

PUBLIC NOTICE
December 19, 2018

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given to the submission of a Medicaid State Plan Amendment (SPA) 19-0001 Targeted Case Management (TCM) for Beneficiaries with Intellectual and/or Developmental Disabilities (IDD) in Community-Based Settings. The Division of Medicaid, in the Office of the Governor, is submitting the proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2019, contingent upon approval from CMS, our Transmittal #19-0001.

1. Mississippi Medicaid SPA 19-0001 Targeted Case Management (TCM) for Beneficiaries With Intellectual and/or Developmental Disabilities (IDD) in Community-Based Settings proposes to:
 - a) Add Autism Spectrum Disorder (ASD) as a covered diagnosis,
 - b) Remove the needs based criteria,
 - c) Revise the Targeted Case Managers qualifications and training requirements, and
 - d) Revise the reimbursement for TCM for Beneficiaries with IDD in Community- Based Settings from a 15-minute unit of \$14.88 to a rate of \$151.01 per month.
2. The proposed SPA is estimated to result in increased annual economic impact of \$290,713.68 in state dollars and \$903,182.32 in federal dollars in Year 1 with an incremental increase in cost as the number of individuals receiving this service increases in Years 2-5. The annual time period runs concurrent with Year 1 of the Community Support Program (CSP) renewal which was effective November 1, 2018 – October 31, 2019.

Year	Unduplicated Participants	Total Annual Cost	Total Increase from Previous Year	Federal Match for Increase (75.65)	State Match For Increase (24.35%)
1	950	\$1,380,432.00	\$1,193,896.00	\$903,182.32	\$ 290,713.68
2	1150	\$2,083,938.00	\$ 703,506.00	\$532,202.29	\$ 171,303.71
3	1350	\$2,446,362.00	\$ 362,424.00	\$274,173.76	\$ 88,250.24
4	1550	\$2,808,786.00	\$ 362,424.00	\$274,173.76	\$ 88,250.24
5	1750	\$3,171,210.00	\$ 362,424.00	\$274,173.76	\$ 88,250.24

3. 42 C.F.R. § 430.12 requires that if the Division of Medicaid amends the state plan a SPA must be submitted.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov or may be requested 601-359-5248 or by emailing at Margaret.Wilson@medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of this notice. Comments will be available for public review at the above address and on the Division of Medicaid’s website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State of Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

**TARGETED CASE MANAGEMENT SERVICES FOR BENEFICIARIES WITH
INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (IDD) IN COMMUNITY-
BASED SETTINGS**

A. Target Group:

Beneficiaries with a confirmed diagnosis of Intellectual and/or Developmental Disabilities (IDD), and Autism Spectrum Disorder (ASD) as defined by 42 CFR § 483.102 and 45 CFR § 1385.3, and is likely to continue indefinitely resulting in substantial functional limitations with two (2) or more life activities which include receptive and expressive language, learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency

The target group does not include individuals between ages twenty-two (22) and sixty-four (64) who are served in Institutions for Mental Disease (IMD) or individuals who are inmates

State of Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

- c) Changes in the needs or status of the beneficiary require adjustments to the PSS and service arrangements.

E. Qualifications of Providers:

Targeted Case Management services must be provided by a service provider certified by the Mississippi Department of Mental Health (DMH) as meeting the Operational Standards for Targeted Case Management for beneficiaries with IDD.

1. Targeted Case Managers must:

- a) Have a minimum of a Bachelor's degree in a mental health/IDD related field, or
- b) Be a Registered Nurse.

2. All Targeted Case Management staff must successfully complete training in Person-Centered Planning. Targeted Case Managers must demonstrate competencies in the application of the principles of Person Centered Planning (PCP) in Plans of Services and Supports (PSS) as identified in the DMH Record Guide. All PSSs are submitted to DMH for approval. The PSS must adhere to the DMH Record Guide requirements in order to demonstrate competencies in PCP.

3. The Division of Medicaid will implement methods and procedures to enroll DMH Targeted Case Management service providers who serve beneficiaries with IDD. Targeted Case Management providers must demonstrate:

- a) Capacity to provide Targeted Case Management services,
- b) At least one (1) year of experience with coordination of services for individuals with IDD, and
- c) Maintenance of financial accountability rules as for any other provider participating in the Medicaid program.

F. Freedom of Choice:

The state assures that the provision of Targeted Case Management services to the IDD target

State of Mississippi

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

Targeted Case Management:

Targeted Case Management services for beneficiaries with Intellectual and/or Developmental Disabilities (IDD) in community-based settings are billed using Current Procedural Terminology (CPT) codes according to a statewide uniform fixed fee schedule. The Division of Medicaid engaged an actuarial firm to establish fees.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management as described in Supplement 1C to Attachment 3.1-A. The agency's fee schedule rate was set as of January 1, 2019, and is effective for services provided on or after that date. All rates are published on the agency's website at www.medicaid.ms.gov/FeeScheduleLists.aspx.

Targeted Case Management is billed using the Healthcare Common Procedure Coding System (HCPCS) and reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid engaged an actuarial firm to establish the TCM fee based on a comparable service for the target population in other Mississippi Medicaid programs. Consideration was given to the service description, required provider credentials and current costs associated with the service. The preliminary fee was modified to better reflect the expected provider cost relative to other Targeted Case Management services. The agency's state developed fee schedule rate is set as of January 1, 2019, and is effective for services provided on or after that date.

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. The five percent (5%) reduction in reimbursement is made after the published rate is applied. This provision is not applicable to Indian Health Services or for services provided by the University of Mississippi Medical Center or a state agency, a state facility or a public agency that either provides its own state match through intergovernmental transfer or certification of funds to the division, or a service for which the federal government sets the reimbursement methodology and rate.

Payment for targeted case management for IDD beneficiaries in community-based settings do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

TARGETED CASE MANAGEMENT SERVICES FOR BENEFICIARIES WITH
INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (IDD) IN COMMUNITY-
BASED SETTINGS

A. Target Group:

Beneficiaries with a confirmed diagnosis of Intellectual and/or Developmental Disabilities (IDD), and Autism Spectrum Disorder (ASD) as defined by 42 CFR § 483.102 and 45 CFR § 1385.3, and is likely to continue indefinitely resulting in substantial functional limitations with ~~three (3)~~ two (2) or more life activities which include receptive and expressive language, learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and meets two (2) of the following needs-based criteria:

- ~~1. Unemployment, or employment in a sheltered setting, or has markedly limited skills and a poor or non-existent work history;~~
- ~~2. Severe inability to establish or maintain beneficial, meaningful personal social support systems;~~
- ~~3. Requires help in basic Instrumental Activities of Daily Living (IADL), including, but not limited to:
 - ~~a) Money management;~~
 - ~~b) Housekeeping;~~
 - ~~c) Meal planning and preparation;~~
 - ~~d) Shopping for food, clothing and other essential items;~~
 - ~~e) Communicating by phone or other media; and~~
 - ~~f) Traveling around and participating in the community.~~~~
- ~~4. Exhibits inappropriate social behavior that results in the need for intervention; and~~
- ~~5. Requires financial assistance to live successfully in the community and may be unable to procure this assistance without help.~~

The target group does not include individuals between ages twenty-two (22) and sixty-four (64) who are served in Institutions for Mental Disease (IMD) or individuals who are inmates

State of Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

-
-
- c) Changes in the needs or status of the beneficiary require adjustments to the PSS and service arrangements.

E. Qualifications of Providers:

Targeted Case Management services must be provided by a service provider certified by the Mississippi Department of Mental Health (DMH) as meeting the Operational Standards for Targeted Case Management for beneficiaries with IDD.

1. Targeted Case Managers must:

- a) Have a minimum of a Bachelor's degree in a mental health/IDD related field ~~and possess a Provisionally Certified Community Support Specialist (PCCSS) or Certified Community Support Specialist (CCSS) certification,~~

or

- ~~b) Be a Qualified Developmental Disabilities Professional (QDDP).~~ Be a Registered Nurse

- 2. All Targeted Case Management staff must successfully complete training in Person-Centered Planning. Targeted Case Managers must demonstrate competencies in the application of the principles of ~~Person-Centered Thinking (PCT) and Person-Centered Facilitation (PCF)~~ Person Centered Planning (PCP) in Plans of Services and Supports (PSS) as identified in the DMH Record Guide. All PSSs are submitted to DMH for approval. The PSS must adhere to the DMH Record Guide requirements in order to demonstrate competencies in PCP.

- 3. The Division of Medicaid will implement methods and procedures to enroll DMH Targeted Case Management service providers who serve beneficiaries with IDD. Targeted Case Management providers must demonstrate:

- a) Capacity to provide Targeted Case Management services,
- b) At least ~~two (2) years~~ one (1) year of experience with coordination of services for individuals with IDD, and
- c) Maintenance of financial accountability rules as for any other provider participating in the Medicaid program.

F. Freedom of Choice:

The state assures that the provision of Targeted Case Management services to the IDD target

State of Mississippi

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

Targeted Case Management:

Targeted Case Management services for beneficiaries with Intellectual and/or Developmental Disabilities (IDD) in community-based settings are billed using Current Procedural Terminology (CPT) codes according to a statewide uniform fixed fee schedule. The Division of Medicaid engaged an actuarial firm to establish fees.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management as described in Supplement 1C to Attachment 3.1-A. The agency's fee schedule rate was set as of ~~July~~-January 1, 2012~~9~~, and is effective for services provided on or after that date. All rates are published on the agency's website at www.medicaid.ms.gov/FeeScheduleLists.aspx.

Targeted Case Management is billed using the Healthcare Common Procedure Coding System (HCPCS) and reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid engaged an actuarial firm to establish the TCM fees. ~~DOM provided a service description and other information for Targeted Case Management. The relationships between based on a comparable service for the target population in other Mississippi Medicaid programs, in other states was examined to develop factors to apply to existing Mississippi fees to calculate the fee.~~ Consideration was given to the service description, required provider credentials and current costs associated with the service. The preliminary fee was modified to better reflect the expected provider cost relative to other Targeted Case Management services. The agency's state developed fee schedule rate is set as of ~~July~~-January 1, 2012~~9~~, and is effective for services provided on or after that date.

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. The five percent (5%) reduction in reimbursement is made after the published rate is applied. This provision is not applicable to Indian Health Services or for services provided by the University of Mississippi Medical Center or a state agency, a state facility or a public agency that either provides its own state match through intergovernmental transfer or certification of funds to the division, or a service for which the federal government sets the reimbursement methodology and rate.

Payment for targeted case management for IDD beneficiaries in community-based settings do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.