

**MS DEPARTMENT OF MENTAL HEALTH**

**IDD Community  
Support Program  
1915(i) SPA**

**TARGETED CASE MANAGEMENT  
MANUAL**

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**Wendy Bailey, Executive Director  
Mississippi Department of Mental Health  
239 N. Lamar Street  
1101 Robert E. Lee Building  
Jackson, MS 39201**

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## Introduction

The IDD Targeted Case Management (TCM) Manual provides supplemental information regarding the responsibilities of the IDD Targeted Case Management staff. The IDD Targeted Case Management staff must implement the requirements as outlined in the DMH Record Guide; DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Use Community Service Providers; the federally approved 1915i State Plan Amendment (SPA), IDD Community Support Program; and MS Medicaid policy pertaining to IDD Targeted Case Management. **This does not relieve the IDD Targeted Case Management staff from the responsibility to follow all requirements in the aforementioned documents.**

The Department of Mental Health / IDD Community Services Office / Division of IDD Community Support Program is responsible for the administration of the IDD Community Support Program 1915i and IDD Targeted Case Management.

Definitions of IDD Community Support Program (CSP) and IDD Targeted Case Management (TCM):

The IDD Community Support Program was authorized by Title XIX Section 1915i of the Social Security Act thus known as the 1915i IDD Community Support Program (CSP). The 1915i IDD Community Support Program is a Medicaid funded state plan and administered by the Department of Mental Health for persons diagnosed with an Intellectual and Developmental Disabilities (IDD) and with Autism Spectrum Disorder. The IDD Community Support Program provides the following services: Day Services-Adult, Prevocational, Supported Living, and Supported Employment (development and maintenance). The DMH Operational Standards outlines the specifics of each service.

IDD Targeted Case Management (TCM) services are defined as the coordination of services to assist persons, eligible under the MS Medicaid State Plan Amendment (SPA) with a diagnosis as described above, in gaining access to needed medical, social, educational and other services. IDD 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 contact with non-eligible individuals that are directly related to identifying the eligible person's needs and care, for the purposes of helping the person access services, identifying needs and supports to assist the person in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the person's needs (42 CFR 440.169(e)). IDD Targeted Case Management ensures the changing needs of the person are addressed on an ongoing basis and that appropriate choices are provided from the widest array of options for meeting those needs.

The IDD TCM Manual refers to "days" which means calendar days unless otherwise specified.

# Part I

## IDD CSP and IDD TCM Processes and Procedures

## A. IDD Targeted Case Management Personnel

1. IDD Targeted Case Management service is provided by an IDD Targeted Case Manager located at one of four (4) IDD Regional Programs (North MS Regional Center, Hudspeth Regional Center, Ellisville State School, and South MS Regional Center). IDD Targeted Case Managers and IDD Targeted Case Manager Directors or Supervisors must meet requirements set by Division of Medicaid (DOM) and Department of Mental Health (DMH).
2. The IDD Targeted Case Manager assists the person in locating services and supports in the community, monitors and addresses changing circumstances on an ongoing basis, and addresses the person's options and choices that are available in their community. IDD Targeted Case Manager must document all activities of services in the person's record located in Medicaid's LTSS system. An IDD Targeted Case Manager's caseload is no more than 35 participants.
3. The IDD Targeted Case Management Director or Supervisor is to provide support and guidance to the IDD Targeted Case Manager. The IDD TCM Director/Supervisor will provide training and updates to the IDD TCM as they are received from the IDD Community Services Office / Division of IDD Community Support Program. The IDD TCM Director/Supervisor will review/monitor the IDD TCM caseloads, by reviewing a percentage of records and service notes at least annually to ensure quality of services. The IDD TCM Director/Supervisor reviews/approves initial admissions and annual recertifications and submits to the Division of Community Support Program for review (known as BIDD in LTSS). The IDD TCM Director/Supervisor can use the TCM Monitoring/Record Review to periodically check a person's record in LTSS. (Refer to Part II Supplemental Documents – TCM Monitoring/Record Review.) A person may request to receive services from another IDD Targeted Case Manager. It is the IDD TCM Director/Supervisor's responsibility to ensure the request is made available and changes are reflected in the person's record in LTSS.
4. The IDD Community Services Office / Division of IDD Community Support Program is responsible for the administration of the IDD Community Support Program 1915i and IDD Targeted Case Management. The Division of IDD CSP staff will review and approve all initial enrollments and annual recertifications regarding continued eligibility. The Division of IDD CSP staff will conduct IDD Targeted Case Management record audits to ensure quality and conduct IDD TCM training as reflected in the audits or as requirements change. The Division of IDD CSP staff will use the TCM Monitoring/Record Review to conduct full record reviews.
5. Refer to the DMH Operational Standards for the specific qualifications and requirements of the IDD Targeted Case Manager and the IDD Targeted Case Manager Director/Supervisor.

## **B. Conflict of Interest Requirements**

Staff responsible for assessments and case management (D&E and IDD TCM) must meet requirements that prevent conflict of interest. Staff cannot be:

- a.) Related by blood or marriage to the person seeking services, or any paid caregiver of the person
- b.) Financially responsible for the person seeking services
- c.) Legally empowered to make financial or health-related decisions on behalf of the person
- d.) Providers of State Plan HCBS for the person, or those who have interest in or are employed by a provider of State Plan HCBS

## **C. Comprehensive Assessment: Initial Evaluation and Eligibility Determination Process**

1. A comprehensive assessment determines a person's need for services and supports including identification of any medical, educational, social or other service needs. The assessment includes a person's history, identified and documented needs, and information gathered from sources such as family members, medical providers, educators, and social workers, as appropriate.
2. All evaluations for initial eligibility for the Intellectual and Developmental Disabilities (IDD) Community Support Program (CSP) and IDD Targeted Case Management (TCM) are conducted by the Diagnostic Services and Evaluation Teams (D&E) located at one (1) of the five (5) IDD Regional Programs. Each D&E Team consists of at least a psychologist and social worker. Additional team members may be utilized based upon the needs of the person being evaluated, such as dietitians, therapist, etc. All members of the D&E team are licensed and/or certified through the appropriate State licensing/certification body for their respective disciplines. People are evaluated at the Regional Program assigned to the county in which he/she resides. (Refer to Part II Supplemental Documents – IDD Brochure with Diagnostic Services Map.)
3. The D&E Team is responsible for contacting the person to schedule the evaluation. If the person referred has a previous psychological evaluation (within ten years) that is determined sufficient for eligibility determination, D&E completes a psychological summary/addendum that includes the needs-based criteria and social summary. If the previous evaluation was completed at age sixteen or younger, and the person is now 18 or older, it is best practice to consider conducting a full evaluation. Also, if a person has had a significant change in circumstances that may affect his/her level of functioning and needs since the previous evaluation, a full evaluation should be conducted.

4. The Personal Record in Medicaid's Long-Term Services and Supports (LTSS) system is established by the D&E staff. The Psychological and Social Evaluation are entered along with other documentation such as consents, previous evaluations, and documentation from other sources.
5. Eligibility for Targeted Case Management and IDD CSP is determined by D&E using needs-based criteria as evidenced by the following:
  - a.) Eighteen (18) years of age or older and no longer enrolled in school
  - b.) Diagnosis of Intellectual Disabilities, Developmental Disabilities, or Autism Spectrum Disorder
  - c.) Existence of significant functional limitations in two (2) or more areas of major life activity including: receptive/expressive language, learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
6. Any person interested in IDD CSP Services should be informed eligibility is a 2-step process. D&E staff are responsible for determining programmatic eligibility. Division of Medicaid (DOM) staff are responsible for determining financial eligibility.
7. The following must be considered in determining eligibility for IDD CSP:
  - a.) Ineligibility for Medicaid  
If the person does not have Medicaid, and is determined programmatically eligible for IDD CSP, staff from D&E should refer the person to the Medicaid Regional Office for the county the person lives. In LTSS, the Personal Record recommendations should state programmatic eligibility for IDD CSP "pending Medicaid eligibility". The Level of Care section would be denied until the person/legal representative notifies D&E staff of Medicaid eligibility. At that time, the Level of Care would be revised to state the person is eligible for IDD CSP.
  - b.) Ineligible Category of Eligibility  
If the person has Medicaid, D&E staff must check each person's Medicaid Category of Eligibility (COE) through the LTSS System or Division of Medicaid Envision. Persons must be eligible for Full Medicaid benefits in order to enroll in IDD TCM and/or the IDD CSP. (Refer to Part II Supplemental Documents – COE.) If the person has a questionable Category of Eligibility, DOM staff should be contacted to determine if the person qualifies to change to an eligible category. Persons with an ineligible Category of Eligibility should be denied until the person has an eligible Category of Eligibility. The Personal Record recommendations should state the person is programmatically eligible for IDD CSP "pending an eligible Category of Eligibility through DOM".



c.) Person under Age 18 or Enrolled in School

If the person is under the age of eighteen (18) or over the age of eighteen (18) and enrolled in school, D&E would state in the recommendations the person is programmatically eligible for IDD CSP “once he/she meets the age requirement and no longer enrolled in school.” D&E would inform families of their responsibility to refer back for IDD CSP once the person meets age/Medicaid eligibility status.

d.) Enrollment in other Medicaid Waiver programs

A person enrolled in any Medicaid Waiver program such as Elderly and Disabled Waiver, Independent Living Waiver, Traumatic Brain Injury/Spinal Cord Injury Waiver, Assisted Living Waiver, or Intellectual Disabilities and Developmental Disabilities (ID/DD) Waiver cannot be enrolled in IDD Community Support Program. D&E staff must inform the person and/or legal representative that the person cannot receive both services. If the person requests consideration for IDD CSP, D&E would continue the process of evaluation to determine eligibility, but the person should not terminate from a Waiver Program until eligibility for the IDD CSP is determined. D&E would refer the person to Targeted Case Management. The IDD Targeted Case Manager would meet with the person/family/legal representative to inform of the services/providers in their area so the person can make an informed choice between IDD CSP and their current Waiver. If the person chooses to receive IDD CSP, the IDD Targeted Case Manager will coordinate the date of transfer from the Waiver to IDD CSP. The IDD Targeted Case Manager must ensure the date of transfer is clear with the discharging Waiver service. It is best practice to end one service at the end of a month and begin IDD CSP at the beginning of the next month (unless circumstances require admission sooner).

8. Persons determined eligible for the IDD CSP will be referred to IDD Targeted Case Management through the MS Medicaid Long Term Services and Supports (LTSS) system. D&E will complete the Inventory of Client and Agency Planning (ICAP) and the Personal Record to include:

- a.) Psychological Evaluation – The assessment must include obtaining history, identifying needs, and gathering medical, education, and other information from sources to determine service and support needs.
- b.) Psychological Summary – if previous psychological evaluation (within ten years) is used for eligibility determination. The Psychological Summary must include a review of the previous psychological evaluation (name of test, IQ score/results, and interpretation), list of person’s strengths and support needs, result of the ICAP, need for type of services, review of needs-based criteria, and statement of eligibility for the IDD CSP. The Psychological Summary must be current within one (1) year.
- c.) Interdisciplinary Summary and/or other evaluations conducted to determine initial eligibility (if applicable)

- d.) Social Summary – current within one (1) year
  - e.) ICAP Scores – current within one (1) year (located in Assessments in LTSS)
9. Persons determined ineligible based on the D&E evaluation process will be notified by D&E staff and informed of their right to appeal the decision. The person has thirty (30) days from the date on the Notice of Ineligibility for IDD TCM/IDD CSP to appeal the decision. The person/legal representative should appeal programmatic ineligibility to Department of Mental Health and Medicaid financial ineligibility to Division of Medicaid. (Refer to Part II Supplemental Documents – IDD CSP Appealing Ineligibility Instructions *and Notice of Ineligibility for the IDD CSP form.*) (revised 1/18/2022)
10. Each person determined eligible for IDD CSP / IDD TCM and referred by D&E will be assigned an IDD Targeted Case Manager. IDD TCM service begins at first contact with the person.
11. IDD TCM is covered under the Medicaid State Plan and is a separate service from the IDD CSP.
- a.) All persons enrolled in services under the IDD CSP will receive IDD TCM.
  - b.) A person can receive IDD TCM (no matter age) without also receiving an IDD CSP service (however, the TCM only service is best used for persons transitioning from school to adult services or who are undecided on the provider of choice).
  - c.) Persons 18 years of age and out of school who are determined eligible are locked-in to IDD Community Support Program services (TCM only category).

## **D. Initial Enrollment or Readmission for IDD CSP and IDD TCM: Beginning the Process**

1. After a person is evaluated by D&E and determined to meet the eligibility requirements for the IDD CSP, he/she is referred to an IDD Targeted Case Manager for the development of the Plan of Services and Supports (PSS) and to complete the initial certification requirements. These are the same requirements for someone requesting readmission to IDD CSP. (Refer to the DMH website <http://www.dmh.ms.gov> for the DMH Record Guide and DMH Operational Standards regarding IDD CSP, IDD TCM and the requirements of the PSS.)
2. The IDD Targeted Case Manager reviews the Personal Record in LTSS to begin the case management process. (Refer to LTSS <https://www.ltssmississippi.org> for the “CSP Implementation Guide” and other guides for LTSS usage.)

3. The IDD Targeted Case Manager checks Medicaid eligibility status for eligible category for CSP/TCM through Envision and status should match in LTSS (located in the Eligibility Information under the Person's Profile/Personal Summary).
4. The IDD Targeted Case Manager contacts the person and/or legal representative within five (5) days of receipt of referral to discuss the enrollment process, services, and certified providers. IDD Targeted Case Manager must enter all contacts in the Case Management/Service Notes section of LTSS. The TCM will educate the person about the services and qualified providers in the area the person lives. Provider locations and tour of services will be discussed prior to scheduling the PSS meeting. The TCM contacts the IDD agency provider(s) to determine if the agency has the capacity to enroll the person. The PSS meeting will be scheduled at a time/place convenient to the person. The PSS meeting will be attended by the person, their family members and/or legal representative, anybody they chose to invite, as well as the chosen certified provider(s) and the TCM. The person is the lead person for the person-centered process while the TCM facilitates the meeting.
5. The IDD Targeted Case Manager has forty-five (45) days from receipt of referral from D&E to complete the PSS for Initial Certification and submit to the Division of IDD CSP (known as BIDD in LTSS). If a person or representative needs additional time, the reason for delay should be documented as a Service Note and included in the Overview section of the PSS.

## **E. Transition Enrollments (Enrollments from an Institution)**

1. Transition enrollments are people leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or a Nursing Facility (NF) and enrolling into the Community Support Program.
2. The TCM follows the typical initial enrollment process with a few additional steps.
3. The person and/or legal representative requesting the transition should be informed that they must qualify for the category of eligibility for CSP enrollment.
  - a.) If a person does not have Social Security Income (SSI), the TCM will inform the Division of IDD CSP of the request and the TCM will request Medicaid to check on the person's eligibility for CSP enrollment. When Medicaid determines there is an admitting COE, the TCM will inform the person and/or legal representative. The TCM should also suggest they consider applying for Social Security after discharge for SSI to assist in providing an income source.
  - b.) If a person has SSI, when the discharge/admission date is determined, the Social Security office will need to be notified so the person receives a check at the new location. If the person has no legal representative or family to

assist them, the TCM should assist the person with transferring funds to their new location such as assistance with the Social Security office, etc.

4. If the person is transitioning to a Support Living provider, the provider would need to be located and agree to the arrangement, prior to the PSS meeting. If the person is transitioning home with family, day programs should be considered prior to the PSS meeting when possible. The person can invite whomever they wish to attend the PSS meeting which should include the IDD providers selected and those providers from the institution. The PSS meeting may be conducted at the institution. Additional factors to consider are as follows:
  - a.) Medical and pharmaceutical providers and other community supports will need to be determined at the PSS meeting and confirmed prior to discharge.
  - b.) The exact amount of medications that will be supplied at discharge must be determined and doctor appointments must be set in advance for medications needed.
  - c.) Determination of needed specialized equipment (shower chairs, wheelchair, etc.) and the delivery date of those items to the home or Supported Living home should be determined at the PSS meeting and confirmed with follow up by the TCM.
  - d.) Transportation on day of discharge/admission to the Supported Living home must be determined and confirmed prior to date of discharge.
5. The Supported Living as well as day service providers can receive a copy of the draft PSS and psychological evaluation for staff to become knowledgeable about the person prior to discharge/admission, per DMH Operational Standards.
6. On the decided date of discharge, the institution should submit a discharge form (317) to the local Regional Medicaid office. The TCM and/or person/legal representative should request a copy of the discharge form (317) at discharge. If the Regional Medicaid office does not receive the 317 form from the institution, the copy would be available to provide.
7. On the day of discharge/admission to the Support Living home, the TCM should be available to meet the person at the Supported Living home. If the TCM is unable to be at the Supported Living home on the day of discharge/admission, the TCM should visit the person in the Supported Living home no later than 5 days of discharge. If the person discharges home, they should meet with the person within 30 days of their admission at the home or day service program. At the first visit, the TCM should follow up on any medical equipment, ensure it is in place, confirm doctor or mental health appointments have been scheduled for medication prescription updates, person has keys for privacy, and knows who to contact if they need support.
8. The person will most likely move prior to the Overall Decision being received. The TCM may provide the provider with a Service Authorization that states "pending Medicaid COE". Once the Overall Decision is received, the TCM will provide the

required documentation which includes a new Service Authorization with the begin date as identified in the Overall Decision to the provider.

## **F. Person-Centered Planning and the Plan of Services and Supports Development**

1. The Plan of Services and Supports (PSS) describes the IDD CSP services and all other supports and services a person receives, formal or informal and regardless of the funding source, that assist him/her to remain at home and in the community.
2. The Initial Plan of Services and Supports is developed after all independent assessment information has been received by the IDD Targeted Case Manager from the D&E team and if receiving Community Support Program services when a provider has been identified for one or more IDD CSP services.
3. The Plan of Services and Supports is developed based on the person's expressed desires and interest as well as all evaluation and other information gathered during the Person-Centered Planning process.
4. The IDD Targeted Case Manager reviews available services with the person before the Plan of Services and Supports meeting. The services and supports requested on the Plan of Services and Supports (both IDD CSP and other services/supports) are based on what the person and those important to him/her believe would be beneficial in supporting him/her in a home and community based setting.
5. The IDD Targeted Case Manager begins gathering information for the Essential Information (Part I of the PSS) prior to the PSS meeting and verifies the information through the person and/or legal representative.
6. The IDD Targeted Case Manager ensures the following throughout the Person-Centered Planning process:
  - a.) The person directs the process to the maximum extent possible and is enabled to make informed choices and decisions.
  - b.) The person and/or legal representative(s) chooses people the person would like to be involved in the Person-Centered Planning process which include:
    - (1) The person
    - (2) Legal representative (if applicable)
    - (3) Chosen certified provider(s)

(4) Anyone else the person would like to have present, such as their natural supports or other informal providers.

- c.) Cultural considerations for the person are provided.
- d.) Information is provided in plain language and in a manner accessible to the person with disabilities and persons who have limited English proficiency. This includes the use of interpreters for people with limited English proficiency or who are hearing impaired, and people who use an augmentative communication device, etc.
- e.) Includes strategies such as mediation or tabling the topic for resolving conflicts/disagreements between those at the meeting.
- f.) The IDD Targeted Case Manager uses the tools learned through training such as Person-Centered Thinking to discover what is “important to” and “important for” the person seeking services. (Refer to Part III Forms – PSS Skills for tools that can be utilized.) This information will be discussed in the PSS meeting and should be used by providers in developing a person’s Activity Support Plan.
- g.) Sensitive information such as personal or medical information may want to be discussed only in private and should be discussed prior to or after the meeting.

## 7. IDD CSP Services

- a.) The TCM informs the person of all services offered through the IDD CSP and explains what each service offers, including any limits on service provision.
- b.) The TCM lists the IDD CSP services the person is eligible for and would like to receive which are necessary to assist him/her in meeting identified outcomes under the heading “Outcome of Service/Support” on the Plan of Services and Supports.
- c.) Prevocational Services and Day Services Adult utilize support levels based off the person’s ICAP score to determine the amount of support the person will need from the program. (Refer to Part II Supplemental Documents – ICAP Support Levels.)
- d.) Supported Living is a service that is available under CSP; however, the person must be able to support themselves and be on their own without supervision for the majority of a day. Their ICAP level should be considered and discussed when offering Supported Living as a service.

## 8. DMH Certified Providers

- a.) The person is informed about all certified providers for IDD CSP services initially, anytime a new provider is certified (during the monthly/quarterly contact), at recertification, or if they become dissatisfied with their current

provider. IDD Targeted Case Managers provide written literature from providers when available (approved by IDD Community Services Office / Division of IDD CSP), if requested. The TCM may also arrange for a meeting(s) with potential providers before the Plan of Services and Supports meeting.

- b.) The person and/or legal representative for initial certification needs to identify a provider for each service requested before the Plan of Services and Supports meeting so that the provider can be invited to the meeting and participate in the development of the Plan of Services and Supports. For the recertification, the provider (preferably the staff who knows the person) needs to attend the Plan of Services and Supports meeting.
- c.) Providers are to ensure that IDD CSP services are provided in settings chosen by the person that support full access to the greater community including opportunities to seek employment and work in competitive, integrated settings; engage in community life; control personal resources; and receive services to the same degree of access as people not receiving IDD CSP services.

## 9. Outcomes

- a.) During the person-centered planning process, individual outcomes are developed based on the person's perspective. Outcomes must reflect what is important to a person to meet his/her identified outcomes.
- b.) The outcome of each service and/or support (IDD CSP or other service) is the intended result desired by the person receiving services.
- c.) The outcomes must be individualized.
- d.) The IDD Targeted Case Manager assists the person in meeting their identified outcomes by locating and coordinating supports and services.

## 10. Other Supports/Services (paid and unpaid)

- a.) If the person is receiving any other supports/services other than through the IDD CSP, identify those supports in the Plan of Services and Supports under Non-Waiver Agency Supports. List the agency, contact name, phone number if known, service, and how and when support is provided. These services could include: social, vocational, recreational (clubs, senior citizen center), behavioral health, and housing.
- b.) Natural supports section can include friends, church members or others who are important to the person. The person and their families need to know they can invite natural supports to the PSS meeting.
- c.) Services/supports a person may not be receiving but has been identified as a need to remain at home and in the community must also be listed. The Plan of Services and Supports must identify who is responsible for assisting the

person in obtaining any desired/needed services/supports. This should be included in the PSS under “Questions/Things to figure out”. The responsible party could be the TCM, a parent, a provider, or other natural supports.

- d.) If a service is needed and an identified party (as listed above) is in the process of linking the person with the service, there will not necessarily be a provider. This information will be completed when a provider is identified, and the service(s)/support(s) begin.
- e.) Other Supports/Services are included on the Plan of Services and Supports so the IDD Targeted Case Manager can ensure all services provided are coordinated to address each person’s unique situation. This also helps avoid duplication of services.

## 11. Frequency

- a.) The frequency of services involves two parts: 1) the number of hours per month or days per week; and 2) if the service is provided daily or monthly. IDD Targeted Case Managers request the frequency of IDD CSP services based upon the expressed desires of the person and/or legal representative and others participating in the Person-Centered Planning process.
- b.) Each service has limits. The IDD Community Support Program (1915i) Procedure Code Fee Schedule indicates the maximum allowable units along with procedure codes. This document can be found on the Medicaid Website (<http://medicaid.ms.gov/wp-content/uploads/2019/02/IDDD-CSP.pdf>) and in Part II Supplemental Documents – Medicaid’s ID/DD Community Support Program (1915i) Procedure Code Fee Schedule.
- c.) Prevocational Services and Day Services Adult cannot be received at the same time of the day. Supported Employment can be provided on the same day (not same time) as Prevocational Services or Day Services Adult if services are not billed more than the approved amount on the Plan of Services and Supports. Providers must make sure the person signs out of Prevocational Services or Day Services Adult to go to Supported Employment, if Supported Employment is provided during those hours.
- d.) Enter the name of the provider the person chooses for each service.
- e.) A person cannot have more than one provider for one service but may choose different providers for each service. For example, a person that receives Day Services Adult can choose one provider for Day Services Adult. If the person also receives Prevocational Services, he/she may choose the same provider for Day Services Adult or may choose another provider for Prevocational Services.

## 12. Service Begin Date and End Date for IDD CSP Services

- a.) The Service Begin Date for a new enrollment is the Effective Date entered by Division of Medicaid (DOM) in the Overall Decision in LTSS. The Service



Begin Date is the date the service becomes billable. The Service Begin Date for recertification is the beginning of the recertification period.

b.) The Service End Date is the last day of the certification period.

For example, a new enrollment Effective Date in the Overall Decision indicates 7/15/2021. The Service Begin Date for the provider will be 7/15/2021 and the Service End Date will be 6/30/2022. The person's recertification Service Begin Date will be 7/1/2022.

c.) When a person changes providers or services during the year, the TCM must coordinate the date the service ends with one provider and begins with another provider or when an additional service begins. Preference is to make any changes at the beginning of a month (person-centered exceptions include living arrangements for Supported Living and locating jobs with Supported Employment Maintenance).

13. Plans of Services and Supports are continually reviewed and revised to ensure approved IDD CSP Services and Other Supports/Services are appropriate and adequate to meet the person's support requirements. At least annually, the Plan of Services and Supports is reviewed/updated for the recertification.

14. The person has a choice of services and providers. The Freedom of Choice forms and other required documentation are explained to and signed by the person and/or legal representative at the PSS meeting. The person/legal representative must receive a copy of all forms signed. Copies must be made available to them within five (5) days of the approved Overall Decision.

15. The following forms are required and attached in the Application packet in LTSS. These forms must be updated annually:

a.) Consent(s) to Release/Obtain Information for each provider identified on the PSS (and others as needed) are signed before any information is released to a provider. This form can be dated annually or the TCM can enter the event to expire as "until termination of provider". (Refer to DMH Record Guide for instructions.)

b.) Documentation of Choice of Provider – TCM must be included on this form. (Refer to Part III Forms – Documentation of Choice of Provider)

c.) Documentation of Choice of Services - IDD Targeted Case Management is a service and should be included. (Refer to Part III Forms – Documentation of Choice of Services)

d.) Rights of Persons Receiving Services (Refer to DMH Record Guide)

e.) Consent to Receive Services (Refer to DMH Record Guide)

- f.) Acknowledgement of Grievance Procedures (Refer to Record Guide)
  - g.) Acknowledgement of Receipt of Notice of Privacy Practices (Refer to Part III Forms – Receipt of Notice of Privacy Practices).
16. The following documents are required and attached to the PSS in LTSS:
- a.) IDD Risk Assessment Tool is completed during gathering of Part 1: Essential Information for the PSS. (Refer to Part III Forms – Risk Assessment Tool)
  - b.) The Signature Page is signed by the Person, legal representative (if applicable), and Each person present to document who attended the Plan of Services and Supports meeting. Also include the names of people who contributed but did not attend the PSS meeting and the date information was received from that person. (Refer to Part III Forms – Signature Page. This page can be modified as long as all elements are included.)
  - c.) The Relationship Map, Skills, and Notes captured at the Plan of Services and Supports meeting. The TCM's name should be listed on the Relationship Map. Date all forms used during the PSS meeting. (Refer to Part III Forms – PSS Skills)
  - d.) Face Sheet as required by the DMH Record Guide. The Face Sheet should be completed during the initial process and updated annually. The Face Sheet should be given to the designated Regional Center's staff who is responsible for entering service data into the DMH database system. The Face Sheet is uploaded into the PSS.
17. The assigned TCM completes the PSS as outlined in the DMH Record Guide and submits to the TCM Director/Supervisor. The TCM Director/Supervisor/Designee approves and submits the PSS/Application Packet to the Division of IDD CSP (known as BIDD in LTSS).
18. The Division of IDD CSP has thirty (30) days from the date of receipt of all information outlined above to make a determination regarding whether the person meets all requirements for admission.
19. The Division of Medicaid determines the initial enrollment date and submits an Overall Decision in LTSS.
20. Refer to the DMH Record Guide and DMH Operational Standards for specific information regarding the Plan of Services and Supports development and content.

## **G. Receipt of Request for Clarification of the Plan of Services and Support**

Prior to the approval of a PSS, the IDD Targeted Case Manager may receive the PSS/Application packet back from the Division of IDD CSP with a Clarification Request. The IDD Targeted Case Manager provides the requested information/correction to the Plan of Services and Supports and resubmits the PSS/Application Packet in LTSS within five (5) business days when possible. Submission must be made prior to the person's recertification expiration and no longer than five (5) business days for an initial.

## **H. Receipt of Approved Initial Certification/Recertification**

1. After receipt of the approved initial certification/readmission/recertification through the Overall Decision in LTSS, the IDD Targeted Case Manager must mail the person a Notice of Determination of Services (Initial, Readmission or Recertification) within five (5) days of receiving the certification. The Notice of Determination of Services letter is created in LTSS under Programs/Letters. The IDD Targeted Case Manager must also call to inform the person of approval. The IDD Targeted Case Manager will document all contacts in LTSS Case Management/Service Notes. (Refer to the Home page of LTSS - Training Manuals, Webinars, and FAQs, ID/DD: LTSS MS IDDD Letters User Manual.)
2. The IDD TCM should contact the IDD TCM Director/Supervisor in the event an Overall Decision has not been received by the predicted month start date. There may be issues with the person's Medicaid eligibility or other factors. The IDD TCM Director/Supervisor may contact the Division of IDD CSP staff for any needed follow-up or instructions.
3. A Service Authorization must be sent to all providers within five (5) days of the Overall Decision from DOM that includes the service(s) approved, the date the service(s) is authorized to begin, the number of hours/frequency approved, and the service start date and end date. Any service provided before the date of the Service Authorization is not reimbursable. The Plan of Services and Supports and any updated evaluations must also be sent to agency providers. (Refer to the DMH Record Guide for a copy of the Service Authorization and instructions.)

## **I. Changes to the Plan of Services and Supports**

1. The Plan of Services and Supports (PSS) is a living document that is meant to be revised throughout the year as a person's situation changes. Revisions can be made to any section of the PSS. Examples of possible areas which may need to be revised are:

- a.) If a person has a change in Supported Living location/provider, the Family/Current Living section must be updated to reflect the new information. The person's address in the Persons Profile section may need to be updated along with the Need to Know section.
  - b.) If a person has a change in Supported Employment, the Employment section may need to be updated as well as the Need to Know section.
  - c.) Other possible areas are physicians, medications, risks, etc.
2. IDD Targeted Case Managers must have approval from the Division of IDD CSP prior to:
- a.) Adding any IDD CSP service to the PSS. When changing services during the year, best practice is to make the change at the beginning of the month. Exceptions to this best practice involves Supported Living and Supported Employment which can have changes done at any time. The TCM must make sure to edit the number of weeks or months remaining within the certification period.
  - b.) Increasing hours provided. Hours must be justified within the How and When section of the CSP service section of the PSS.
3. The TCM must send the Notice of Determination (Modification of Services) to the person of the approved changes provided in LTSS within five (5) days of approval. (Refer to LTSS Letter User Manual, Create a Determination of Services letter - Modification of Services).
4. IDD Targeted Case Managers may make changes in the Plan of Services and Supports without Division of IDD CSP approval for the following:
- a.) Changes in certified provider based on the person's choice of provider. The IDD Targeted Case Manager must coordinate end date and begin date from one provider to another. Do not delete services from the PSS except on the recertification PSS. Services are edited to reflect the changes to the PSS.
  - b.) Termination of any service.
  - c.) Changes in the Other Supports/Services section of the Plan of Services and Supports.
  - d.) IDD Targeted Case Managers must send provider(s) a Service Authorization indicating any changes (frequency, start and end date, provider change, etc.) in the IDD CSP section of the Plan of Services and Supports. A copy of the Plan of Services and Supports must also be sent to the approved providers. This includes sending a Service Authorization with an end date to previous provider and a Service Authorization with the begin date to a new provider.
  - e.) Document in the Service Notes.

5. The TCM will provide the person and/or legal representative and provider(s) with a copy of the updated PSS.

## **J. Recertification Process**

1. Continuing eligibility for the IDD CSP must be determined at least annually.
2. All documents/forms are updated annually within ninety (90) days of the end of the person's certification period.
3. The IDD Targeted Case Manager will complete an ICAP with the person most familiar with the person's daily living skills within forty-five (45) to ninety (90) days of the end of the person's certification period. If the person has had a significant change in ICAP Score and/or change in need for assistance in needs-based criteria set by the IDD CSP, the person must be referred to Diagnostic and Evaluation (D & E) Department for further assessment. The ICAP is entered into the person's record in LTSS under Screenings and Assessments.
4. The IDD Targeted Case Manager schedules and facilitates the annual Plan of Services and Supports meeting with the person, legal representative (if applicable), service providers, and any others the person chooses, forty-five (45) to ninety (90) days prior to the end of the person's certification period. The IDD Targeted Case Manager enters the Plan of Services and Supports into LTSS under Programs/Plan of Services and Supports.
5. The IDD TCM submits the PSS to the IDD TCM Director for review.
6. Once the IDD TCM Director/Supervisor approves the PSS, the IDD TCM Director/Supervisor/Designee submits the PSS/Application packet to the Division of IDD CSP (known as BIDD in LTSS). Recertification PSSs are due to the Division of IDD CSP forty-five (45) days prior to end of current certification period.
7. The Division of IDD CSP reviews the Application packet and PSS and approves in LTSS or requests a clarification from the TCM. If a request for clarification is sent, the TCM has five (5) business days to resubmit.
8. After approval, the IDD Targeted Case Manager will receive an Overall Decision from Medicaid via LTSS. See Section **G H** Receipt of Approved Recertification for the next steps. *(revision 1/18/2022 – referenced section changed from G to H)*
9. If the person's recertification PSS has been modified by the Division of IDD CSP (i.e. service reduction, denial, or frequency of service), the Targeted Case Manager would create a Letter of Notice of Determination (Modification of

Services) and mail to the person or representative along with the Process for Appealing Reduction, Denial, and Termination of CSP. (Refer to Part II Supplemental Documents - Appealing Reduction, Denial, and Termination Instructions.) A person appealing to the Division of Medicaid (DOM) should include on the envelop the word "Appeals" for the letter to go to the appropriate DOM staff.

10. If a person's recertification is denied/terminated because the person no longer meets eligibility requirements, the IDD Community Services Office / Division of IDD CSP notifies the person and sends a copy of all communication to the IDD Targeted Case Manager Director and Targeted Case Manager. The information is entered into the person's record in LTSS. The person has the right to appeal the decision. (Refer to Part II Supplemental Documents – Appealing Ineligibility Instructions.)

## **K. Discharge Process**

1. Reason(s) a person can be discharged from CSP/TCM can include:
  - a.) Voluntary Discharge – the person no longer wants services.
  - b.) Loss of Medicaid benefits – If a person loses their Medicaid benefits, the TCM must assist the person in attempting to get benefits reinstated. The TCM should include in the Service Notes how they assisted the person in attempting to reinstate their benefits. The TCM should include in the Service Notes the reason the benefits could not be reinstated, if applicable. The person will need to be discharged if Medicaid benefits cannot be reinstated.
  - c.) Moves out of state
  - d.) Non-use of TCM services – Prior to discharging someone from TCM/CSP services, the TCM must attempt to contact the person/legal representative multiple times during the month as well as follow-up with the provider. After the first month, the TCM must go to the person's home in an attempt to make contact. If this attempt fails, an additional phone call should be attempted. A "No Contact" letter is sent to the person/legal representative. (Refer to Part II Supplemental Documents – No Contact Sample Letter). If no contact has been made after all the above attempts, the person can be discharged.
  - e.) No longer meets program eligibility requirements (include Appealing Ineligibility Instructions located in Part II Supplemental Documents).
  - f.) Enrolled in the ID/DD Waiver or other Medicaid HCBS Waiver program
  - g.) Category of Eligibility changes to an ineligible category
  - h.) Admitted to an institution such as an Intermediate Care Facility / Individuals with Intellectual Disabilities (ICF/IID) or Nursing Facility (NF).

2. The Targeted Case Manager completes the ~~Notification~~ *Notice of Discharge* form and mails to the person and/or legal representative within 10 days of discharge and prior to completing the Overall Decision in LTSS. *The Notice of Discharge form is created in LTSS under Programs/Letters. The Notice of Discharge letter should be uploaded into LTSS under Attachments/Other. (Refer to Part III Forms – Notification of Discharge.) (Refer to the Home Page of LTSS – Training Manuals, Webinars, and FAQs, ID/DD LTSS MS IDDD Letters User Manual.) (Revised 1/18/2022)*
3. The IDD Targeted Case Manager must enter the specific reason the for discharge in the Case Management/Service Notes and any discussion. All final contacts regarding the person must be entered in the Service Notes prior to completing the Overall Decision Discharge.
4. The TCM should discard any “In Progress” PSS or Application Packet. If there is a PSS that has a “Clarification Requested”, the TCM Director/Supervisor must discard the PSS.
5. All CSP services should have zero balanced Service Authorizations sent to providers ending services. *When someone is discharging to go to a Waiver program, the zero balanced Service Authorization may be sent 1 -2 weeks prior to discharge.* The provider should sign and return the Service Authorizations back to the TCM. The TCM should place the Service Authorizations in LTSS under Attachments/Other. *(revision 1/18/2022)*
6. The IDD Targeted Case Manager Director/Supervisor un-assigns the TCM from the person’s record in LTSS.
7. The IDD Targeted Case Manager Director/Supervisor discharges the person in LTSS through the Overall Decision and must notify the Division of IDD CSP by email within ten (10) days of discharge with the person’s LTSS ID# and date of discharge. The Overall Decision Discharge must be the last step of the process. Make sure the date is the last date anything can be billed.

## **L. Significant Change – Need for Psychological Review**

1. The following must be referred to D&E for further assessment at recertification:
  - a.) The ICAP has significantly changed (more than two (2) points in Service Level)
  - b.) The person does not require assistance in at least two (2) of the major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.
2. For persons found not eligible, D&E staff will inform the person and/or legal representative, if applicable, in writing of their findings and include a copy of the IDD CSP Appealing Ineligibility Instructions. The TCM director will be copied on the letter. (Refer to Part II Supplemental Documents - Appealing Ineligibility Instructions.)

## **M. Transfers**

1. If a person transfers from one IDD Regional Program catchment to another, he/she is NOT discharged from the IDD CSP. The Transfer Form is completed and uploaded into LTSS under the Attachments/Other section. (Refer to Part III Forms – Transfer Form.)
2. The sending IDD TCM Director must contact the Division of IDD CSP Director or staff regarding the transfer. The Division of IDD CSP Director or staff will edit the person's record to include the county the person is "moving to". This will allow both IDD Regional Programs access to the person's record.
3. The sending Regional Program informs the family who to contact in the receiving IDD TCM office. Additionally, the person's sending IDD Targeted Case Manager follows-up with the receiving Regional Program to ensure contact has been made.
4. Careful coordination between the IDD Targeted Case Managers of both Regional Programs helps ensure there is no break in service for the person. The sending TCM will complete the change request if the family has chosen the new provider and date that they will begin services.
5. Depending on the service, he/she may keep their same provider or may need to choose a new one based on the area where he/she is moving.
6. Coordination of the Service Authorizations end and begin dates must be done as well. The sending TCM completes the end date of their Service Authorization and the receiving TCM provides the new provider the new Service Authorization with the begin date.
7. Document the steps taken in the Service Notes immediately so it is clear what is taking place.
8. The sending TCM should copy all the Service Notes for the person's entire certification year and upload into LTSS Attachments/Other of the person's record. The receiving TCM will not have access to Service Notes entered by the previous TCM once the transfer is final.
9. After the above steps have been completed, the sending TCM Director/Supervisor should review the record before un-assigning the TCM.

## **N. IDD Targeted Case Management Service Notes**

1. IDD Targeted Case Management (TCM) Service Notes are used to document all contacts with or on the behalf of person receiving IDD TCM and/or IDD CSP



services. Service Notes are documented in LTSS/Case Management/Service Notes. Service Notes should be entered into LTSS the day they occur when possible, but no later than five (5) days after contact.

- a.) Service Note entry should begin during the initial enrollment. The TCM should enter Service Notes of contacts including the coordination of the PSS meeting and other activities of the enrollment process for CSP and TCM services.
  - b.) If the person is not enrolled in IDD CSP service(s) and receives TCM only, the TCM must make at a minimum of one monthly contact with the person and/or legal representative. The goal is to assist the person with finding resources, services, and supports within their community. The Service Note should indicate the type of services and supports that have been identified and are assisting the person.
  - c.) Monthly contacts to the person and/or family member/legal representative must begin within five (5) days of the referral date to TCM.
  - d.) IDD Targeted Case Managers must stay in contact with each person on their caseload to be able to determine any emerging needs so they can be addressed as quickly as possible and documented.
  - e.) If the person has IDD CSP services, the IDD Targeted Case Manager must observe one of the person's services and speak with one of the person's provider(s) of that service at least quarterly. If a person has multiple providers, rotate providers quarterly to see all providers within the certification year. The contact must take place at the service site and with the staff that provides direct service to the person or his/her immediate supervisor.
  - f.) For Supported Living, the TCM must conduct a visit to the home with the provider present at least once per certification year.
  - g.) For Supported Employment, contact must be made with the job coach to see if you can observe the person on the job. If not, then the contact needs to include the job coach's description of how the person is doing on their job.
  - h.) Contact with third party providers such as MS Department of Rehabilitation Services, Community Mental Health Counselors or Case Managers must be documented in the Service Notes. Referrals for these services should be made if the person agrees and is applicable. If a person has provided consent, contact with these supports is recommended at least annually or more often if appropriate.
  - i.) The Service Note must be person-centered and individualized. Service Notes should tell the person's story and include follow-up information regarding medical appointments and other important issues.
2. The following MUST be included within each Service Note type.
- a.) Date contact occurred (month, day, year)
  - b.) Indicate whether the contact was either monthly or quarterly

- (1) The method of a monthly contact can be face-to-face or by telephone.
- (2) The method of a quarterly contact must be face-to-face at the service or program site, with all service sites being seen throughout the certification year. If the person has TCM only, the quarterly would be face-to-face with the person.

Note: If the IDD Targeted Case Manager is unable to conduct a quarterly within the specified time lines because of extenuating circumstances such as the person is in the hospital, the legal representative is out-of-town, the person is not at the service site at the scheduled time, etc., the TCM must document the reason(s) why and reschedule the missed visit at the earliest time possible. The visit must take place.

- c.) Indicate place of contact (if in person) or if contact is by telephone.
  - d.) The name of the person(s) with whom the contact occurred and their relationship with the person receiving supports.
  - e.) Detailed description of the contact.
  - f.) If the TCM is unable to make contact with the person/legal representative, the TCM must make multiple attempts during the month in an effort to make contact with the person/legal representative as well as follow up the provider. Attempts must be documented in the Service Notes. After the first month, the TCM must go to the person's home in an attempt to make contact. If attempt fails, an additional phone follow-up should be made and a letter sent to the person/legal representative. (Refer to Part II Supplemental Documents – No Contact Sample Letter for letter that can be used.)
3. Monthly Service Notes should include who, what, when, where, how and the following details:
- a.) Information about the person's health and welfare, including changes in health status (has the person been to the doctor, what did the doctor say, any new medications, illnesses), changes in living arrangements and/or family situations.
  - b.) Satisfaction with current service(s)/provider(s), both IDD CSP Services and Other Supports/Services
  - c.) Document the utilization of each service as indicated on the Plan of Services and Supports. If the person is not utilizing the service, there should be documentation to indicate why. Review of service utilization via the Monthly Expenditures for CSP Recipients report (known as the Utilization Report) generated by the Division of Medicaid (DOM).
  - d.) Information addressing whether the amount/frequency of service(s) listed on the approved Plan of Services and Supports remains appropriate.

- e.) Follow-up activities regarding issues/needs identified from previous contact with person or provider(s).
  - f.) Review of Activity Support Plans developed by agency providers which provide IDD CSP services to the person. Determine if progress is being made on desired outcomes or do changes need to be made. Document activities in which the person has been participating and places within the community the person has chosen to go.
  - g.) Information addressing the need for any new services (IDD CSP and other Supports/Services) based upon expressed needs or concerns or changing circumstances and actions taken to address the need(s).
  - h.) Inform the person of choice of providers including any new agencies and the services they provide.
  - i.) Inquire if the person has received anything from the Division of Medicaid or the Social Security Administration regarding their Medicaid benefits/eligibility.
4. Quarterly Service Notes must include the following details:
- a.) Information about the person's health and welfare including:
    - (1) Changes in health status (has the person been to the doctor, what did the doctor say, any new medications, illnesses), changes in living arrangements and/or family situations.
    - (2) Serious incidents – should be reported to the TCM. This does not mean you will receive a serious incident report form.
  - b.) Information about the person's satisfaction should be included with all current service(s) and provider(s), both IDD CSP services and other supports/services. For Supported Employment – Job Maintenance, include the person's satisfaction with his/her job and specify the job. For Supported Employment – Job Development, discuss what progress has been made towards locating a job, where they have interviewed, or any prospective employers.
  - c.) Information addressing if there is a need for a new service(s) (IDD CSP and/or other supports/services) based upon expressed needs, concerns, or changing circumstances and actions taken to address the needs, concerns, and/or circumstances.
  - d.) Documentation of the utilization of each service as indicated on the Plan of Services and Supports. If the person is not utilizing the service, there should be documentation to indicate why. Review of service utilization via the Monthly Expenditures for CSP Recipients report (known as the Utilization Report) generated by the Division of Medicaid (DOM).
  - e.) Documentation of the progress on the Activity Support Plan as it relates to the PSS Outcomes of the service being observed at the quarterly visit. Document

activities that the person has been participating and places within the community the person has chosen to go.

f.) Documentation of preferred choices and activities, rights, and privacy in all aspects of a person's life. For a day services site and at the Supported Living service site of the provider owned/controlled facility or Supervised Living home, the TCM must address the Final Rule through observation and asking the person/staff follow-up questions that include: (Refer to Part II Supplemental Documents – Home and Community-Based Services (HCBS) Final Rule)

(1) Does the person have access to food at any time of the day?

(2) Can the person eat where and when they want to eat?

(3) Can the person move about the location freely?

(4) Does the person have a place to securely store their personal belongings such as a locker or their bedroom?

(5) Does the person have keys for the locker or bedroom?

(6) Does the person know how to get a key if they want a key?

(7) Does the person have privacy when receiving any medication or medical treatment?

(8) Is the location free of displayed personal information such as calendars or documents posted on walls?

(9) Can the person go alone to an activity?

(10) Does the person have to go on an outing or event if they want to stay at the program or home?

g.) Documentation of preferred choices and activities in all aspects of a person's life (does the person have access to their personal money; a choice to eat meals at different times or locations; go on outings alone or as a group; not subjected to restrictions that are not on their PSS, including the ability to go outside the building by themselves; etc.).

h.) Documentation of a person's rights and privacy at a day program service site (personal items secured, does the person have a key/lock for a locker or lock box if desired, is there documentation if person chooses not to have personal items secured).

i.) Documentation of person's rights and privacy at the Supported Living service site of the provider owned/control facility or Supervised Living home (such as does the person have a key to their home and bedroom; can the person move about the home without restrictions including going outside alone; have

visitors as they choose; receive medications, if applicable, in privacy; and have access to their money).

j.) The areas that must be addressed with agency staff are:

- (1) The person's progress towards meeting outcomes on the Activity Support Plan
- (2) Any significant events which have taken place regarding the person
- (3) Any needs the staff thinks the person might have that are not being addressed
- (4) Follow up of the person's rights including privacy, keys and/or locks on lockers or bedrooms, access to their money, right to food when hungry and a choice of what to eat and where and with whom to eat.
- (5) Other information that the person requests to be discussed with the agency staff including information the IDD Targeted Case Manager or staff person deem pertinent.

5. The following are types of information to be maintained in the Service Notes in addition to requirements from the other sections:

- a.) All contacts IDD Targeted Case Managers make about a person. Document the reason for the contact as well as the content. Also document all attempts to contact the person.
- b.) All follow-up activities
- c.) Calls to/from third parties
- d.) The IDD Targeted Case Managers' activities in helping people get what they need (IDD CSP Services and Other Supports/Services)
- e.) Calls to providers to ask questions about or discuss someone's services
- f.) Serious incidents the IDD Targeted Case Manager are made aware of by phone, email, or in person. Provide details about the incident and any action(s) taken by the IDD Targeted Case Manager and report to DMH according to established procedures.
- g.) Calls from providers - include the name of the provider, the service, the issue(s), and any necessary follow-up actions needed as a result of the call
- h.) When, why and what type of information is received about a person
- i.) When, why and what type of information is sent to a provider or other party about a person

- j.) When and why change in providers and/or type/amount of service(s) is requested
- k.) Reason for discharge from the IDD CSP
- l.) Change in IDD Targeted Case Manager. Document reason of change if applicable, how (on phone, face-to-face) a person is informed, and arrangements for him/her to meet the new IDD Targeted Case Manager. Also document the date the previous IDD Targeted Case Manager informs the new IDD Targeted Case Manager of any outstanding needs or requests to be addressed.
- m.) Other situations based on individual circumstances

## **O. Home and Community Based Services Final Rule**

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule effective March 17, 2014 which amends the requirements for qualities of home and community-based settings. These requirements reflect CMS's intent that individuals receive services and supports in settings that are integrated in and support full access to the greater community. The Final Rule requires the use of a person-centered planning process to develop a participant/beneficiary's annual Plan for Services and Supports (PSS).

1. The HCBS Final Rule protects the person's rights of privacy, dignity, and respect.
  - a.) Any modification/restriction to a person's rights must be associated with the person's specific needs/risks and addressed in the PSS (documented in Risk Assessment and Person-Centeredness sections). A person with any limitations or restrictions must be addressed with the specific circumstances and techniques in the Person Centeredness section.
2. The HCBS Final Rule set requirements for person-centered planning.
  - a.) The PSS is developed by the case manager with the person directing the plan to the greatest extent possible. The person chooses who is at the PSS meeting (family/responsible party, providers, and anyone else the person chooses). The PSS occurs at least annually and at times/location convenient to the person.
  - b.) The PSS contains the elements required by the Final Rule such as important to; important for; choice of services/providers; risks; person's skills, abilities, and support needs; meaningful person-centered activities.
3. The HCBS Final Rule ensures people have a choice of settings including non-disability specific settings.

- a.) “Non-disability specific” in the context of this regulation means that among the options available, the individual must have the option to select a setting that is not limited to people with the same or similar types of disabilities. This could include other services based out of their home or a provider-controlled setting that includes people with and without disabilities.
4. The HCBS Final Rule ensures people have a choice of services and who provides them.
- a.) People must be provided opportunities to seek employment and work in competitive, integrated settings.
  - b.) Providers are not allowed to “bundle” services (example: requiring a person living in their Supervised Living home to receive all services from them).
  - c.) Providers should look for ways to enhance and optimize independence.
  - d.) People have a right to control their own schedules and activities.
  - e.) People should have control of their own personal resources (informed risk).
  - f.) Services allow opportunities for engaging in community life.
  - g.) Services should not be regimented, and staff should not be choosing activities and schedules. The person should be a part of the planning process.
  - h.) Community integration should be to the same degree as other people without disabilities.
  - i.) Homes should be typical to other homes in the neighborhood and not appear “institutional” or be isolating compared to other homes in that community.
- (Refer to Part II Supplemental Documents – Home and Community-Based Services (HCBS) Final Rule flyer for additional information.)

## **P. Billing Procedures**

1. IDD Targeted Case Managers must follow Billing Guidelines set by the Division of Medicaid (DOM). (Refer to the Medicaid’s website: [www.medicaid.ms.gov/providers/billing-manual/](http://www.medicaid.ms.gov/providers/billing-manual/))
2. IDD Targeted Case Managers may bill at the rate set by DOM (1 unit per month). (Refer to Part II Supplemental Documents – Medicaid’s ID/DD Community Support Program (1915i) Procedure Code Fee Schedule.)
3. The IDD Targeted Case Manager is required to keep detailed service notes that describe all contacts with the person, family, service providers, and other people

or entities as needed to manage/coordinate the person's supports and services.  
(Refer to Section N: IDD Targeted Case Management Service Notes for details.)

## **Q. Electronic Verification Visits (EVV)**

1. Electronic Verification Visits (EVV) are for in-home services including IDD CSP Supported Living services.
2. In December 2016, Congress enacted the 21<sup>st</sup> Century Cares Act, which requires states to implement EVV for Medicaid-financed Personal Care Services and Home Healthcare Services by January 1, 2020, and January 1, 2023, respectively, to avoid a reduction in federal Medicaid funding. The Act contributes to Mississippi Medicaid's mission of responsibly providing access to quality health coverage for vulnerable Mississippians. ([www.medicaid.ms.gov/resources/msevv/](http://www.medicaid.ms.gov/resources/msevv/))
3. In 2021, Medicaid determined the EVV system would include IDD Community Support Services - Supported Living services.
4. Medicaid contracted FEI to enhance their software. CareVisit is a comprehensive, full-featured Electronic Visit Verification software product that enables state agencies, managed care organizations, and case managers to monitor the delivery of home and community-based personal care and home healthcare services, and expedites members' safety reporting.
5. LTSS home page will have training and manuals available for TCM staff and providers to reference.
6. The TCM and TCM Directors/Supervisors are required to understand how the software works and assist providers when authorization is provided.

## **R. Division of Medicaid Reports**

1. Service Utilization Report
  - a.) Each month, the Division of IDD CSP receives DOM's Monthly Expenditures for CSP Recipients report (known as the Utilization of Services Report). This report covers IDD CSP service utilization information for each enrolled person. The report contains information about the person's utilization of CSP services two (2) months prior to the receipt of the report.
  - b.) The Division of IDD CSP staff will forward the report to the TCM Directors. The TCM staff reviews each person's utilization of CSP services with the person/legal representative as compared to the person's PSS that was effective that month.



- c.) The TCM documents their review in the Service Notes and indicates if a discrepancy was noted. If a possible discrepancy was noted in the hours of services provided compared to the PSS, the TCM should document in the Service Notes and inform the TCM Director and Division of IDD CSP in writing, by email, using the person's LTSS ID number (#).
- d.) The Division of IDD CSP staff will inform DOM of the possible discrepancy noted.

## 2. Monthly Lock-in Verification Report (LIVR)

- a.) The Division of IDD CSP receives DOM's Monthly CSP Enrollment report (known as the Lock-In Verification Report or LIVR) at the first of the month. The LIVR provides the enrollment of recipients for the month prior.
- b.) The Division of IDD CSP staff will forward the report to the TCM Director. The TCM checks the report to ensure all recipients' Lock-In Enrollment Dates are correct and they are listed in the report.
- c.) If a discrepancy is found, the TCM will report this information to the TCM Director/Supervisor. Discrepancies may include a person's name that is missing, a person's name is on the report that should not be listed, the Lock-In information is incorrect, etc. The TCM Director completes the LIVR indicating no discrepancies or listing the discrepancies by the tenth (10<sup>th</sup>) of the month. The LIVR report is submitted to the Division of IDD CSP. (Refer to Part II Supplemental Documents – Lock-In Verification Report.)
- d.) The Division of IDD CSP will submit the Lock-In Verification Report to DOM.

## S. Reporting to the Office of Consumer Supports

1. *The IDD Provider must report Serious Incidents using the DMH electronic reporting system as outlined in the DMH Operational Standards and the DMH Record Guide. The TCM must report Serious Incidents involving persons served during provision of services as indicated in the DMH Record Guide, Section K. Examples include abuse, neglect, suicide attempt, death, elopement of over 24 hours, emergency hospitalization or treatment. Serious incidents must be reported as soon as possible and not more than twenty-four (24) hours or the next working day after the incident by telephone.*

*When the TCM is a witness to a Serious Incident, the TCM would report the incident to DMH Office of Consumer Supports.*

DMH Office of Consumer Supports is located at 239 North Lamar Street, Suite 1101, Jackson, MS 39201. Their fax number is 601-359-9570 and phone number is 601-359-6149 or 1-877-210-8513 (DMH Helpline).

*The TCM is required (mandatory) to report abuse, neglect, and exploitation to:*

- a.) *Attorney General's Office and Medicaid Fraud Control Unit*,  
<https://www.ago.state.ms.us/divisions/medicaid-fraud-control-unit/abuse-neglect-and-exploitation-complaint-online-form>
  - b.) Mississippi Department of Human Services/ MS State Department of Health  
1-800-222-8000 *(revised 2/7/2022)*
2. *When reporting a serious incident provided to the TCM that happened but was not witnessed by the TCM, the incident should be reported to the DMH Office of Consumer Supports by phone at 601-359-6149 or email to Veronica Vaughan [veronica.vaughn@dmh.ms.gov](mailto:veronica.vaughn@dmh.ms.gov) and Falisha Stewart [falisha.stewart@dmh.ms.gov](mailto:falisha.stewart@dmh.ms.gov). (revised 2/7/2022 & 6/29/2022)*
3. Information to include when reporting to the DMH Office of Consumer Supports:
- a.) Date and time of Incident/Event
  - b.) Name of Person receiving services
  - c.) Name of Provider (agency and staff name)
  - d.) *Physical Location*
  - e.) Detailed account of incident/event/complaint, *including what led to the incident*
  - f.) *Consequence of incident*
  - g.) Names of people involved including witnesses, if applicable
  - h.) *Notifications (revised 2/7/2022)*
4. If a person has a problem regarding the provider and services, those are not consider Serious Incidents, and the TCM would remind the person/legal representative of the grievance process of the provider. If the person feels the process is not working or they are not being heard, the TCM should offer to set up a meeting to discuss the situation with the provider and person. If the person/legal representative is still unsatisfied or is unwilling to meet, the TCM should provide the person/legal representative the DMH Helpline phone number. If the person is unable to report for themselves, the TCM can assist by reporting to the DMH Office of Consumer Support by phone or *email as indicated in #2. (revised 2/7/2022)*

## **T. Miscellaneous Information**

- 1. Risk factors should be documented on the Risk Assessment form and in the PSS under Risk Assessment and the Things to Know sections. If there are "Questions/Things to figure out" due to risk factors, that should be included in that section of the PSS.
- 2. Legal representative/guardian should be clearly identified in the Essential Information section of the PSS. The documents to support the legal representative/guardian should also be uploaded into the person's record and

named as guardianship or the type of document. (Refer to Part II Supplemental Documents – Naming of Documents in LTSS.)

3. Documents uploaded into a person's PSS should be named as the document with the date being the "date the person signed the form". Service Authorizations are to be dated using the date of the service. (Refer to Part II Supplemental Documents – Naming of Documents in LTSS.)
4. The Overview section of the PSS should include: explanation of exceptions - reason for TCM only (person receiving VR, in school until age 21, DSA provider has no openings), reason for PSS late submission (new TCM, person could not decide provider for DSA), reason for change request, and changes requested with recertification (requesting to add a service).
5. When making changes to PSS services, do not delete services previously approved for the certification period. Only delete services at recertification. Edit the number of months that service was provided.
6. People who have completed educational services and are under the age of twenty-two (22) must be referred to the MS Department of Rehabilitation Services and exhaust those Supported Employment benefits before being able to enroll in Prevocational Services. People under the age of twenty-four (24) must be referred to the MS Department of Rehabilitation Services before they enroll in Prevocational Services in a 14C work setting. (per DMH Operational Standards) *All referrals will need to be routed through MDRS State Office. Utilized the MDRS-SE-01 (see Part II Supplemental Documents) referral form for Supported Employment referrals. Submit all referrals and reports via email: [VRSEreferrals@mdrs.ms.gov](mailto:VRSEreferrals@mdrs.ms.gov) or fax: 601-853-5354 or mail: Supported Employment, P.O. Box 1698, Jackson, MS 39215-1698. (revised 1/18/2022)*
7. Acknowledgement of Receipt of Notice of Privacy Protection: To be complaint with 45 CFR § 164.502(b), 520(a-b), when using or disclosing protected health information (PHI), the Regional Center will explain and in writing disclose their Notice of Privacy Practice. The Regional Center's Notice of Privacy Practices will be provided prior to services, such as at initial evaluation and/or referral or admission to IDD Targeted Case Management and IDD Community Support Program (1915i). The Targeted Case Manager or designated Agency staff will provide to the person an Acknowledgement of Receipt of Notice of Privacy Practices form to be signed by the person or legal representative and returned to the Agency. The Targeted Case Manager will ensure the Acknowledgement of Receipt of Notice of Privacy Practices form is entered in the person's LTSS record for an initial enrollment and annually at recertification.
8. Supported Decision Making (SDM): The Arc of Mississippi, [www.arcms.org](http://www.arcms.org), in partnership with the Mississippi Department of Mental Health, provides Supported Decision-Making services state-wide, upon request, and without charge to the

person served. People who use supports in their daily lives may not have had opportunities to learn decision making. Decision making is an experiential skill. You have to do it to get good at it. Sometimes, because of illness or incapacity, people need immediate assistance and advocacy with decisions as they relate to safety, medical care, living arrangements, goods, and services. (Refer to the Arc of MS website for additional information and Part II Supplemental Documents – Supported Decision Making.)

9. The Photo/Video release form is to be completed for a person who has agreed to be involved in general publicity surrounding an event, such as IDD Awareness Month or a conference or presentation. The person agrees to grant permission for their personal information such as their name and supports and services to be included in videos or photographs for media purposes. The form must be completed in full with date and signature of person or legal representative. (Refer to Part III Forms – DMH Photo/Video Release)
  
10. *A zero balanced Service Authorization may be sent 1 – 2 weeks prior to someone discharging if they are going into a Medicaid Waiver program. This allows time for the provider to sign and return the Service Authorization prior to the Overall Decision. If something were to happen and they do not enroll into a Waiver program, the TCM can send another Service Authorization to the provider to continue with the service if this is what the person wants to do. (revised 1/18/2022)*

