clear understanding as to why.

We have gotten many complaints over the past few years regarding services not being rendered to individuals who qualify for them, and who really, desperately, need them. We have had many people want us to make Mississippi Division of Medicaid employ RN's and LPN's and appropriately, Certified Mental health therapists.

Under the new rule, Individual's on the 1915i and 1915c programs are supposed to have choice. There are several problems regarding being given choice. We were told that MDOM would provide choice and would train the individual on this service, of exactly what a choice was. This has not happened and beneficiaries have not had a choice. If MDOM will not employ the people needed to provide services that MDOM is supposed to provide, then MDOM has not followed its' own regulations.

DRMS has provided MDOM with the problems we have seen. See what was written below:

We are disappointed in the relatively non-specific nature of the plan. We would like to see a much greater level of detail and more specific tasks. Response: The purpose of the Statewide Transition Plan is to describe how the state will bring all pre-existing 1915(c) and 1915(i) programs into compliance with the home and community-based settings requirements at 42 CFR §441.301(c)(4)(5) and §441.710(a)(1)(2). CMS provided a HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0 to describe the level of detail required for the Statewide Transition Plan. The Division of Medicaid used this review tool to ensure that the required level of detail was present in the Revised Statewide Transition Plan in order to successfully bring all pre-existing 1915(c) and 1915(i) programs into compliance with the home and community-based settings requirements.

The next statement written in the plan to never come to fruition is as follows:

The plan is not clear as to whether any of the compilations of information, such as the compilations of self-assessment results, assignment of providers to categories, or written report of findings, will be available to the public. It is important that such information be transparent, so that the public can offer the State information as to the accuracy of the conclusions. There should be similar 11 September 1, 2021 transparency in regard to the plans of correction. The disability community has direct experience 11th and knowledge of these settings and how they operate on a day-to-day basis, often from the perspective of the participants. DRMS asks that the state make the assessment results and information publicly available, and that it provide a period of public comment so the community may offer information as to the accuracy of the classification of the settings or other information. There should be similar transparency in regard to the plans of correction. We also request that any determination that a setting should be submitted to heightened scrutiny be publicly posted, along with information providing the justification for this decision. The community should be allowed to comment on this information and decision before it is submitted to CMS for heightened scrutiny.

Medicaid responded to these two very important and legitimate concerns as follows: Response: "The category in which each provider falls into will be posted to the Division of Medicaid website. The Division of Medicaid understands the importance of the public's notice of and input on the Statewide Transition Plan and will continue to comply with all state and federal regulations during the implementation of the Statewide Transition Plan."

Another Statement from DRMS that we have written, about this plan. See what it says below:

There appears to be a lack of opportunity for input from the numerous disability agencies and organizations that constitute the disability advocacy community. There is no mention of disability advocacy organizations being involved in the vetting process for the statewide assessment tool or other pieces of this plan. The plan is largely centered on providers, assistance to providers, and provider compliance. We ask that the State more equally include all relevant stakeholders throughout implementation of the plan. We ask that the State establish a Transition Plan Stakeholder committee with a fair representation of advocacy organizations that will be allowed to review information and provide comment. We think this would be helpful to the State and ease implementation.

MDOM response to the question is:

Response: A Statewide Transition Plan stakeholder committee was formed and met on June 23, 2015.

The meeting was held, however, no one listened to anything we tried to tell you regarding how important the decision making process is and how this will be difficult to implement when so many Agencies out there, believe they have every right to tell a consumer what he or she should and should not be able to do.

DRMS is not in agreement with our State plan regarding page 164 where Staff were able to do phone interviews to show they had come into compliance, we feel that this is not appropriate and we have told MDOM several times that Individuals who receive services from these organizations are very dependent on them and have problems speaking openly regarding their experiences. A phone interview means someone was holding the phone for that person which means you did not get a good sample because most will not speak about real experiences in front of the Staff they depend on each day.

We would like to thank you for your hard work and dedication to making this plan. We have worked with one or two people who have put lots of time and effort into this Transition plan for coming into compliance with the new requirements. We would like to thank all of you who put so much time into this. For your hard work and all of the time this has taken, we are grateful, but we still want a good transition plan that set a person up to succeed not to set one up for failure.

Remember, we must define issues because if we do not make it clear what a choice is, then an individual will never know a choice was an option. If we do not define choice, we will never see changes. Since choice is such a relative term, not defining it, leads individuals to error.

Sincerely,

Beth Porter

DRMS Advocate
