Application for

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

v1.0

Table of Contents

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

Facesheet

The State of Mississippi requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will administer the waiver. The Mississippi Division of Medicaid will operate the waiver.

The name of the waiver program is Elderly & Disabled (E&D) 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 A Parts I - III
☐ 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 initial waiver is requested for the period beginning July 1, 2023 and ending June 30, 2028.

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.

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's Response:
A letter was sent January 30, 2023 to the Mississippi Band of Choctaw Indians (MBCI) of the Division of Medicaid's intent to submit a renewal 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's Response:
Through selective contracting, Mississippi will be able to provide Case Management services as a 1915 (c) waivered service through the existing service delivery model for Aged and Physically Disabled individuals. These services will be authorized through the Mississippi Elderly & Disabled 1915 (c) Waiver and delivered through the local Area Agencies on Aging (AAAs), herein after referred to as the Mississippi Planning and Development Districts (PDDs). The use of PDDs to provide case management services has been part of Mississippi's Medicaid delivery system since 1994 when the waiver Mississippi Elderly & Disabled Waiver was originally approved by CMS. The use of exclusive contracting will continue to support uniform case management services across the state to all enrolled participants. Waiver Case Management includes the following assistance:

- Assessment and periodic reassessment of individual needs. These annual assessment (more frequent with significant change in condition) activities include:
- Development (and periodic revision) of a specific person-centered care

plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

- Referral and related activities: To help an eligible individual obtain needed services including activities that help link an individual with:
    - Medical, social, educational providers; or
    - Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers for needed services, and scheduling appointments for the individual.

- Monitoring and follow-up activities: Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:
    - Services are being furnished in accordance with the individual's person-centered care plan;
    - Services in the care plan are adequate; and
    - If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual

has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

By utilizing the current provider network, Mississippi is assuring that participants' case management services are coordinated and seamless with other services offered under the various Medicaid authorities.

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's Response:
The State will not be offering any State Plan Services through this selective contracting waiver. Mississippi will be combining a 1915 (c) Waiver with this 1915 (b)(4) Waiver to provide Case Management as a selective contracting service.

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's Response:

   Case management services under the 1915(c) are not paid the same rate as Targeted Case Management services under the State Plan. Mississippi will be using a monthly rate methodology outlined in Appendix I of the concurrent 1915(c) waiver.

2. **Procurement.** The State will select the contractor in the following manner:
   ☐ Competitive procurement
   ☐ Open cooperative procurement
   ☐ Sole source procurement

   ☒ Other (please describe)
   State's Response:

   Mississippi will be contracting with the PDDs to provide Case Management Services. This is consistent with Mississippi's long-standing history surrounding services offered through the PDDs.

Restriction of Freedom of Choice

3. **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's Response:
   Mississippi will implement these waiver services state-wide.

4. **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's Response:
There will be no change to the state standards detailed in the approved E&D Waiver (0272). All providers must meet, accept and comply with the State's standards for reimbursement, quality and utilization.

Case Management is a service that assists participants in gaining access to needed waiver services, as well as needed medical, social, educational, and other services, regardless of the funding source for the services. The provider shall not have a personal financial interest in the services provided to the participant. Duplicate payments will not be made for case management services to the same participant by more than one provider. Case managers shall initiate and oversee the process of assessment and reassessment of the participant's level of care. Local offices are responsible for ongoing monitoring of the provision of services included in the participant's person-centered care plan. Case managers must at a minimum make monthly contacts with the individual receiving services with with quarterly contacts being in-person visits times a year. The participant's annual reevaluation may be counted as one face-to-face contact. Case managers must understand, respect and maintain confidentiality in regard to all details of their work.

C. 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 Eligibles
   ☐ Poverty Level Pregnant Women
   ☐ Individuals with other insurance
   ☒ Individuals residing in a nursing facility or ICF/MR
   ☒ Individuals enrolled in a managed care program
   ☐ Individuals participating in a HCBS Waiver program
   ☐ American Indians/Alaskan Natives

☒ Special Needs Children (State Defined). Please provide this definition.
Children will not be served through this waiver.
☐ Individuals receiving retroactive eligibility
☐ Other (Please define):

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)?

   State's Response:
   Case management services are described in Appendix B and Appendix C of the E&D 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 participant wishes the case manager to have, and in the event of alleged abuse, neglect or exploitation of waiver participants. Quarterly, the PDDs will provide DOM with a report detailing the compliance of required face-to-face visits by comparing scheduled visits with completed visits. The PDDs have an established service infrastructure with thirty (30) offices strategically located statewide. PDD offices are easily accessible to the participants either in person or by phone. With their established infrastructure, the PDDs have the knowledge of local resources and proximity to enrollees and providers needed to arrange and monitor services which meet the case management needs of E&D waiver participants.

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's Response:
DOM will monitor case management services as described in Appendix I of the E&D 1915 (C) waiver. DOM compliance reviews can measure timeliness and completeness of case manager services and include review of the PDDs E&D records, home visits/telephone interviews by DOM nurses and MMIS claims data. The provider is notified of any necessary recoupment in instances in which claims were erroneously paid. If it is found during reviews, that a service area provider has not been delivering timely/appropriate services, a corrective action plan must be completed. The local office must submit a plan of correction to DOM within 30 days of receipt of their findings letter.

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.

State's Response:
The PDDs are currently the provider of case management services for the E&D 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 E&D waiver participants.

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).

   State's Response:
   The PDDs are currently staffed with over three hundred (300) case managers that are strategically located statewide. Caseload capacity is monitored on an ongoing basis by PDD Case Manager Supervisors and DOM. When needs are identified for additional case managers, PDDs will take appropriate measures

to ensure persons on the E&D waiver receive services in an expeditious manner. Allocation of case managers is conducted using local area waiver enrollee demographics.

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's Response:
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 QA reviews which include evaluation of the timeliness and availability of case management services.

Monthly utilization reports ensure adequate capacity in all geographic areas of the state. Provider capacity is assured as a requirement for the 1915 (c) waiver. Local area management ensures any single office or case manager is not over capacity. The local area management will also adjust staffing for categories of individuals with heavy case management needs. Because of the variables that can occur from month to month, trending of this data is commonly used.

Capacity is also reviewed through DOM reviews of waiver participants. These reviews include desk reviews, electronic file reviews and face-to-face contact with waiver participants to determine that services are being provided timely, in accordance with State and waiver requirements, and as agreed with the service recipient.

C. Utilization Standards

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

State's Response:
Due to the variability of case management needs from month-to-month, utilization standards will be reviewed on an annual basis. Each individual receiving services should have no fewer than one service assessment and service plan conducted per year. Dependent on an individual's unique needs, risk monitoring will be conducted quarterly at a minimum, and as frequently as

monthly.

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's 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 E&D waiver.

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's Response:
DOM staff, along with PDD staff when appropriate, through monthly QIS meetings 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's Response:
One of the mechanisms for determining compliance with contractual requirements of this (b)(4) waiver is the submission of the CMS-372 reports and waiver evidence package for the concurrent 1915(c) waiver (MS0272). These reports detail the review and remediation of waiver performance measures, which include access, utilization and cost-effectiveness for the 1915(c) waiver. CMS review and approval of the CMS-372 reports and the review and final report of the evidence package affirms that all performance measures are met or that a corrective action plan is required. The review and remediation process for waiver performance measures is detailed below.

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

State's Response:
The process for monitoring, including corrective action, is described in #2 below.

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.

State's Response:
The Mississippi Division of Medicaid utilizes performance measures to evaluate the 1915(c) Elderly & Disabled Waiver (0272) and 1915(b)(4) waiver. These monitoring activities are reviewed annually by CMS through the submission of the CMS-372 reports and the submission to CMS of an evidence package one time during the waiver cycle. The CMS review and final report of the evidence package affirms that all performance measures are met or that a corrective action plan is required.

DOM, along with the PDD staff where appropriate, will monitor the QIS on a monthly 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 the PDDs is made to meet waiver reporting requirements.

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

State's Response:
A contractual agreement between the DOM and PDDs is renewed each fiscal year and revised as needed. DOM monitors this agreement to assure that the provisions specified are met. The PDDs are responsible for case management for all persons enrolled in the waiver 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's Response:
All case management services are currently provided by PDD case managers. The PDDs have 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 E&D waiver participants. There will be no changes in the delivery of case management services under the renewal for the 1915(b)(4) waiver authority assuring continuity, continued coordination of waiver services allowing persons on the E&D 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 E&D services. Separating the functions between other provider types would add administrative cost and cause delays in service delivery for individuals receiving services. Selective contracting for these services increases the quality care to individuals receiving 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's Response:
Waiver applicants receive information at the time they are assessed for HCBS waiver services that the PDD is the provider of E&D case management services.

B. Individuals with Special Needs

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

State's Response:
Development of a person-centered Plan of Services and Supports (PSS) is a requirement of the E&D 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's Response:
   By utilizing a single entity in a service area duplication is minimized and communication is streamlined. When one agency is responsible for all aspects of case management information services are able to be consolidated, administrative services are able to be streamlined, and coordination of services is more efficient. By using the existing service delivery structure, the impact of changes is significantly reduced.

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

   All amounts listed are using Total Fund Expenditure projections.

   Year 1 from: 7/1/2023 to 6/30/2024

   Trend rate from current expenditures (or historical figures): NA%

   Waiver Case Management
   Projected pre-waiver cost: NA
   Projected Waiver cost: $40,341,840.00
   Difference: NA

   Year 2 from: 7/1/2024 to 6/30/2025

   Trend rate from current expenditures (or historical figures): NA %

   Waiver Case Management
   Projected pre-waiver cost: N/A
   Projected Waiver cost: $40,341,840.00
   Difference: N/A

Year 3 (if applicable) from: 7/1/2025 to 6/30/2026

Trend rate from current expenditures (or historical figures): NA%

Waiver Case Management
Projected pre-waiver cost: N/A
Projected Waiver cost: $40,341,840.00
Difference: N/A

Year 4 (if applicable) from: 7/1/2026 to 6/30/2027

Trend rate from current expenditures (or historical figures): NA%

Waiver Case Management
Projected pre-waiver cost: N/A
Projected Waiver cost: $40,341,840.00
Difference: N/A

Year 5 (if applicable) from: 7/1/2027 to 6/30/2028

Trend rate from current expenditures (or historical figures): NA%

Waiver Case Management
Projected pre-waiver cost: N/A
Projected Waiver cost: $40,341,840.00
Difference: N/A