



MISSISSIPPI DIVISION OF
MEDICAID

**HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION EXTENSION
REQUEST**

FULL PUBLIC NOTICE AND COMMENT PERIOD

AUGUST 1 – AUGUST 30, 2014

Under the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver (HMW), effective January 1, 2015, through December 31, 2017. The Division of Medicaid is requesting no changes with this renewal request. HMW has operated since 2006.

The current temporary extension of the HMW 1115 Waiver #11-W00185/4 will expire on December 31, 2014.

Program Description, Goals and Objectives

The Division of Medicaid's HMW is designed to provide Medicaid services to elderly or disabled individuals who have no Medicare coverage and who are not otherwise eligible for Medicaid.

The goal is to improve the overall health status of individuals who, without the HMW, have very limited access to health care by providing primary and preventive care and to demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target.

The objectives are:

- 1) Provide quality healthcare coverage for a group of elderly and disabled Mississippians who would otherwise have no access or very limited access to healthcare.
- 2) Reduce the rate of entry to institutional long-term care settings for the waiver population.
- 3) Reduce the rate of hospitalizations and improper emergency department usage for the waiver population.

The Proposed Health Care Delivery System and Eligibility Requirements

The Division of Medicaid's HMW operates statewide. Applicants who meet the following criteria will be enrolled in the waiver:

- Individual is over 65 years of age or meets the SSI disability definition,
- Individual does not have Medicare,
- Income is below 135% of FPL,
- Resources remain under \$4,000 for an individual or \$6,000 for a couple, and
- Individual is not otherwise eligible for any State Plan category of eligibility, CHIP or other waiver.

When the individual becomes eligible for Medicare he/she will no longer qualify for the HMW. The individual's file will be reviewed to see if he/she can qualify for another Medicaid category of eligibility.

The Aged, Blind and Disabled (ABD) Application for the HMW is a fillable PDF form that can be accessed at www.medicaid.ms.gov. The completed application can be faxed to (601) 576-4164, emailed to application@medicaid.ms.gov, or delivered to the Regional Office serving the applicant's county of residence. Individuals may also call the Division of Medicaid toll-free at 1-800-421-2408 or contact a Regional Office to request an application be mailed. An in-person interview is not required, but can be conducted if requested.

The Proposed Benefit Package and Cost Sharing

HMW covers all Medicaid State plan services except for the following:

- Chiropractic services,
- Podiatry services,
- Dental,
- Eyeglasses, and
- Long-term Services and Supports (either in institutions or the community).

There are no required premiums, co-payments or deductibles for children enrolled in the HMW. Cost-sharing for adult enrollees is consistent with the Medicaid State plan. A family's total annual out-of-pocket cost sharing cannot exceed five percent (5%) of the family's gross income.

Estimated Expected Annual Enrollment and Annual Aggregate Expenditures

Enrollment for the HMW is capped at 5,500 enrollees, and has remained under 5,500 since the 2006 HMW implementation. No increase in enrollment is expected. Applicants for the HMW that would exceed the cap are placed on a waiting list and enrolled when a slot becomes available. No significant increase in expenditures is anticipated.

The Hypotheses and Evaluation Parameters

The demonstration hypotheses and evaluation parameters are as follows:

- 1) Waiver enrollees will have more stable health statuses as a result of access to primary and preventive care.

Evaluation Parameters include statewide surveys to assess availability of healthcare resources. The survey will be a representative random sample of waiver

participants. The individuals surveyed will be asked questions concerning current and past availability of healthcare resources such as other insurance coverage, rural health clinics, and other services.

- 2) Adequate primary and preventive care will prevent or delay admission to nursing facilities.

Evaluation Parameters include an analysis of Medicaid claims data and other data to determine rates of nursing facility admissions among various diagnosis groups identified in the development of this demonstration. Trend analyses will be used to compare the rates of institutionalization before and after the implementation of the expansion project.

- 3) The expansion project will result in a cost savings as hospital admissions and improper emergency department will be reduced.

DOM will conduct analysis of Medicaid claims data and other data to determine costs among various diagnosis groups associated with hospital admissions and emergency department visits of this demonstration. Trend analyses will be used to compare the rates of use of hospital services before and after the implementation of the expansion project.

Location and Internet Address of Demonstration Application for Public Comment and Review

Copies of the demonstration application may be requested in writing from the Division of Medicaid, Office of the Governor, Bureau of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or at www.medicaid.ms.gov.

Postal and Internet Email Address for Sending and Reviewing Comments

Written comments will be received by the Division of Medicaid, Office of the Governor, Bureau of Policy, Planning and Development, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days beginning August 1, 2014, which is the date of publication of this notice in the Clarion Ledger.

Comments will be available for public review at the above address and at www.medicaid.ms.gov.

Public Hearings

A public hearing and teleconference on this proposed demonstration extension request is scheduled for Friday, August 15, 2014, at 10:30 a.m. at the Walter Sillers State Office Building, Suite 1000, located at 550 High Street, Jackson, MS. To join the teleconference, dial toll-free 1-877-820-7831 and enter the attendee access code: 3599662.

A second public hearing is scheduled for Wednesday, August 27, 2014, at 10:00 a.m. at the War Memorial Building, located at 120 North State Street, Jackson, MS. No teleconference is available for this hearing.

The Specific Waiver and Expenditure Authorities

MS is requesting the Healthier Mississippi Waiver pursuant to the authority of section

1115(a)(1) of the Social Security act Title XIX: Amount, Duration and Scope 1902(a)(10)(B). Expenditure authority is requested under section 1115(a)(2) of the Social Security Act to allow expenditures (which are not otherwise included as expenditures under section 1903 or section 2105) to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.