

By: Senator(s) Burton, Gordon, Nunnelee

To: Rules

SENATE CONCURRENT RESOLUTION NO. 598

1 A CONCURRENT RESOLUTION TO REQUEST THE DIVISION OF MEDICAID
2 TO DEVELOP AND REPORT TO THE LEGISLATURE ON THE IMPLEMENTATION OF
3 A REFERRAL PROCESS FOR LONG-TERM CARE ALTERNATIVES FOR MEDICAID
4 BENEFICIARIES AND APPLICANTS; TO PROVIDE COMPONENTS TO BE
5 CONSIDERED BY THE DIVISION; AND FOR RELATED PURPOSES.

6 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF
7 MISSISSIPPI, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN, That
8 the Division of Medicaid is hereby encouraged to develop and
9 pursue the feasibility of implementing an assessment process for
10 long-term care services for recipients age sixty-five (65) and
11 older and for adults with physical disabilities. The division is
12 encouraged to address the following components:

13 (a) No Medicaid beneficiary shall be admitted to a
14 Medicaid-certified nursing facility unless a licensed physician
15 certifies that nursing facility care is appropriate for that
16 person on a standardized form to be prepared and provided to
17 nursing facilities by the Division of Medicaid.

18 (b) The Division of Medicaid shall determine, through
19 an assessment of the applicant conducted within five (5) business
20 days after receipt of the physician's certification, whether the
21 applicant also could live appropriately and cost-effectively at
22 home or in some other community-based setting if home- or
23 community-based services were available to the applicant.

24 (c) The physician shall forward a copy of that
25 certification to the Division of Medicaid within twenty-four (24)
26 hours after it is signed by the physician.

27 (d) The division shall establish a triage system to
28 evaluate the appropriate type of care for enrollees who may be at

29 risk of institutionalization. Those determined to be in the
30 highest tier of need shall be offered a traditional nursing
31 facility or whatever expanded services were needed to keep them in
32 their own homes. Those in the second tier who need fewer or less
33 intensive services may receive nursing home or home-based care but
34 would be served in the order of greatest need.

35 (e) Individuals entering the long-term care system are
36 informed of their options prior to entering a nursing home.

37 (f) The assessment is provided in a timely manner so as
38 not to delay discharges from hospitals and shall include
39 provisions for emergency admissions to nursing homes.

40 (g) If the Division of Medicaid determines that a home-
41 or other community-based setting is appropriate and
42 cost-effective, the division shall:

43 (i) Advise the applicant or the applicant's legal
44 representative that a home- or other community-based setting is
45 appropriate;

46 (ii) Provide a proposed care plan and inform the
47 applicant or the applicant's legal representative regarding the
48 degree to which the services in the care plan are available in a
49 home- or in other community-based setting rather than nursing
50 facility care; and

51 (iii) Explain that such plan and services are
52 available only if the applicant or the applicant's legal
53 representative chooses a home- or community-based alternative to
54 nursing facility care, and that the applicant is free to choose
55 nursing facility care.

56 (h) The Division of Medicaid may provide the assessment
57 services described in this section directly or through contract
58 with case managers from the local Area Agencies on Aging or other
59 appropriate contractors, and shall coordinate long-term care
60 alternatives with the Department of Human Services and such local

61 area agencies to avoid duplication with hospital discharge
62 planning procedures.

63 (i) The assessment procedure shall be in compliance
64 with applicable court orders.

65 BE IT FURTHER RESOLVED, That if the long-term care
66 alternative assessment program is deemed feasible, that such a
67 program be implemented and a report of findings and
68 recommendations be prepared and provided to the Office of the
69 Governor and the Chairmen of the House and Senate Public Health
70 and Welfare Committees and the Chairman of the House Medicaid
71 Committee so that it can evaluate the effectiveness of the program
72 in reducing costs within the Medicaid program and in providing
73 improved health and well-being of the affected patients.