

NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID

**FILED**  
DEC 19 2008  
MISSISSIPPI  
SECRETARY OF STATE

Miss. Division of Medicaid  
c/o Ginnie McCardle, Staff Officer  
Walter Sillers Building  
550 High Street  
Suite 1000  
Jackson, MS 39201-1399  
(601) 359-6310  
<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Reference to Rules repealed, amended or suspended by the  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 :  
State Plan Attachment 4.19B, Page 19c (1) & 19c(2)

Date Rule Proposed: October 1, 2008

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

SPA2008-055 This State Plan Amendment is being filed to update language relating to case management or targeted case management per the requirements of the federal regulations (42 CFR Parts 431, 440, and 441 Interim Final Rule). The State Plan pages regarding Targeted Case Management for children in foster care receiving child protective services are being removed because this program was never implemented. This became effective April 1, 2008.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:  
Time:  
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

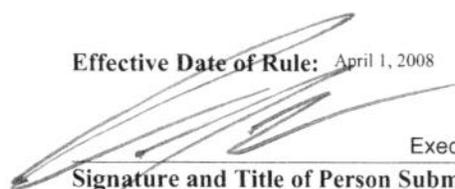
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:  
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and  
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

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

Effective Date of Rule: April 1, 2008



Executive Director

Signature and Title of Person Submitting Rule for Filing

**State of Mississippi**

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE****Targeted Case Management:**

Targeted case management for children ages birth through seventeen years in the custody of or under the supervision of the Mississippi Department of Human Services Division of Family and Children's Services is reimbursed on a fee for services basis using a monthly service unit amount established by the Division of Medicaid in cooperation with the Mississippi State Department of Human Services Division of Family and Children's Services.

- G. Payment for Targeted Case Management (TCM) Services** under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TCM Services by Public Providers

TCM for children, ages birth through seventeen years of age in the custody of or under the supervision of the Mississippi Department of Human Services, Division of Family and Children's Services (DHS), provided by public providers will be reimbursed through an encounter fee. The TCM encounter fee will be based on the actual costs associated with allowable case management service delivery. The TCM encounter fee will be prospectively determined on a semi-annual basis and will be computed using the actual case management costs for the previous six month period.

Description of TCM Services Monthly Case Management Fee Computation

1. The qualified Medicaid provider will submit a six (6) month cost report to the Division of Medicaid. Cost reports will be filed for the period January 1 – June 30 and July 1 – December 31. Cost reports must be filed with the Division of Medicaid, Reimbursement Division on or before three (3) months following the end of the cost report period. Should the due date fall on a weekend or a state or federal holiday, the due date will be the first business day following such weekend or state federal holiday. The cost report will include both the direct and indirect costs of providing case management services and statistical information regarding the number of children served, including the number of encounters. The cost report will include allocations between the different programs administered by the provider and the computation of the actual cost of case management. The provider must submit a copy of the two (2) most current Random Moment Time Studies (RMTS) with each cost report. The RMTS must show the times allocated to each program administered by the provider. Costs that are not directly allocable to TCM or another program will be allocated among the provider programs based on the RMTS.

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TN No. 97-09  
Supersedes  
TN No. NEW

Date Received 2/5/98  
Date Approved 8/17/98  
Date Effective 5/1/98

State of Mississippi

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

2. When the cost allocated to TCM has been determined, it will be divided by the number of encounters. The result will be the cost per encounter. The encounter cost will be used to set the next semi-annual prospective encounter fee.
  
3. Cost reports that are filed for January 1 – June 30 will set the TCM encounter fee for the following January 1 – June 30. Likewise, July 1 – December 31 cost reports will be used to determine the TCM encounter rate for the following January 1 – June 30.
  
4. DHS may bill each face-to-face encounter, with a maximum of six (6) encounters per calendar month. In addition, an encounter may be billed, no more often than once per calendar month, for time spent reviewing a case when no face-to-face encounter occurs. Collateral encounters may be billed as medically necessary.

TCM Services for Non-Public Providers

Will pay in accordance with Attachment 4.19-B page 19(a).

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN No. 2002-06  
Supersedes  
TN No. 97-09

Date Received MAY 02 2002  
Date Approved JUN 10 2002  
Date Effective MAY 01 2002