PUBLIC NOTICE

June 30, 2021

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 21-0039 Targeted Case Management (TCM) for Beneficiaries with Psychiatric Residential Treatment Facility (PRTF) Level of Care (LOC). The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2021, contingent upon approval from CMS, our Transmittal #21-0039.

1. State Plan Amendment (SPA) 21-0039 is being submitted to allow the Division of Medicaid (DOM) to cover and reimburse for wraparound services under the targeted case management benefit, effective July 1, 2021. The Division of Medicaid submitted MS SPA 20-0022 Mental Health Service Coverage and Reimbursement to CMS on September 30, 2020. SPA 20-0022 proposed to cover a group of all inclusive services called Mississippi Youth Programs Around the Clock (MYPAC). The primary service in this program was wraparound services and providers billed H2022 Wraparound Per Diem for services provided. During the approval process for SPA 20-0022 the Division of Medicaid was notified that wraparound services could not be covered under the rehabilitative services benefit and would need to be covered as a targeted case management program. Under the targeted case management rules, services must be billed separately from case management services. The Division of Medicaid is submitting this SPA to cover wraparound services as a targeted case management benefit that will be reimbursed a monthly rate separate from direct care services included in the beneficiary's plan of care.

2. The estimated economic impact is a decrease in expenditures of $48,273 for state fiscal year 2022 (SFY22). The decrease in expenditures in federal dollars for federal fiscal year 2021 (FFY21) is $10,132 and $40,795 for FFY22. The decrease in expenditures in state dollars for state fiscal year 2022 (SFY22) is $7,477. The number of fee-for-service beneficiaries receiving PRTF level of care services in the community from March 2019 through February 2020 was 306 with an average utilization of 26.21 units per beneficiary for a total expenditure of $2,695,269. The proposed targeted case management (TCM) rate for wraparound services is $1,200 per beneficiary, per month with medically necessary mental health services billed separately. The economic impact calculation includes these beneficiaries receiving at least six (6) months of wraparound services per year with mental health services billed separately at the same utilization rate for dates of service March of 2019 through February of 2020.

3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan. The changes in this SPA are being made to be in compliance with 42 C.F.R. §§ 440.169 and 441.18.

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 requested at 601-359-2081 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 publication 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

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)): EPSDT-eligible beneficiaries with a serious emotional disturbance (SED) that meet the level of care provided in a psychiatric residential treatment facility (PRTF).

X Target group includes individuals transitioning to a community setting. Case- management services will be made available for up to 30 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):
X Entire State
___ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:

  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a completeassessment of the eligible individual;

  Assessments must be completed at least monthly to ensure the beneficiary's needs are being addressed.

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

  - specifies the goals and actions to address the medical, social, educational, andother services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized healthcare decision maker) and others to develop those goals; and

- identifies a course of action to respond to the assessed needs of the eligible individual;

❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

❖ Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - changes in the needs or status of the individual are reflected in the careplan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

    Monitoring and follow up activities must be completed at least weekly and more often if necessary.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback,and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
Providers of targeted case management services for EPSDT-eligible beneficiaries with SED must comply with the requirements to enroll as a Mississippi Medicaid Provider and be certified by the Mississippi Department of Mental Health to provide wraparound services.

Freedom of choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

State of Mississippi

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

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.

2. Eligible individuals will have free choice of any qualified Medicaid providers ofother medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: Providers must be certified by the Mississippi Department of Mental Health to provide wraparound services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid serviceson receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):
Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose**.**

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the personproviding the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have beenachieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:
Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures

for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State of Mississippi

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

Targeted Case Management services for EPSDT-eligible beneficiaries with a serious emotional disturbance (SED) that meet the level of care provided in a psychiatric residential treatment facility (PRTF) are paid a monthly rate from a statewide uniform fee schedule. Services listed on the beneficiary's plan of care are reimbursed according to the payment methodology for that service.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private providers.

Effective July 1, 2021, the fees will remain the same as those effective as of July 1, 2021.

All rates are published on the agency's website at http://www.medicaid.ms.gov/FeeScheduleLists.aspx.

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