



MISSISSIPPI DIVISION OF  
**MEDICAID**

**HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION  
EXTENSION REQUEST**

**FULL PUBLIC NOTICE AND COMMENT PERIOD**

**Posted July 21, 2022**

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver (HMW), effective October 1, 2023, through September 30, 2028. The Division of Medicaid is requesting no changes with this renewal request. HMW has operated since 2006.

The current temporary extension of the HMW 1115 Waiver #11-W-00185/4 will expire on September 30, 2023.

**Program Description, Goals and Objectives**

The Division of Medicaid's HMW is designed to provide Medicaid services to aged, blind or disabled individuals who have no Medicare coverage and who are not otherwise eligible for Medicaid.

The goal is to improve the overall health status of individuals who, without the HMW, have very limited access to health care by providing primary and preventive care and to demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target.

**Goals and Objectives for the renewal are listed below:**

- Goal 1:** To improve access to comprehensive health care services for individuals who are no longer covered under the Mississippi Medicaid State Plan and meet all other eligibility requirements for the HMW.
- Goal 2:** To increase the utilization of podiatric, eyeglasses, dental, and chiropractic services by ten percent (10%) each demonstration year.
- Goal 3:** To demonstrate budget neutrality based on an aggregate dollar cap growth rate allowed.

**Objective 1:** Increase the number of participants accessing healthcare by five percent (5%) each demonstration year, not to exceed six-thousand (6,000) enrollees.

**Objective 2:** Reduce the number of inpatient hospitalization admissions for participants by five percent (5%) each demonstration year.

**Objective 3:** Reduce the number of emergency department (ED) visits for participants by five percent (5%) each demonstration year.

**Objective 4:** Reduce the number of admissions to long-term care (LTC) nursing facilities for participants by five percent (5%) each demonstration year.

### **The Proposed Health Care Delivery System and Eligibility Requirements**

The Division of Medicaid's HMW operates statewide. Applicants who meet the following criteria will be enrolled in the waiver:

- Individual is over 65 years of age or meets the SSI disability definition,
- Individual does not have Medicare,
- Income is below 135% of FPL,
- Resources remain under \$4,000 for an individual or \$6,000 for a couple, and
- Individual is not otherwise eligible for any State Plan category of eligibility, CHIP or other waiver.

When the individual becomes eligible for Medicare he/she will no longer qualify for the HMW. The individual's file will be reviewed to see if he/she can qualify for another Medicaid category of eligibility.

The Aged, Blind and Disabled (ABD) Application for the HMW is a fillable PDF form that can be accessed at [www.medicaid.ms.gov](http://www.medicaid.ms.gov). The completed application can be faxed to (601) 576-4164, emailed to [application@medicaid.ms.gov](mailto:application@medicaid.ms.gov), or delivered to the Regional Office serving the applicant's county of residence. Individuals may also call the Division of Medicaid toll-free at 1-800-421-2408 or contact a Regional Office to request an application be mailed. An in-person interview is not required, but can be conducted if requested. Effective March 1, 2014, IRS rules for Modified Adjusted Gross Income (MAGI) are used to determine a household's income.

### **The Proposed Benefit Package and Cost Sharing**

HMW covers all Medicaid State plan services except for the following:

- Swing bed in a skilled nursing facility,
- Long-term services and supports (nursing facility, home and community-based waiver and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services), and
- Maternity and newborn care.

There are no required premiums, co-payments or deductibles for children enrolled in the HMW. Cost-sharing for adult enrollees is consistent with the Medicaid State plan. A family's total annual out-of-pocket cost sharing cannot exceed five percent (5%) of the family's gross income.

### **Estimated Expected Annual Enrollment and Annual Aggregate Expenditures**

Enrollment for the HMW is capped at 6,000 enrollees, and has remained under 6,000 since the 2006 HMW implementation. No increase in enrollment is expected. Applicants for the HMW that would exceed the cap are placed on a waiting list and enrolled when a slot becomes available. No significant increase in expenditures is anticipated.

### **Location and Internet Address of Demonstration Application for Public Comment and Review**

The proposed demonstration renewal request application is available for review at [www.medicaid.ms.gov](http://www.medicaid.ms.gov). A copy of the proposed demonstration renewal request will be available in each county health department office and in the Department of Human Services office in Issaquena County, for review. A hard copy can be downloaded and printed from [www.medicaid.ms.gov](http://www.medicaid.ms.gov) or may be requested at [DOMPolicy@medicaid.ms.gov](mailto:DOMPolicy@medicaid.ms.gov) or 601-359-2081.

### **Postal and Internet Email Address for Sending and Reviewing Comments**

Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or [DOMPolicy@medicaid.ms.gov](mailto:DOMPolicy@medicaid.ms.gov) for thirty (30) days from the date of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov).

### **Public Hearings**

The first public hearing on this proposed demonstration request is being held Friday, August 19, 2022, at 10:00 a.m., at the Woolfolk State Building, Room 145 located at 501 N. West Street, Jackson, MS.

The second public hearing will be held via teleconference on this proposed demonstration request is scheduled for Monday, August 29, 2022, at 10:00 a.m. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 8930051.

### **The Specific Waiver and Expenditure Authorities**

MS is requesting the Healthier Mississippi Waiver pursuant to the authority of section 1115(a)(1) of the Social Security act Title XIX: Amount, Duration and Scope 1902(a)(10)(B). Expenditure authority is requested under section 1115(a)(2) of the Social Security Act to allow expenditures (which are not otherwise included as expenditures under section 1903 or section 2105) to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.