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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

January 17, 2020

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

Re: Mississippi State Plan Amendment, Transmittal # 19-0002

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 19-0002, which was submitted to the Atlanta Regional Office on December 16, 2019. The SPA was submitted to allow the Division of Medicaid to include coverage and reimbursement language for Prescribed Pediatric Extended Care (PPEC) in the state plan under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, effective January 1, 2020.

Based on the information provided, the Medicaid State Plan Amendment MS-19-0002 was approved on January 16, 2020. The effective date of this amendment is January 1, 2020. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at 404-562-7409 or by email at Tandra.Hodges@cms.hhs.gov or Shelia Brady at 601-212-4659 or email at Shelia.Brady@cms.hhs.gov.

Sincerely,

/s/

David R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-0002	2. STATE MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C § 1396d; 42 C.F.R. § 447.201		7. FEDERAL BUDGET IMPACT: FFY 20: (\$445,129) FFY 21: (\$445,129)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Exhibit 4b, Page 7 Attachment 4.19-B, Page 4b(3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Exhibit 4b, Page 7 Attachment 4.19-B, Page 4b(3)	
10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 19-0002 Prescribed Pediatric Extended Care (PPEC) is being submitted to include coverage and reimbursement language for PPEC services in the Mississippi Medicaid State Plan under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, effective January 1, 2020.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399	
13. TYPED NAME: Drew L. Snyder			
14. TITLE: Executive Director			
15. DATE SUBMITTED: 12/16/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/16/19		18. DATE APPROVED: 01/16/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/20		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Davida R. Kimble		22. TITLE: Acting Deputy Director Division of Medicaid Field Operations South	
23. REMARKS: Approved with the following changes to block # 8 as authorized by state agency on email dated January 13, 2020. Block # 8 changed to read: Attachment 3.1-A, Exhibit 4b, page 7(new) and Attachment 4.19-B, page 4b(3) (new).			

State of Mississippi

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

Prescribed Pediatric Extended Care (PPEC) Services

The Division of Medicaid covers pediatric extended care services prescribed by a child's attending physician when medically necessary, prior authorized by the Division of Medicaid's Utilization Management/Quality Improvement Organization (UM/QIO) or a contracted Coordinated Care Organization's (CCO's) UM/QIO when the child:

1. Is medically dependent or technologically dependent, and
2. Has complex medical conditions that require continual care.

Prescribed Pediatric Extended Care (PPEC) Service is defined as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) expanded benefit for EPSDT-eligible beneficiaries diagnosed with a medically-complex, medically fragile condition and who are medically dependent and/or technology dependent requiring continual care as prescribed by the beneficiary's attending physician.

PPEC services include at a minimum: development, implementation and monitoring of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psychosocial and developmental therapies required by the medically dependent or technologically dependent child served as well as the caregiver training needs of the child's legal guardian.

PPEC services must be provided by MS Medicaid enrolled PPEC Centers, licensed by the Mississippi State Department of Health (MSDH), and adhere to the MSDH Minimum Standards of Operation of PPEC Centers.

State of Mississippi

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

The Division of Medicaid reimburses Prescribed Pediatric Extended Care (PPEC) providers the lesser of the provider's usual and customary charge or at an hourly rate for each completed hour up to six (6) completed hours of services or at a daily rate for over six (6) hours of services from a statewide uniform fee schedule that was calculated utilizing the costs used to set the 2018 average small nursing facility rates, adjusting the staff costs to reflect the minimum requirements for a PPEC and removing food costs, dietary salaries and benefits, and other expenses not related to costs incurred by a PPEC.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of PPEC services. The Division of Medicaid's fee schedule rate was set as of January 1, 2020, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

The Division of Medicaid reimburses for transportation provided by PPECs as described in Attachment 3.1-D.

The Division of Medicaid, as required by state law, will reduce the rate of reimbursement to providers for PPEC services by five percent (5%) of the total allowed amount for all services on a claim. The published fees do not include the five percent (5%) reduction.