Traumatic Brain Injury/Spinal Cord Injury Waiver Renewal Stakeholder Meeting

September 6, 2019





TBI/SCI Waiver

- Eligibility for the TBI/SCI Waiver is limited to individuals who have a traumatic brain injury or a spinal cord injury and are medically stable. The extent of the injury must be certified by the individual's physician. Brain or spinal cord injury that is due to a degenerative condition, congenital condition, or that resulted from medical intervention is excluded.
- It is a statewide program, administered by the Mississippi Division of Medicaid (DOM) and operated by the Mississippi Department of Rehabilitation Services (MDRS).



TBI/SCI Waiver Financial Eligibility

A person must qualify for full Medicaid benefits in one of the following categories of eligibility (COE):

- Supplemental security income (SSI)
- Parent/caretaker group and low income families
- Disabled child living at home
- Working disabled
- Children under age 19 under 100 percent of poverty level
- Disabled adult child
- Protected foster care adolescents
- Child Welfare Services foster children and adoption assistance children

- IV-E foster children and adoption assistance children
- An aged, blind, or disabled person who meets all factors of eligibility if your income is under 300 percent of the SSI limit for an individual. If income exceeds the 300 percent limit, you must pay the amount that is over the limit each month to DOM under an income trust, provided you are otherwise eligible.



TBI/SCI Waiver Covered Services

- Case Management
- Personal Care Attendant
- Respite
- Environmental Accessibility Adaptations
- Specialized Medical Equipment and Supplies
- Transition Assistance



CMS Final Rule

- Centers for Medicare and Medicaid Services (CMS) published in the Federal Register on January 16, 2014.
- Defines, describes, and aligns home and community-based setting requirements across three Medicaid authorities.
- Final rule includes changes to the requirements regarding person-centered service plans for HCBS waivers under 1915(c) and HCBS state plan benefits under 1915(i). The personcentered service plan must be developed through a personcentered planning process.



CMS Final Rule Intent

- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- To enhance the quality of HCBS and provide protection to participants.



Overview of Renewal Process

- 1915(c) HCBS Waivers must be renewed every 5 years.
- The current TBI/SCI Waiver expires on June 30, 2020.
- Renewal must be submitted to CMS for review at least 90 days prior to the expiration.
- Waiver renewal process must incorporate CMS recommendations as well as provide opportunity for public input from stakeholders including providers, participants and their caregivers.
- Prior to submission for CMS review, the waiver application must be posted for Public Notice for 30 days.



CMS Quality Review

- Two (2) years prior to the expiration of a 1915(c) waiver, the State must submit 3 years of evidentiary data on the performance of that waiver for CMS to complete a quality review.
- DOM received CMS' Final Report following the Quality Review for the TBI/SCI Waiver in June 2019.
- After their review of the data, CMS recommended that the state include the following types of changes in the renewal application:
 - Update performance measures to align with technical guidance and changes regarding assurances/sub-assurances to be monitored.



Stakeholder Recommendations?





Other Ways to Provide Input

To provide recommendations or input regarding the upcoming renewal of the Traumatic Brain Injury/Spinal Cord Injury Waiver, please contact:

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While public input is welcome at all times, recommendations specific to the upcoming renewal must be received by October 15, 2019.

