

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #:15-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

July 16, 2015

Dr. David J. Dzielak, Executive Director  
Mississippi Division of Medicaid  
Attn: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, Mississippi 39201-1399

RE: Title XIX State Plan Amendment, MS 15-0006

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 15-0006, which was submitted to the Atlanta Regional Office on May 6, 2015. The SPA was submitted to revise Targeted Case Management (TCM) for beneficiaries with Intellectual/Developmental Disabilities (IDD).

Based on the information provided, the Medicaid State Plan Amendment MS 15-0006 was approved on July 16, 2015. The effective date of this amendment is April 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 email [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov) or Shelia Brady at (601) 965-4056 email [Shelia.Brady@cms.hhs.gov](mailto:Shelia.Brady@cms.hhs.gov).

Sincerely,

/s/

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
15-006

2. STATE  
MS

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

**TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE  
04/01/2015

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §§ 440.169, 441.18

7. FEDERAL BUDGET IMPACT:

FY 2015: \$0.00

FY 2016: \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Attachment 3.1-A Exhibit 19b Page 1, Supplement 1C to Attachment  
3.1-A Pages 1-4, Attachment 4.19-B Page 19b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A Exhibit 19b Page 1, Supplement 1C to  
Attachment 3.1-A Pages 1-2, Attachment 4.19-B Page 19b

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 15-006 Targeted Case Management (TCM), effective April 1, 2015, is being submitted to revise TCM for beneficiaries with Intellectual/Developmental Disabilities (IDD). State Plan pages will include the definition of the IDD target group, description of services to be furnished, frequency of assessments and monitoring, and qualifications of providers as required in 42 CFR §§ 440.169 and 441.18.

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: **David J. Dzielak**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: 05/06/2015

16. RETURN TO:

**David J. Dzielak  
Miss. Division of Medicaid  
Attn: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, MS 39201-1399**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 05-06-15

18. DATE APPROVED: 07-16 -15

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
04-01-15

20. SIGNATURE OF REGIONAL OFFICIAL:  
//s//

21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with following changes to block # 8 and 9 as authorized by state agency on e-mail dated 07-13-15.

Block # 8 changed to read: Attachment 3.1-i page 9, Attachment 3.1-A Exhibit 19b page 1: supplement 1c to Attachment 3.1-A pages 1-5; Attachment 4.19-B page 19b.

Block # 9 changed to read: Attachment 3.1-i page 9, Attachment 3.1-A Exhibit 19b page 1: supplement 1c to Attachment 3.1-A pages 1-2; Attachment 4.19-B page 19b.

**State of Mississippi**

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

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**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) 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) 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**

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of public institutions.

B. Areas of the State in which services will be provided:

Entire State,

Only in the following areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide),

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act,

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Targeted Case Management services are defined as the coordination of services to assist beneficiaries, eligible under the State Plan within the IDD targeted group, in gaining access to needed medical, social, educational and other services. Targeted Case Management is responsible for identifying individual problems, needs, strengths, resources and coordinating and monitoring appropriate services to meet those needs. Targeted 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 beneficiary 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 beneficiary's needs (42 CFR § 440.169(e)). Targeted Case Management ensures the changing needs of the beneficiary with IDD are addressed on an ongoing basis, that appropriate choices are provided from the widest array of options for meeting those needs, and includes the following services:

1. A Comprehensive Assessment

A comprehensive assessment is completed annually to determine a beneficiary's needs for services and supports including identification of any medical, educational, social, or other service needs. The assessment must include obtaining a beneficiary's history, identifying and documenting the needs of the beneficiary, and gathering information from sources such as family members, medical providers, social workers, and educators, as

**State of Mississippi**

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

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appropriate. Reassessments are conducted when there is a significant change in the beneficiary's circumstances that may affect his/her level of functioning and needs.

2. Plan of Services and Supports

An individualized Plan of Services and Supports (PSS) is developed based on the information collected through the comprehensive assessment. The PSS will be reviewed at a minimum every twelve (12) months or when there is a significant change in the beneficiary's circumstances that may affect his/her level of functioning and needs which includes the following:

- a) Specific goals to address the medical, social, educational, and other services needed by the beneficiary,
- b) Activities to meet identified goals ensuring the active participation of the beneficiary and/or the beneficiary's authorized representative for health care decisions, and
- c) A course of action to respond to the assessed needs of the beneficiary.

3. Referral and Related Activities

Referral and related activities help the beneficiary to obtain needed medical, social, and educational services by scheduling appointments and coordinating resources with providers and other programs to address identified needs and achieve specified goals from the PSS.

4. Monitoring and Follow-up Activities

Performance of monitoring and follow-up activities include activities and contacts necessary to ensure that the PSS is effectively implemented and adequately addresses the needs of the beneficiary. Monitoring and follow-up activities may include involvement of the beneficiary, family members, service providers, or other entities or individuals. Contacts with a beneficiary's family or others for the purpose of helping the beneficiary access services are included in Targeted Case Management. Monitoring and follow-up activities are conducted monthly, or more often, depending on the needs of the beneficiary, with quarterly face-to-face visits to determine if:

- a) Services are being furnished in accordance with the beneficiary's PSS,
- b) Services in the PSS are adequate to meet the beneficiary's needs, and

**State of Mississippi**

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

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- 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).

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) 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 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**

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

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group will not restrict an individual's freedom of choice of providers in violation of Section 1902(a)(23) of the Act.

1. Targeted Case Management services will be available at the option of the beneficiary.
2. A beneficiary who wishes to receive Targeted Case Management services will have freedom of choice to receive Targeted Case Management services from any qualified provider of these services.
3. Beneficiaries will have freedom of choice of the qualified Medicaid providers of other medical care as covered elsewhere in this Plan.

G. Targeted Case Management services are not provided to beneficiaries who are in institutions.

H. Limitations:

Targeted Case Management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in 42 CFR § 440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Targeted Case Management does not include, and FFP is not available in expenditures for, services defined in 42 CFR § 440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which a beneficiary 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 is only available for 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)).”



<p>that results in the need for intervention.</p> <ul style="list-style-type: none"> <li>• Requires financial assistance to live successfully in the community and may be unable to procure this assistance without help.</li> </ul>			
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\*Long Term Care/Chronic Care Hospital

\*\*LOC= level of care

7.  **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. With this election, the state will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the state may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C). *(Specify target group(s)):*

The state is targeting Individuals with Intellectual and/or Developmental Disabilities (IDD). Commencing November 1, 2013, in addition to the needs identified above, the individual must also have a Certificate of Developmental Disability as defined in the Developmental Disabilities Assistance Act.

(By checking the following boxes the State assures that):

8.  **Adjustment Authority.** The state will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).
9.  **Residence in home or community.** The State plan HCBS benefit will be furnished to individuals who reside in their home or in the community, not in an institution. The state attests that each individual receiving State plan HCBS:
- (i) Resides in a home or apartment not owned, leased or controlled by a provider of any health-related treatment or support services; or
  - (ii) Resides in a home or apartment that is owned, leased or controlled by a provider of one or more health-related treatment or support services, if such residence meets home and community-based setting requirements as defined by the state and approved by CMS. (If applicable, specify any residential settings, other than an individual’s home or apartment, in which 1915(i) participants will reside. Describe the home and community-based setting requirements that optimize participant independence and community integration, promote initiative and choice in daily living, and facilitate full access to community services):

**State of Mississippi**

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

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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 1, 2012, 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](http://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 fees. DOM provided a service description and other information for Targeted Case Management. The relationships between a comparable service for 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 1, 2012, 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.