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 Disorders as defined by 42 C₂F₂R₂ § 483.102 and 45 C₂F₂R₂ § 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-sufficiency₂, 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.

TN No. <u>15-006-19-0001</u> Supersedes TN No. <u>92-17</u> 15-006

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 (TCM) 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 TCM 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 TCM 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 TCM service providers who serve beneficiaries with IDD. Targeted Case Management TCM providers must demonstrate:
 - a) Capacity to provide Targeted Case Management TCM 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 $\frac{\text{Targeted Case Management}}{\text{TCM}}$ services to the IDD target

TN No. <u>15-006-19-0001</u> Supersedes TN No. <u>92-17-15-006</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Supplement 1C to Attachment 3.1-A Page 1

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 Disorders as defined by 42 C.F.R. § 483.102 and 45 C.F.R. § 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.

TN No. <u>19-0001</u> Supersedes TN No. <u>15-006</u>

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 (TCM) services must be provided by a service provider certified by the Mississippi Department of Mental Health (DMH) as meeting the Operational Standards for TCM 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 TCM 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 TCM service providers who serve beneficiaries with IDD. TCM providers must demonstrate:
 - a) Capacity to provide TCM 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 TCM services to the IDD target

TN No. <u>19-0001</u> Supersedes TN No. 15-006

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

Targeted Case Management:

Targeted Case Management (TCM) 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 TCM as described in Supplement 1C to Attachment 3.1-A. The agency's fee schedule rate was set as of July-January 1, 20129, 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 TCM 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 TCM services. The agency's state developed fee schedule rate is set as of July January 1, 20129, 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.

Payments for targeted case management <u>TCM</u> 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.

TN No. <u>15 006 19-0001</u> Supersedes TN No. <u>92-1715-006</u>

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

Targeted Case Management:

Targeted Case Management (TCM) 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 TCM 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.

TCM 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 TCM 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.

Payments for TCM 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.

TN No. <u>19-0001</u> Supersedes TN No. <u>15-006</u>