



MISSISSIPPI DIVISION OF
MEDICAID

Administrative Code

Title 23: Medicaid
Part 208
Home and Community Based Services
Long Term Care

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Part 208: Home and Community Based Services (HCBS) Long Term Care

Chapter 6: Bridge to Independence (B2I)

Rule 6.1: General

- A. Bridge to Independence (B2I), Mississippi’s Money Follows the Person (MFP) initiative, is a six (6) year federal demonstration grant that was awarded to the Division of Medicaid on April 1, 2011, and is funded by the United States Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS).
- B. The purpose of B2I is to establish a person-driven and sustainable home and community-based long-term care system offering choice and access to quality services in the community for institutionalized individuals:
 - 1. With a physical disability,
 - 2. With a mental illness,
 - 3. With an intellectual or developmental disability, or
 - 4. Sixty-five (65) years of age or older.

Source: *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999); Section 6071 Deficit Reduction Act of 2005 Public Law 109-171; Section 2403, Affordable Care Act, Public Law 111-148; Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with B2I grant (eff. 01/01/2012) eff. 06/01/2014.

Rule 6.2: Eligibility

- A. To participate in the B2I demonstration project, an individual:
 - 1. Must reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or a nursing facility for at least ninety (90) consecutive days with at least one (1) day of the stay reimbursed by Medicaid.
 - 2. Cannot have received short-term rehabilitation services reimbursed under Medicare during the ninety (90) day stay requirement.
 - 3. Must be eligible for one (1) of the following Medicaid home and community-based services:
 - a. Intellectual Disability/Developmentally Disabled (ID/DD) Waiver,

- b. Elderly and Disabled (E&D) Waiver,
 - c. Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver,
 - d. Independent Living (IL) Waiver, or
 - e. Community Mental Health Center Services/Rehabilitation Option of the State Plan.
4. Must meet the level of care criteria for an ICF/IID or a nursing facility and, if not for the provision of home and community-based long-term care services, the individual would continue to require the level of care provided in the facility.

B. Qualified residences for individuals must meet one (1) of the following criteria:

- 1. A home owned or leased by the transitioning individual or the individual's family member,
- 2. An apartment with lockable ingress and egress leased to the transitioning individual which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control, or
- 3. A residence in a community-based residential setting in which no more than four (4) unrelated individuals reside.

Source: *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999); Section 6071 Deficit Reduction Act of 2005 Public Law 109-171; Section 2403, Affordable Care Act, Public Law 111-148; Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with B2I grant (eff. 01/01/2012) eff. 06/01/2014.

Rule 6.3: Covered Services

The following services are available to B2I individuals as documented in the Person-Centered Care Plan:

- A. Transition Care Management, defined as transition care planning occurring for up to one-hundred and eighty (180) days pre-discharge from the institution and post-transition case management for three hundred sixty-five (365) days following transition into the community.
- B. Crisis Support, defined as an in-person response to the transitioning individual's caregiver who is experiencing a crisis event during the transition process.
 - 1. The service must be available twenty-four (24) hours a day, seven (7) days a week.
 - 2. Initial contact may take place over the telephone, but if the situation is determined to be

an emergency, the provider must provide in-person support.

3. Staff must be available to meet with the individual in transition, as well as any other member of the service team, to resolve the crisis and thereby enable the individual to remain in the community.
- C. Life Skills Training, defined as assisting individuals with transition to the community through independent living skills that include, but are not limited to, the following areas:
1. Money management,
 2. Use of technology,
 3. Accessing community resources,
 4. Employment skills development,
 5. Grooming and personal hygiene, and
 6. Interpersonal relationships with others in the community.
- D. Peer Counseling/Peer Supports, defined as counseling from peers with similar circumstances who may be able to share their own experiences with the individual to reduce feelings of isolation and to promote inclusion.
- E. Caregiver Support, defined as a service to enable the caregiver to transition into a more active role. Only the individual's caregiver is eligible to receive caregiver support services.
- F. Transportation, defined as any form of moving an individual from one (1) location to another as most appropriate to maximize community inclusion for the individual.
- G. Security and Utility Deposits, defined as specific up-front costs to establish a residence in the community.
- H. Household Furnishings and Goods, defined as certain necessities required to set-up a household in the home and community-based setting.
- I. Moving Expenses, defined as a one (1) time moving cost associated with a transition.
- J. Environmental Accessibility Adaptations, defined as certain required modifications completed by a licensed and bonded contractor to an individual's residence to enable the care of the individual in a home and community-based setting. This is limited to individuals under the E&D or ID/DD waivers as this is not a covered waiver service.
- K. Durable Medical Equipment (DME), defined as medically necessary equipment, based on the individual's Person-Centered Plan of Care, which allows for community living. Only

individuals enrolled in the E&D or ID/DD waivers are eligible for the DME as this is not a covered waiver service.

- L. Physical, Occupational and/or Speech Therapy, defined as therapy services for individuals transitioning to the IL or TBI/SCI Waivers not available through the Individuals with Disabilities Education Act (IDEA) or Expanded Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
- M. Extended Pharmacy, defined as up to three (3) additional prescriptions over the Medicaid five (5) prescription limit allowed in the State Plan for a total not to exceed eight (8) prescriptions per month with no more than five (5) of which may be non-generics.
 - 1. Individuals are only eligible for the extended pharmacy benefit if their prescriptions are in excess of the Medicaid monthly prescription limit.
 - 2. Transition coordinators assist individuals in managing the extended pharmacy benefit to access needed pharmacy services under existing options in Mississippi.
 - 3. Transition coordinators coordinate with an individual's community providers including, but not limited to, physicians and pharmacists for medication management.
 - 4. Individuals should utilize preferred medications on the Preferred Drug List (PDL) and the Ninety (90) Day Maintenance List, when possible, to maintain the individual on the least amount of prescriptions required for therapeutic benefit.

Source: *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999); Section 6071 Deficit Reduction Act of 2005 Public Law 109-171; Section 2403, Affordable Care Act, Public Law 111-148; Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with B2I grant (eff. 01/01/2012) eff. 06/01/2014.

Rule 6.4: Quality Management

B2I providers must maintain quality control measures to ensure the health, safety, and welfare of individuals including, but not limited to:

- A. A twenty-four (24) hours a day, seven (7) days a week crisis and response system,
- B. A critical incident reporting system, and
- C. A system to assess and mitigate risks to individuals.

Source: *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999); Section 6071 Deficit Reduction Act of 2005 Public Law 109-171; Section 2403, Affordable Care Act, Public Law 111-148; Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with B2I grant (eff. 01/01/2012) eff. 06/01/2014.

Rule 6.5: Appeals and Hearings

A. Decisions made by B2I staff or representatives resulting in reduced, suspended or terminated services of the Division of Medicaid may be appealed. [Refer to Miss. Admin. Code Part 300: Appeals, Chapter 1: Appeals]

Source: *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999); Section 6071 Deficit Reduction Act of 2005 Public Law 109-171; Section 2403, Affordable Care Act, Public Law 111-148; Miss. Code Ann. § 43-13-121.

History: New Rule to correspond with B2I grant (eff. 01/01/2012) eff. 06/01/2014.