

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 19-0001**

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  
61 Forsyth Street S.W. Suite 4T20  
Atlanta, Georgia 30303



**Atlanta Regional Operations Group**

---

May 9, 2019

Mr. Drew Snyder, Executive Director  
Mississippi Division of Medicaid  
Attention: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

Re: Mississippi State Plan Amendment, Transmittal # 19-0001

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 19-0001, which was submitted to the Atlanta Regional Office on March 6, 2019. The SPA was submitted to allow the Mississippi Division of Medicaid to: a) add Autism Spectrum Disorder (ASD) as a covered diagnosis, b) remove the needs-based criteria, c) revise the qualifications and training requirements for Targeted Case Managers, and d) revise the reimbursement for TCM for beneficiaries with IDD in community-based settings from \$14.88 per fifteen (15) minute unit to a rate of \$151.01 per month.

Based on the information provided, the Medicaid State Plan Amendment MS-19-0001 was approved on May 9, 2019. The effective date of this amendment is January 1, 2019. 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 or by email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov) or Shelia Brady at 601-212-4659 or by email at [Shelia.Brady@cms.hhs.gov](mailto:Shelia.Brady@cms.hhs.gov).

Sincerely,

/s/

Shantrina D. Roberts, MSN  
Deputy Director  
Division of Medicaid Field Operations South

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>19-0001</b>	2. STATE <b>MS</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE <b>01/01/2019</b>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 C.F.R. §§ 440.169, 441.18	7. FEDERAL BUDGET IMPACT:  FFY 19: \$752,652 FFY 20: \$532,202
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Supplement 1C, Pages 1 and 4 Attachment 4.19-B, Page 19b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Supplement 1C, Pages 1 and 4 Attachment 4.19-B, Page 19b

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 19-0001 Targeted Case Management (TCM) for Beneficiaries With Intellectual and/or Developmental Disabilities (IDD) in Community-Based Settings, with a proposed effective date of January 1, 2019, is being submitted to allow the Division of Medicaid to: a) add Autism Spectrum Disorder (ASD) as a covered diagnosis, b) remove the needs-based criteria, c) revise the qualifications and training requirements for Targeted Case Managers, and d) revise the reimbursement for TCM for beneficiaries with IDD in community-based settings from \$14.88 per fifteen (15) minute unit to a rate of \$151.01 per month.

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/	16. RETURN TO:  <b>Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399</b>
13. TYPED NAME: <b>Drew L. Snyder</b>	
14. TITLE: <b>Executive Director</b>	
15. DATE SUBMITTED: 3/6/2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/06/19	18. DATE APPROVED: 05/09/19
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Deputy Director Division of Medicaid Field Operations South

23. REMARKS:

**State of Mississippi**

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

---

Medicaid program.

F. Freedom of Choice:

The state assures that the provision of Targeted Case Management services to the target 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. Access to Services:

1. Targeted case management services will not be used to restrict an individual's access to other services under the state plan,
2. Individuals will not be compelled to receive targeted case management services, condition receipt of targeted case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services, and
3. Providers of targeted case management services do not have the authority to authorize or deny the provision of other services under the state plan.

H. Targeted Case Management services are not provided to beneficiaries who are in institutions except for individuals transitioning to a community setting. Case management services will be made available for up to one-hundred eighty (180) consecutive days of a covered stay in a medical institution.

I. 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)).”

**State of Mississippi**

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

---

---

Targeted Case Management:

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](http://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.

The Division of Medicaid, as required by state law, will reduce the rate of reimbursement to providers for TCM services 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 to providers who are paid the fee schedule 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.

**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:

The target group is defined as 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 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 target 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 within the target group 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:

**State of Mississippi**

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

---

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

**State of Mississippi**

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

---

5. Case Records

Targeted Case Management providers maintain case records that document for all individuals receiving targeted case management as follows:

- (a) The name of the individual,
- (b) The dates of the case management services,
- (c) The name of the provider agency and the person providing the case management service,
- (d) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved,
- (e) Whether the individual has declined services in the care plan,
- (f) The need for, and occurrences of, coordination with other case managers,
- (g) A timeline for obtaining needed services, and
- (h) A timeline for reevaluation of the plan.

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 within the target group.

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 within the target group. 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 within the target group, and
- c) Maintenance of financial accountability rules as for any other provider participating in the