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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0021

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
September 28, 2021

Mr. Drew Snyder  
Executive Director  
Mississippi Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS  39201

Re: Mississippi State Plan Amendment (SPA) 21-0021

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (MS) 21-0021. This SPA proposes to allow the Division of Medicaid (DOM) to 1) revise coverage and payment methodology for extended services for pregnant and post-partum women who are at risk of morbidity or mortality, 2) set the fees for extended services for pregnant women the same as those in effect on July 1, 2021, and 3) remove the five percent (5%) reimbursement reduction effective July 1, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 447.201. This letter is to inform you that Mississippi Medicaid SPA 21-0021 was approved on September 23, 2021 with an effective date of July 1, 2021.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

[Redacted]

James G. Scott, Director  
Division of Program Operations

cc: Margaret Wilson  
Will Ervin
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER: 21-0021
2. STATE MS

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

4. PROPOSED EFFECTIVE DATE
   July 1, 2021

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. § 447.201

7. FEDERAL BUDGET IMPACT:
   FFY 2021: $0.00
   FFY 2022: $0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 3.1-A, Page 20a and 20b, page 1
   Attachment 4.19-B, Page 20a and b

9. PAGE NUMBER OF THE SUPERSeded PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 3.1-A, Page 20a and 20b, page 1
   Attachment 3.1-A, Page 20a and 20b, page 2-6 deleted
   Attachment 4.19-B, Page 20a and b

10. SUBJECT OF AMENDMENT:
    State Plan Amendment (SPA) 21-0021 is being submitted to allow the Division of Medicaid (DOM) to 1) revise coverage and payment methodology for extended services for pregnant and post-partum women who are at risk of morbidity or mortality, 2) set the fees for extended services for pregnant women the same as those in effect on July 1, 2021, and 3) remove the five percent (5%) reimbursement reduction effective July 1, 2021.

11. GOVERNOR'S REVIEW (Check One):
    ☑ GOVERNOR'S OFFICE REPORTED NO COMMENT
    ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
    ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

☐ OTHER, AS SPECIFIED:

TE AGENCY OFFICIAL:

☐ OTHER, AS SPECIFIED:

13. TYPED NAME: Drew L. Snyder

14. TITLE: Executive Director

15. DATE SUBMITTED: JUN 30 2021

16. RETURN TO:
    Drew L. Snyder
    Miss. Division of Medicaid
    Attn: Margaret Wilson
    550 High Street, Suite 1000
    Jackson, MS 39201-1399

17. DATE RECEIVED: 06/30/2021

18. DATE APPROVED: 09/23/21

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2021

20. SIGNATURE OF REGION:

21. TYPED NAME: James G. Scott

22. TITLE:
    Director, Division of Medicaid Program Operations

23. REMARKS:
Extended Services for Pregnant and Post-Partum Women up to sixty (60) days post-partum

1. Medical Risk Screening performed by a physician, nurse practitioner, physician assistant or certified nurse-midwife per pregnancy as medically necessary,

2. Screening, Brief Intervention, and Referral to Treatment (SBIRT) performed by a physician, nurse practitioner, physician assistant, certified nurse midwife, clinical psychologist, license clinical social worker (LCSW), licensed professional counselor (LPC), or licensed marriage and family therapist (LMFT).

Extended services for pregnant and post-partum women up to sixty (60) days post-partum who are at risk of morbidity or mortality from unstable medical and/or mental health conditions as determined by the Medical Risk Screening.

1. Initial nursing assessment and evaluation performed by a registered nurse (RN) per pregnancy unless medically necessary,

2. Nursing Services, per fifteen (15) minutes, to include health education, performed by a registered nurse,

3. Home visit for postnatal assessment and follow-up performed by a registered nurse per pregnancy unless medically necessary,

4. Nutritional assessment and counseling performed by a registered dietician or licensed nutritionist per pregnancy unless medically necessary,

5. Nutritional counseling and dietician visit per 15 minutes performed by a registered dietician or licensed nutritionist,

6. Mental health assessment performed by a non-physician practitioner per pregnancy unless medically necessary,

7. Behavioral health prevention education services performed by a mental health professional.
State: Mississippi

Methods and Standards For Establishing Payment Rates-Other Types of Care

Extended Services for Pregnant Women

Reimbursement will be on a fee-for-service basis. Payment will be the established Mississippi Medicaid fee.

The established fees were based on like procedures and services currently paid in the Mississippi Medicaid program. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of extended services for pregnant women. All rates are published on the agency’s website at www.medicaid.ms.gov/providers/fee-schedules-and-rates/.

TN # 21-0021 Date Approved 09/23/2021
Supersedes Date Received 06/30/2021
TN #17-0003 Date Effective 07/01/2021