

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 03/01/06 Date:
Section: Early Intervention/Target Case Management Program	Section: 75.01 Pages: 1	Cross Reference:
Subject: Introduction		

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

The Division of Medicaid (DOM) staff is directly responsible for formulating program policy. The DOM is assisted in the program's operation and in potential changes in the program by state agencies, private and public providers, and the members of who have expertise in specific areas of Medicaid-covered services.

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Subject: Provider Participation	Cross Reference:	

Providers

Qualified providers shall be state agencies, private and public providers and their subcontractors meeting the following Medicaid criteria:

1. Demonstrated successfully a minimum of three years of experience in all core elements of case management including:
 - assessment;
 - care/services plan development;
 - linking/coordination of services; and,
 - reassessment / follow-up.
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
3. Demonstrated experience with the target population;
4. Demonstrated the ability to provide or has a financial management system that documents services delivered and costs associated.

Case Managers

Each case manager must meet state requirements in providing services to children from birth to age three and at a minimum:

- Have a bachelor's degree in child development, early childhood education, special education, social work; or,
- Be a registered nurse and meet state requirements. Also,
- Two years experience in service coordination for children with disabilities up to age 18; or
- Two years experience in case management services to children under six years of age.

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Section: Early Intervention/ Target Case Management Program	Section: 75.03 Pages: 1 Cross Reference:	
Subject: TCM Activities		

Early Intervention /Targeted Case Management (EI/TCM) is an active ongoing process that involves activities carried out by a case manager to assist and enable a child enrolled and participating in a Mississippi Early Intervention Program to gain access to needed medical, social, educational and other services. Service Coordination to assist the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs identified on the Individualized Family Services Plan (IFSP).

These activities include:

- Arranging for evaluation and assessment activities to determine the identification of services as it relates to the child's medical, social, educational and other needs;
- Arranging for and coordinating the development of the child's IFSP;
- Arranging for the delivery of the needed services as identified in the IFSP;
- Assisting the child and his/her family, as it relates to the child's needs, in accessing needed services for the child and coordinating services with other programs;
- Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing service needs;
- Make a minimum of one face-to-face contact quarterly and documented successful contacts monthly;
- Obtaining, preparing and maintaining case records, reports, documenting contacts, services needed, the child's progress, etc.;
- Providing case consultation (i.e., with the service providers/collaterals in determining child's status and progress);
- Coordinating crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals and coordinating other needed emergency services); and,
- Coordinating the transition of an enrolled child to ongoing services prior to the child's third birthday.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X	Date: 03/01/06
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Section: Early Intervention/Target Case Management Program	Section: 75.04	
Subject: Quality Assurance and Monitoring	Pages: 1	
	Cross Reference:	

The Division will establish and maintain an assurance process that ensures a quality case management program and the delivery of necessary covered services that appropriately address the individual needs. The provider agrees to share data as part of the quality assurance program timely upon request by the Division. The providers will make available to the Division the documentation/records maintained for case management services with the following information:

- Case Management Needs Assessment to determine the services needed and requested by the individual;
- Service Coordination and Linkage to identify, assess, and link eligible individuals with the appropriate medical, social, and educational services to ensure that appropriate services are being provided while reducing duplication of services;
- Individual Service Monitoring to assure that all services are being appropriately delivered according to the Individualized Family Service Plan (IFSP) and in accordance with the established time lines.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 03/01/06 Date:
Section: Early Intervention/Target Case Management Program Subject: Freedom of Choice	Section: 75.05 Pages: 1 Cross Reference:	

The Division assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1920(a) (23) of the Social Security Act.

- Enrolled and participating recipients will have free choice of the available providers of case management services and
- Enrolled and participating recipients will have free choice of the available providers of other medical care under the plan.

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Section: Early Intervention/Target Case Management	Section: 75.06	
Program	Pages: 1	
Subject: Reimbursement	Cross Reference:	

DOM uses rate setting as a prospective method of reimbursement on both the state and federal level. This method does not allow for retrospective settlements. The rates are determined from cost reports and appropriate audits.

Standard rates will be re-determined annually in accordance with the Medicaid State Plan. DOM uses a fee-for-service reimbursement rate for private providers. In no case may the reimbursement rate for services provided under this manual exceed an individual facility's customary charge to the public for such services in the aggregate except for those public facilities rendering such services free of charge or at a nominal charge.