



ELDERLY AND DISABLED WAIVER: Home and Community Based Services

Elderly and Disabled Waiver Basics

The Elderly and Disabled Waiver is a statewide program administered and operated by the Mississippi Division of Medicaid (DOM). It is designed to offer assistance and services in a home or community-based setting if you qualify for Medicaid.

The program allows you to remain in a home or community-based setting as an alternative to nursing facility care or other institutional care.

Who is Eligible?

To qualify for the Elderly and Disabled Waiver, you must meet the following eligibility criteria:

- You must be age 21 or older.
- You may qualify by either Supplemental Security Income (SSI) or 300 percent of SSI. If income exceeds the 300 percent limit, you must pay the amount that is over the limit each month to the Division of Medicaid under an income trust, provided you are otherwise eligible.
- You must be determined clinically eligible through the use of a comprehensive Long Term Services and Supports (LTSS) assessment tool.
- You must require nursing facility level of care if assistance is not provided.
- Your nursing facility level of care must be certified by a physician and re-certified every 12 months at a minimum.

Covered Services

Upon approval of home and community based-services, the following services are offered through this waiver:

- √ **Case management** is a required service and you are assigned to a local case management team. The team consists of a registered nurse and licensed social worker. They are responsible for assessing your health, welfare, and social needs; developing a plan of services and supports; and managing and coordinating services on the plan of services and supports.
- √ **Adult day services** are for aged and disabled persons, and consist of the provision of services for part of a day at a day care program site. Adult day care is the arrangement of a structured, comprehensive program which provides a variety of health, social and related supportive services in a protective setting during the daytime and early evening. This community-based service is designed to meet the needs of aged and disabled people through an individualized care plan, including personal care and supervision, provision of meals, as long as meals do not constitute a full nutritional regimen, medical care, transportation to and from the site, social, health and recreational activities.
- √ **Extended home health services** are when home health benefits under the State Plan have been exhausted. People in the Elderly and Disabled Waiver program are eligible for extended home health services. These services include: skilled nursing, nurse aide, physical therapy and speech therapy.

BACKGROUND

The Mississippi Division of Medicaid is a state agency that has approximately 1,000 employees located throughout one central office, 30 regional offices and over 90 outstations.

WHAT IS MEDICAID?

Medicaid provides health coverage for eligible, low income populations in Mississippi. Eligible members do not directly receive money from Medicaid for health benefits. Medicaid is separate from Medicare.

- ✓ **Home delivered meals** are well-balanced meals delivered to your home if you are unable to leave without assistance, unable to prepare your own meals, and/or have no responsible caregiver in the home.
- ✓ **In-home respite services** are provided if you cannot be left alone or unattended. It provides non-medical care and supervision/assistance if you are unable to care for yourself in the absence of your primary full-time, live-in caregiver(s) on a short-term basis. Services are rendered to provide assistance to the caregiver(s) during a crisis situation and/or scheduled relief to the primary caregiver(s) to prevent, delay or avoid premature institutionalization.
- ✓ **Institutional respite services** are provided if you cannot be left alone or unattended. It provides non-medical care and supervision/assistance if you are unable to care for yourself in the absence of your primary full-time, live-in caregiver(s) on a short-term basis. Services are rendered to provide assistance to the caregiver(s) during a crisis situation and/or scheduled relief to the primary caregiver(s) to prevent, delay or avoid premature institutionalization of the participant. Institutional respite services are provided in a hospital, nursing facility, or licensed swing bed facility by the facility staff.
- ✓ **Community Transition Services** are provided if you currently reside in a nursing facility and wish to transition from the nursing facility to the Elderly and Disabled Waiver. This is a one-time assistance of initial expenses required for setting up a household.
- ✓ **Personal care services** are non-medical support services to assist you in meeting daily living needs and ensure optimal functioning at home and/or in the community. Services include assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. Meal preparation and housekeeping chores may be provided if the care is essential to your health and welfare rather than your family. These services may also involve accompanying and assisting you in accessing community resources and participating in community activities; supervision and monitoring in your home, during transportation, and in the community setting.
- ✓ **Environmental safety services** are services provided for the purpose of supporting members in maintaining a healthy and safe living environment through the performance of tasks in and around the individual's home that are beyond the individual's capability. This service includes minor home maintenance and repair, heavy household cleaning, non-routine disposal of garbage posing a threat to the individual's health and welfare, non-routine yard maintenance, pest control and related tasks to prevent or remove pests posing a threat.
- ✓ **Medication Management services** are services in which enrolled individuals with one or more chronic health condition who are prescribed a daily regimen of at least five (5) prescription medications can receive consultations and follow-up visits with a licensed pharmacist. The pharmacy provider will review all prescriptions and over-the-counter medications taken by the individual on at least a monthly basis in order to support the individual's adherence with the therapeutic regimen and minimize potentially preventable decline in condition or hospitalizations/institutionalization resulting from medication errors. Reviews may occur more frequently as needed upon significant change in the individual's condition or immediately following discharge from an acute hospital stay. The service will include two components: a comprehensive initial/annual consultation and subsequent follow-up consultations.

How to get more information

Office of Long Term Care, Mississippi Division of Medicaid

- Toll-free 1-800-421-2408
- Phone: 601-359-6141
- Website: www.medicaid.ms.gov

The Mississippi Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of age, race, sex, national origin, or disability - as defined through the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, and the Civil Rights Act of 1964.