



MISSISSIPPI DIVISION OF
MEDICAID

**Mississippi 1915(c) Intellectual Disabilities/Developmental
Disabilities (ID/DD) Waiver Renewal**

Public Comments:

Families as Allies
840 E. River Place, Suite 500
Jackson, MS 39202
March 30, 2023



Drew Snyder, Executive Director
Division of Medicaid, Office of the Governor, Office of Policy
Walter Sillers Building, Suite 1000,
550 High Street,
Jackson, Mississippi 39201

Dear Mr. Snyder:

Thank you for the opportunity to submit public comments on the Division of Medicaid's renewal application for the Division of Medicaid's Intellectual/Developmental Disabilities (I/DD) waiver. I respectfully submit these comments on behalf of [Families as Allies](#):

1. On page 11, DOM notes that it received public feedback at hearings and in previous public comments to "Allow for legally responsible persons to provide services, in the home, to be used under certain circumstances." The Division's response is, "DOM has reviewed the request and does not plan to implement a provision to allow legally responsible persons to provide services at this time. DOM/MDMH (Mississippi Department of Mental Health) will continue to evaluate the need in future amendments/renewals."

We continue to urge the Division to partner with all relevant stakeholders, especially families of waiver participants, to explore feasible and accountable models to pay legally responsible persons to provide some services. Arizona and Colorado have models that could serve as starting points for consideration. Families as Allies is very willing to support the Division in this exploration. [We appreciate your team attending the Lucile Packard Foundation March 8, 2023 webinar](#) about how other states use this option.

2. On page 11, DOM also notes this public feedback: "Increase the rates for services in ID/DD Waiver, address staff shortages and turnover, and training requirements," along with this DOM response: "DOM is conducting a workforce study including a comprehensive provider survey that will gather data regarding provider costs, employee recruitment and retention policies, and other best practices. Providers are encouraged to participate. That data will be incorporated into ongoing rate updates/studies."

We commend the DOM for conducting this study and urge the Division to include families in the process of the rate study. They can give real-world feedback about challenges with finding providers and rates required to find providers to meet their loved ones' needs.

3. On page 15, DOM describes this public feedback, "Improve and share oversight, accountability, monitoring, and safeguards for the ID/DD Waiver including participant and family access to provider audits and corrective action plans to ensure quality service are delivered." and DOM's response, "DOM continues to improve oversight, accountability, monitoring, and safeguards for participants and providers."

DOM's response does not address participants and families sharing oversight and accountability monitoring and having access to audits and corrective action plans. We urge the DOM to include

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participants and families in these activities and make audit and corrective-actions plans public, with any personally identifying information redacted.

4. The waiver application states, “CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.” Yet, the DOM chose the no-participant-directed option for this waiver.

We urge the Division to choose participant direction for this waiver. We realize that if legal guardians become eligible to be paid to provide services in the future, participant-directed services might be a conflict of interest for those specific families.

5. Page 161 of the waiver application states, “Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the state has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations.”

The various processes for waiver participants or their families to report complaints or abuse seem confusing, and it is unclear which agency should be contacted under which circumstances. The application assumes that the care coordinating agency will often make the appropriate contacts. Instead, families need to be able to make these contacts themselves and know who to call in which circumstances. We also recommend ensuring that all waiver participants and their families are very clearly informed about Disability Rights’ designation as the state’s federally designated protection and advocacy entity.

6. Page 162 states, “Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.”

We strongly recommend that all quality improvement processes fully include families and other interested stakeholders.

7. Page 163 states, “Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months,” to which the DOM replied, “No.”

We urge the Division to regularly gather feedback about patients’ and families’ experiences and develop this process in full partnership with participants, families and relevant peer and family-run organizations.

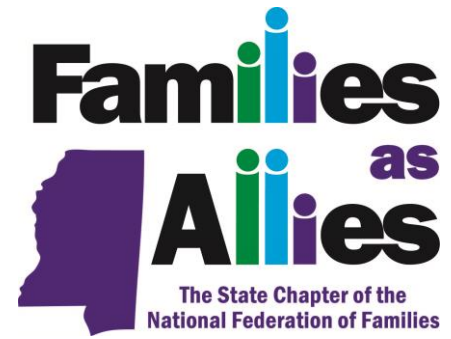
8. *Even though the state’s application supports freedom of choice, it was unclear during the public hearing if families feel that there are options for their loved ones and if they feel free to choose among them. We urge the Division to work with families inclusively in this area and to prioritize increasing options for both conflict-free care coordination and services.*

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9. The waitlist remains a significant issue, with some families reporting that they have already waited up to fourteen years.

Sincerely,

Joy Hodge, PhD
Executive Director