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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 12-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



MAY 03 2013

David J. Dzielak PH.D.
Executive Director
State of Mississippi
Division of Medicaid
Walter Sillers Building
Suite 1000
550 High Street
Jackson, Mississippi 39201

Re: Mississippi State Plan Amendment 12-010

Dear Dr. Dzielak:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-010. Effective September 1, 2012, this amendment proposes to freeze per diem amounts for nursing facility services payments at the SFY 2012 rates.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of September 1, 2012. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Dicky Sanford at (334) 241-0044.

Sincerely,

//s//

Cindy Mann
Director

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 2012-010 | 2. STATE MS |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 4. PROPOSED EFFECTIVE DATE September 1, 2012 |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

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

| | |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR, Part 483 | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 (\$22,367,153) (\$8,796,421,650) ² |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D pg 99 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, pg 99 |

10. SUBJECT OF AMENDMENT:

The long-term care base rates will remain at the current level through state fiscal year 2012 (June 30, 2012). Rates will continue to be case-mix adjusted each quarter.

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:

| | |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: //s// | 16. RETURN TO: David J. Dzielak Mississippi Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399 |
| 13. TYPED NAME: David J. Dzielak | |
| 14. TITLE: Executive Director | |
| 15. DATE SUBMITTED: 09-07-12 | |

FOR REGIONAL OFFICE USE ONLY

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|--|---|
| 17. DATE RECEIVED: 09-07-12 | 18. DATE APPROVED: 05-03-13 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 09-01-12 | 20. SIGNATURE OF REGIONAL OFFICIAL: //s// |
| 21. TYPED NAME: Cindy Mann | 22. TITLE: Director |

23. REMARKS:

Approved with following change:

Block #7b changed to read: FFY 2013 (\$8,796,421,650)

State of Mississippi
TITLE XIX Long-Term Care Reimbursement Plan

reports used to calculate the base rate will be the cost report filed for the period ending in the second calendar year prior to the beginning of the next calendar rate year. For example, the base rates effective January 1, 2001 will be determined from cost reports filed for the year ended June 30, 1999 for state owned facilities, for the year ended September 30, 1999 for county owned facilities and for the year ended December 31, 1999 (or other approved year end) for all other facilities, unless a short period cost report and rate calculation are required by other provisions of this plan.

However, the per diem base rate effective January 1, 2010, will continue to be effective through June 30, 2013, for facilities in operation as of August 25, 2010. For all other facilities that are initially Medicaid certified between August 25, 2010 and June 30, 2013, the per diem base rate effective the first day of Medicaid certification, computed in accordance with this plan subject to January 1, 2010 ceilings, will be used as the base rate through June 30, 2013. No adjustments to the base rate, for increases or decreases in the number of certified Medicaid beds, will be used to determine nursing facility rates after January 1, 2010 and before July 1, 2013.

A description of the calculation of the per diem rate is as follows:

A. Direct Care Base Rate and Care Related Rate Determination

Direct care costs include salaries and fringe benefits for registered nurses (RN's), (excluding the Director of Nursing, the Assistant Director of Nursing and the Resident Assessment Instrument (RAI) Coordinator); licensed practical nurses (LPN's); nurse aides; feeding assistants; contract RN's, LPN's, and nurse aides, medical supplies and other direct care supplies; medical waste disposal; and allowable drugs.