Understanding the Home & Community-Based Setting Rule

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HCB Setting Requirements Background

On January 16, 2014, the Centers for Medicare and Medicaid Service (CMS) issued a final rule, effective March 17, 2014, which amended requirements for qualities of home and community-based (HCB) settings.

HCB Settings Requirements Background

These requirements reflect CMS's intent that individuals receive services and supports in settings that are integrated in and support full access to the greater community.

HCB Settings Requirements Background

Original implementation date for all states was March 1, 2019, but it was extended until March 1, 2023 due to the COVID-19 public health emergency.

Home and Community-Based Setting Requirements

The setting must:

- Be integrated in and support full access to the greater community
- Be selected by the individual from among setting options
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimize autonomy and independence in making life choices
- Facilitate choice regarding services and who provides them

HCB Setting Requirements for Provider-Owned or Controlled Residential Settings

The person:

- Has a lease or other legally enforceable agreement providing similar protections
- Has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit
- Has control over his/her own schedule including access to food at any time
- Can have visitors at any time
- Has physical access to the setting

Settings that are NOT Home and Community-Based

- Nursing facility
- Institution for mental diseases (IMD)
- Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Hospital

Settings that are NOT Home and Community-Based

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

Adult Day Care

These services are provided in a non-residential setting which must meet the requirements of the HCB settings and be physically accessible to persons.

What are the Goals of the HCBS Final Rule?

Goals of Final Rule

- Maximizing opportunities and choices for individuals
- Promoting community integration by making sure individuals have full access to the community
- Making sure individuals have the opportunity to work and spend time with other people in their community who do not have disabilities

Goals of Final Rule (continued)

- Ensuring individual preferences are supported and rights are protected
- Establishing person-centered service planning requirements, which includes a process driven and directed by the individual to identify needed services and supports

MS Statewide Transition Plan (STP)

Includes a description of ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the federal settings criteria in the future.

MS STP Timeline

- Initial draft submitted to CMS on October 21, 2014
- Final approval received from CMS on July 11, 2022
- The transition period for complying with the criteria of a home and community-based setting expired on March 17, 2023

Ongoing Monitoring
Home Assessment

A person's home environment will continue to be assessed prior to admission to the waiver and contacts will continue to be made by the case managers that include home assessment.

Ongoing Monitoring
Quality Interviews

DOM will continue to conduct random home visits or telephone interviews throughout the year to ensure the person's home continues to meet their health and safety needs as well as waiver requirements.

Ongoing Monitoring
Member Education

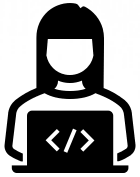
Waiver applicants/participants must be educated regarding the specific requirements of HCB settings as outlined in federal regulations including the ways of submitting a complaint about a setting's adherence to the rules.

Ongoing Monitoring
Case Manager Training

Waiver case managers must receive training upon hire and annually on the requirements of the HCB settings final rule as well as DOM's Administrative Code Part 208 which outlines the requirements for ADC providers.

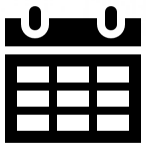
Ongoing Monitoring
InterRAI Certification

Case managers must be certified on the completion of the InterRAI within eLTSS which includes the HCB settings requirement.



Ongoing Monitoring
Monthly Contacts

Case managers perform monthly contacts with beneficiaries to assess for compliance with the HCB setting final rule and must report any unresolved concern to DOM within seven (7) days for intervention.



Ongoing Monitoring
Adult Day Care

Case managers do not monitor ADC providers; however, they should report to DOM any observed issues and/or any issues beneficiaries report to them.

Unwinding of Public Health Emergency Flexibilities

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How We Got Here

Congress enacted federal requirement that states continue to cover every person who became eligible for Medicaid on or after March 18, 2020, until the federal public health emergency (PHE) ended, even if the person's income or other circumstances changed. This requirement became known as the continuous coverage or continuous enrollment condition.

Enrollment Increase

Since the continuous enrollment condition went into effect:

- Medicaid and Children's Health Insurance Program (CHIP) national enrollment increased by over 20 million.
- Mississippi enrollment surged to 891,955 by February 2023, an increase of 175,059, or 24.4 percent since February 2020.

Who could be disenrolled during continuous enrollment period?

- Individuals who died
- Individuals who moved out of state

Who was still considered eligible during continuous enrollment period?

- Individuals with income exceeding thresholds
- Individuals aging out of eligibility
- Individuals with medical changes
- Individuals non-responsive to information

Continuous Enrollment Condition

- Helped reduce enrollment churn
- Enhanced federal funding percentage helped alleviate financing pressures for states financing the non-federal share of Medicaid medical assistance
- Upended regular eligibility operations

Consolidated Appropriations Act, 2023 (The Federal Omnibus Bill)

- Enacted by Congress in late December 2022
- Separated the continuous coverage requirement from the end of the PHE as of March 31, 2023, allowing states to begin the process of conducting a full review of eligibility on all bases for all people on the program
- Began to step down enhanced funding available for Medicaid medical assistance during the PHE and added new conditions for states to receive any enhanced funding

Medicaid Unwinding

States are now required to regain compliance with federal application processing standards and annual renewal requirements within the timeframes specified by CMS.

Medicaid Unwinding (continued)

Nearly 900,000 individuals will have to requalify for Mississippi Medicaid and CHIP benefits over the course of the next year.

Medicaid Unwinding (continued)

- National sources estimate between 5 and 14 million people will be determined to be ineligible for Medicaid
- Vast majority of Mississippians enrolled in Medicaid and CHIP will remain eligible

Mississippi Medicaid Unwinding Priorities

1. Process renewals and make redeterminations accurately and timely to ensure continuity of coverage for eligible individuals.
2. Protect taxpayers by removing ineligible individuals from the Medicaid rolls.
3. Utilize the unwinding period as an opportunity to elevate customer experience and enhance operational performance.

When Will Redeterminations Start?

The unwinding period for Mississippi Medicaid began April 2023.

Online Contact Update

In 2022, MS Medicaid established an online form for members to use to update their contact information.

Postcards

Postcards were sent to all active households in March 2023 indicating routine renewal process is back in place and the importance of returning the renewal once received.

Forwarding addresses from returned postcards will be used to update address information.

Texts and Emails

MS Medicaid sent text messages and emails to all active households who have a cell phone number, an email, or both on file encouraging the update of contact information for a household.

Shortly after renewals are mailed, text messages and/or emails will be sent by DOM to households to remind recipients of their renewals.

Change of Address

DOM is now using the national change of address (NCOA) database and United States Postal Service (USPS) returned mail to update member contact information.

Telephone Contacts

Medicaid Specialists continue to attempt a telephone contact prior to termination when there has been no response to the pre-populated renewal.

“Stay Covered” Campaign

In January, Mississippi launched the “Stay Covered” website for members, advocates and providers.

www.medicaid.ms.gov/staycovered

Members are encouraged to update contact information using links on the page.

Engaging External Partners

- Direct outreach is being conducted by Managed Care Organizations.
- “Stay Covered” website allows providers and advocates to sign up as “Coverage Champions” to assist members to stay enrolled.
- MS Department of Health, as the WIC agency for the state, is using its outreach tools to contact potential Medicaid members about address updates and the unwinding.
- Multiple hospital systems and provider clinics have been instrumental in providing outreach to those they serve.

How Case Managers Can Support E&D Waiver Members

- Ensure that all members have provided DOM with updated contact information.
- Verify that the address and phone number listed in eLTSS Person's Profile is correct.
- Assist members/caregivers as needed in providing updated contact information via the "Stay Covered" website.
- Assist members/caregivers with submitting necessary documentation requested by Regional Offices.

2023 Goals

- Top priority is supporting renewals and redeterminations for eligible individuals.
- More direction to come from DOM regarding flexibilities in place during COVID PHE as we work to revert back to practices and policies previously in effect.
- E&D Waiver renewal was submitted to CMS for review and is pending approval effective July 1, 2023.

Questions?