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State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 23-0002

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 13, 2023

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 (SPA) Transmittal Number 23-0002

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 23-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) March 30, 2023. Mississippi SPA 23-0002 was submitted to allow the Division of Medicaid (DOM) to update reimbursement for autism spectrum disorder services to the lesser of the usual and customary charge or a rate calculated by an actuarial firm.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman via email at monica.neiman@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review


Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 2</u>	2. STATE <u>MS</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §§ 440.60, 447.201 CFR: 1905(a) and 1905(r) of Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>91,251</u> b. FFY <u>24</u> \$ <u>120,747</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 4(b)2 MS SPA 21-0028 MS-23-0002	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 4(b)2 Superseding SPA: TN# 22-0022	


9. SUBJECT OF AMENDMENT
State Plan Amendment (SPA) 23-0002 Autism Spectrum Disorder Rate Update being submitted to allow the Division of Medicaid (DOM) to update reimbursement for autism spectrum disorder services to the lesser of the usual and customary charge or a rate calculated by an actuarial firm, effective January 1, 2023.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
12. TYPED NAME Drew L. Snyder	
13. TITLE Executive Director	
14. DATE SUBMITTED MAR 30 2023	

FOR CMS USE ONLY

16. DATE RECEIVED March 30, 2023	17. DATE APPROVED April 13, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS
Pen and Ink change approved by the State and processed by CMS on the following fields:
Box 5: Added: CFR: 1905(a) and 1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.
Box 7: Removed: MS-21-0028 and added: MS-23-0002
Box 8: Added: superseding SPA: TN# 22-0022

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Reimbursement for non-Autism Spectrum Disorder services to Psychologists, Licensed Clinical Social Workers (LCSW), and Licensed Professional Counselors (LPC) for EPSDT-eligible beneficiaries is the lesser of the usual and customary charge or based on ninety percent (90%) of the Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2022 and as may be adjusted each July thereafter.

The Division of Medicaid reimburses Autism Spectrum Disorder (ASD) services in accordance with the most recent publication of the Current Procedural Terminology (CPT) ©American Medical Association. Reimbursement for ASD service codes is the lesser of the usual and customary charge or a fee from the statewide uniform fee schedule. Fee schedule rates are calculated based on the greater of:

1. A rate calculated by an actuarial firm, or
2. The fee schedule rate in effect as of January 1, 2022.

Rates for ASD services are the same for private and governmental providers and are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.