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**OFFICE OF GOVERNOR RONNIE MUSGROVE**  
**INTEROFFICE MEMORANDUM**

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**TO:** GOVERNOR  
**FROM:** SMITH  
**SUBJECT:** MISSISSIPPI ACCESS TO CARE PLAN / HB 929  
**DATE:** 10/12/01

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On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The Court ruled that the American with Disabilities Act may require states to provide community-based services for people with disabilities, who would otherwise be entitled to institutional services, when:

- (1) The state's treatment professionals reasonably determine that such placement is appropriate;
- (2) The affected person does not oppose such treatment; and
- (3) The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving the services.

In June 2000, you appointed the Division of Medicaid as the lead agency to develop, in coordination with the Department of Mental Health, Department of Health, Department of Education, Department of Human Services, and the Department of Rehabilitative Services, a comprehensive plan for addressing the issues related to the *Olmstead* decision. The first statewide work group composed of state agencies, advocacy groups, consumers, providers, and other organizations held its first meeting in November 2000.

House Bill 929, passed by the Mississippi Legislature on March 23, 2001, mandated the development of a comprehensive state plan to provide services to people with disabilities in the most integrated setting. HB 929 outlined 3 issues the plan should consider:

- (1) The number of people with disabilities who need services,
- (2) The cost to accomplish the plan, and

- (3) Have a goal of no later than 6/30/11 for the State of Mississippi to have community-based services available (whether recommended by professionals or by individual choice).

A survey was sent out statewide to the public and 5,318 were returned. A second survey was sent out to the 6 participating state agencies. Fourteen (14) public meetings were held in 7 locations of the state. After all survey information was compiled, focus groups were formed. Finally, in June 2001, focus groups reported the final recommendations to the full MAC Committee. The recommendations of the focus groups formed the basis of the final plan.

I have attached a list of recommendations and estimated cost of services that were identified. The designated oversight committee, which the legislature will appoint, will ultimately be responsible for MAC plan implementation. **Rica voiced concern that since the Division of Medicaid was the lead agency, that there may be the misconception that this is Medicaid's plan. However, the MAC Plan is the result of input from the Department of Mental Health, Department of Health, Department of Education, Department of Health and Human Services, Department of Rehabilitative Services, and the Division of Medicaid, as well as advocacy groups, consumers, providers, and other organizations.** The MAC Plan was not submitted on September 30, 2001 as my last memo to you indicated. Rice said she wanted to resolve a couple of concerns/questions she had prior to submission.

If you need additional information, please let me know.