Application for

Section 1915(b) (4) Waiver
Fee-for-Service
Selective Contracting Program

August 9, 2017

v1.0

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Facesheet

The **State** of Mississippi requests a waiver/amendment under the authority of section 1915(b) of the Act. The Division of Medicaid will directly operate the waiver.
The **name of the waiver program** is the Independent Living (IL) Waiver.
(List each program name if the waiver authorizes more than one program.).

Type of request.

This is:
- ☒ an initial request for new waiver. All sections are filled.
- ☐ a request to amend an existing waiver, which modifies Section/Part __________
- ☐ a renewal request

Section A is:
- ☐ replaced in full
- ☐ carried over with no changes
- ☐ changes noted in BOLD.

Section B is:
- ☐ replaced in full
- ☐ changes noted in BOLD.

Effective Dates: This waiver/renewal/amendment is required for a 5 year period beginning August 9, 2017 and ending June 30, 2022.

State Contact: The State contact person for this waiver is Paulette Johnson and can be reached by telephone at (601) 359-5514, or e-mail at paulette.johnson@medicaid.ms.gov.
(List for each program)

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:
Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

State Response:
A letter was sent February 28, 2017 to the Mississippi Band of Choctaw Indians (MBCI) of the Division of Medicaid's intent to submit application for this waiver.

Program Description:

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

State Response:
The 1915(c) Independent Living waiver is administered by the Division of Medicaid (DOM) and operated by the Mississippi Department of Rehabilitation Services (MDRS) through an interagency agreement. This 1915(b)(4) waiver will give DOM the authority to limit case management services to a single provider, which is MDRS, adding quality and continuity to the provision of IL waiver services by incorporating the process of person centered planning through a system of Long Term Services and Supports and to allow persons on the IL Waiver to continue to receive case management by professionals who are experienced in the delivery of person-centered, self-directed waiver services. IL waiver services are provided through an interagency agreement in accordance with Miss. Code Ann. 43-13-117(A)(41) and 37-33-203 et seq.

There are an estimated 2485 enrollees currently being served through the IL waiver.

Waiver Services:

Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

State Response:
There are no State Plan services to be provided through this waiver.

This waiver will provide case management services for the 1915(c) Independent Living (IL) waiver participants.

Services are provided through an interagency agreement in accordance with Miss. Code Ann. §§ 43-13-117(A)(41) and 37-33-203 et seq.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

   ☒ 1915(b)(4) – FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

   ☐ Section 1902(a) (1) - Statewideness
   ☐ Section 1902(a) (10) (B) - Comparability of Services
   ☒ Section 1902(a) (23) - Freedom of Choice
   ☐ Other Sections of 1902 – (please specify)

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

☐ the same as stipulated in the State Plan
☒ is different than stipulated in the State Plan (please describe)

State Response:
Case management services under the 1915(c) are not paid the same rate as Targeted Case Management services under the State Plan.

2. **Procurement**. The State will select the contractor in the following manner:

☐ Competitive procurement
☐ Open cooperative procurement
☐ Sole source procurement
☒ Other (please describe)

State Response:
Services provided through an interagency agreement in accordance with Miss. Code Ann. 43-13-117(A)(41) and 37-33-203 et seq.

C. Restriction of Freedom of Choice

1. **Provider Limitations**.

☒ Beneficiaries will be limited to a single provider in their service area.

☐ Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

State Response:
Statewide

2. **State Standards.**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

State Response:

Currently, case management is not a State Plan covered service for individuals on the IL waiver. Case Management will be provided through the IL waiver. This case management will assist the person on the IL waiver in accessing needed medical, social, educational and other services regardless of the funding source of those services. The case manager does not have a personal financial interest in the services being provided to the waiver participant. Case managers initiate and complete the process of assessment and reassessment of the person and are responsible for ongoing monitoring of services and supports a person is receiving in the home and community. Case Managers are required, at minimum, to make phone contact monthly and to conduct a face-to-face visit with the person every three months or more frequently, based on the person's needs, level of involvement the person wishes the case manager to have, and in the event of alleged abuse, neglect or exploitation of the individual.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:
   - ☒ Section 1931 Children and Related Populations
   - ☒ Section 1931 Adults and Related Populations
   - ☒ Blind/Disabled Adults and Related Populations
   - ☒ Blind/Disabled Children and Related Populations
   - ☒ Aged and Related Populations
   - ☒ Foster Care Children
   - ☐ Title XXI CHIP Children

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

   - ☐ Dual Eligible
   - ☒ Poverty Level Pregnant Women
   - ☐ Individuals with other insurance
   - ☒ Individuals residing in a nursing facility or ICF/IID
   - ☐ Individuals enrolled in a managed care program
   - ☐ Individuals participating in a HCBS Waiver program
   - ☐ American Indians/Alaskan Native
   - ☐ Special Needs Children (State Defined). Please provide this definition.

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.,* what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

   State Response to #1 and #2:
   Case management services are described in Appendix B and Appendix C of the IL waiver. The authorization of case management services is based on a comprehensive and individualized assessment of the need for home and community based services and a person-centered Plan of Services and Supports (PSS) to address those needs. Case Managers are required to complete assessments and reassessments, assist in planning and arranging services, request needed services and monitor the services being provided.
   Case Managers are required, at minimum, to make phone contact monthly and to conduct a face-to-face visit with the participant every three months or more frequently, based on the person's needs, level of involvement the person wishes the case manager to have, and in the event of alleged abuse, neglect or exploitation of the individual.

   Quarterly, MDRS will provide DOM with a report detailing the compliance of required face-to-face visits by comparing scheduled visits with completed visits. Annually, DOM staff monitor case management services for fiscal accountability through post payment audits of paid claims. DOM's annual compliance reviews measure timeliness and completeness of case manager services and includes review of MDRS IL records, home visits by DOM nurses and MMIS claims data. The provider is notified of any necessary recoupment in instances in which claims were erroneously paid.

   MDRS has an established service infrastructure with over 35 offices strategically located statewide. MDRS offices are easily accessible to the participants in person or by phone. With their established infrastructure, MDRS has the knowledge of local resources and proximity to enrollees and providers needed to arrange and monitor services which meet the case management needs of IL waiver participants.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer

with a Word attachment).

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).

   State Response to #1 and #2:
   MDRS is currently the provider of case management services for the IL Waiver and has an established service infrastructure, knowledge of local resources, proximity to enrollees and providers needed to arrange and monitor services which meet the case management needs of IL waiver participants. MDRS is also the operating agency for the Traumatic Brain Injury/ Spinal Cord Injury waiver providing case management services through a 1915(b)(4). DOM will continue the administration of services and monitor the number of enrollees receiving case management through MMIS data. DOM will also monitor access to case management through waiver site reviews which include evaluation of the timeliness and availability of case management services.

   MDRS, through the Office of Special Disability Programs, is currently staffed with over 80 case managers that are strategically located statewide. Caseload capacity is monitored on an ongoing basis by the District Managers, Regional Managers and even at the State Office level (MDRS Headquarters). When needs are identified for additional counselors, MDRS will take appropriate measures to ensure clients on the IL waiver receive services in an expeditious manner.

B. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?

   State Response:
   The State operates a formal, comprehensive system to ensure that the waiver meets assurances and other requirements. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy (QIS) as stated in the IL waiver.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

   State Response:
   DOM staff along with MDRS staff through QIS meetings will meet to discuss any utilization standards that may need improvement. Additionally, DOM staff monitors case management services for fiscal accountability through post payment audits of paid claims. Audits are conducted as part of the overall monitoring of the waiver during the annual compliance review. In instances where claims have been paid erroneously, the provider is notified of any necessary recoupment.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

   a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

      i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

      State Response:
      DOM and MDRS will monitor the QIS on a quarterly basis. Annual reviews are conducted and consist of analyzing aggregated reports and progress toward meeting the subassurances, resolution of individual and systemic issues found during discovery, and notating desired outcomes. When change in the QIS is necessary, a collaborative effort between DOM and MDRS will be made to meet waiver reporting requirements.

      ii. Take(s) corrective action if there is a failure to comply.

      State Response:
      DOM staff monitors case management services for fiscal accountability through post payment audits of paid claims. Audits are conducted as part of the overall monitoring of the waiver during the compliance review. In instances where claims have been paid erroneously, the provider is notified of any necessary recoupment. If quality issues are identified DOM will require a Corrective Action Plan (CAP).

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

   i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

   ii. Take(s) corrective action if there is a failure to comply.

   State Response to #1 and #2: An interagency agreement between the DOM and MDRS is maintained and updated as needed. DOM monitors this agreement to assure that the provisions specified are met. MDRS is responsible for the operational management of the waiver on a day-to-day basis and is accountable to DOM which ensures that the waiver operates in accordance with federal waiver assurances. If quality issues are identified DOM will require a Corrective Action Plan (CAP).

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

State Response:
All case management services are currently provided by MDRS case managers. MDRS has an established service infrastructure, knowledge of local resources, proximity to enrollees and providers to arrange and monitor services which meets the case management needs of IL waiver participants. There will be no changes in the delivery of case management services under the 1915(b)(4) waiver authority assuring continuity, continued coordination of waiver services allowing persons on the IL Waiver to continue to receive case management by professionals who are experienced in the delivery of person-centered, self-directed waiver services for all persons receiving IL waiver services.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

State Response:
Waiver applicants receive information at the time they are assessed for HCBS waiver services that MDRS is the provider of IL case management services.

B. Individuals with Special Needs

☒ The State has special processes in place for persons with special needs
(Please provide detail).

State Response:
Development of a person-centered Plan of Services and Supports (PSS) is a requirement of the IL waiver. This PSS must include the services and supports necessary to meet each identified special need of the person.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment).

   State Response:
   MDRS is currently responsible for the operational management of the IL waiver on a day-to-day basis and is accountable to DOM which ensures that the waiver operates in accordance with federal waiver assurances.

2. Project the waiver expenditures for the upcoming waiver period.

   State Response:
   Year 1 from: 07/01/2017 to 06/30/2018

   Trend rate from current expenditures (or historical figures): 2 % annual increase in case management cost.

   Projected pre-waiver cost: $8,286,850.00
   Projected Waiver cost: $8,286,850.00
   Difference: 0%

Year 2 from: 07/01/2018 to 06/30/2019

Trend rate from current expenditures (or historical figures): 2 % annual increase in case management cost.

Projected pre-waiver cost: $ 9,221,400.00
Projected Waiver cost: $ 9,221,400.00
Difference: 0%

Year 3 (if applicable) from: 07/01/2019 to 06/30/2020

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost: $10,189,400.00

Projected Waiver cost: $ 10,189,400.00
Difference: 0%

Year 4 (if applicable) from: 07/01/2020 to 06/30/2021

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost: $ 11,193,000.00
Projected Waiver cost: $ 11,193,000.00
Difference: 0%

Year 5 (if applicable) from: 07/01/2021 to 06/30/2022

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost: $ 12,232,500.00
Projected Waiver cost: $ 12,232,500.00
Difference: 0%