

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Bob M. Dent, Staff Officer
Robert E. Lee Building
239 N. Lamar Street
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Jackson, MS 39201-1399
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http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
Provider Policy Manual Section 68.02 & 68.06

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

AP 2006-62. This Provider Policy Manual update amended the Home and Community Based Services/Assisted Living
Waiver sections 68.02 & 68.06 for Eligibility and Covered Services respectively.

This rule is proposed as a [X] Final Rule, and/or a [] Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above
address. Persons making comments should include their name and address, as well as other contact information, and
if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

[] An oral proceeding is scheduled on this rule on Date: Time:
Place:

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at
the above address at least ___ day(s) prior to the proceeding to be placed on the agenda. The request should
include your name, address, telephone number as well as other contact information; and if you are an agent or
attorney, the name, address and telephone number of the party or parties you represent.

[X] An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding
will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10)
persons. The written request should be submitted to the agency contact person at the above address within twenty
(20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone
number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone
number of the party or parties you represent.

Economic Impact Statement: Check one box below:

[X] The agency has determined that an economic impact statement is not required for this rule, or
[] The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: October 24, 2006

Proposed Effective Date of Rule: January 1, 2007

[Signature]
Executive Director
Signature and Title of Person Submitting Rule for Filing

Division of Medicaid	New: —X	Date: 06/01/06
State of Mississippi	Revised: X	Date: <u>01/01/07</u>
Provider Policy Manual	Current:	
Section: HCBS/Assisted Living Waiver	Section: 68.02	
	Pages: 1	
Subject: Eligibility	Cross Reference:	

The Assisted Living Waiver provides services to individuals who, but for the provision of such services, would require placement in a nursing facility. Qualified beneficiaries are allowed to reside in a Personal Care Home-Assisted Living (PCH-AL) facility, and Medicaid reimburses for the services received in the facility. The facility must be licensed as a PCH-AL Facility by the Mississippi State Department of Health, and located in one of the following counties: ~~Belivar, Forrest, Harrison, Hinds, Lee, Newton or Sunflower.~~

Eligibility requirements for the Assisted Living Waiver Program include following:

- Beneficiary must be 21 years of age or older, **AND**
- Beneficiary must have a deficit in at least three (3) activities of daily living **or** a diagnosis of Alzheimer's or other dementia with a deficit in at least two (2) activities of daily living, **AND**
- Beneficiary must require nursing facility level of care, if assistance is not otherwise provided, **AND**
- Beneficiary must be aged, blind or disabled and currently qualify for Medicaid due to receipt of SSI cash assistance or qualify for Medicaid based on income that is under 300% of the SSI limit for an individual. Resources must be less than \$4,000.00.

Division of Medicaid	New: X	Date: 06/01/06
State of Mississippi	Revised: X	Date: 01/01/07
Provider Policy Manual	Current:	
Section: HCBS/Assisted Living Waiver	Section: 68.06	
	Pages: 1	
Subject: Covered Services	Cross Reference:	

The Assisted Living Waiver provides the following services:

Case Management Services

Case Management Services assist beneficiaries in accessing needed waiver and other State Plan services, as well as needed medical, social, educational, and other services, regardless of the funding source for the services.

Under the Assisted Living Waiver, all case managers must be a social worker licensed to practice in the State of Mississippi with at least two (2) years of full time experience in direct services to elderly and disabled clients. Case managers may carry an average, active caseload, of no more than fifty (50) cases.

Currently, all case management services are provided through the Division of Medicaid, HCBS section of the Bureau of Long Term Care.

Assisted Living Services

Assisted Living Services may include the following:

- Personal care services
- Homemaker services
- Chore services
- Attendant care services
- Medication oversight/medication administration (to the extent permitted under state law)
- Therapeutic, social, and recreational programming
- Intermittent skilled nursing services
- Transportation
- Attendant call system

Services are provided in a home-like environment in a licensed PCH-AL facility. The service includes twenty-four (24) hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and provides for supervision, safety and security.

Other individuals or agencies may also furnish care directly, or under agreement with the PCH-AL facility. Care provided by these other entities may supplement services provided by the PCH-AL facility, but they may not be provided in lieu of those provided by the PCH-AL facility.