

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 23-0012

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 19, 2023

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

Re: Mississippi State Plan Amendment (SPA) 23-0012

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0012. This SPA allows the Division of Medicaid (DOM) to clarify the categories of emergency ground ambulance services.

We conducted our review of your submittal according to statutory requirements in 42 C.F.R. § 431.53. This letter is to inform you that Mississippi's Medicaid SPA 23-0012 was approved on May 19, 2023, with an effective date of January 1, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA page to be incorporated into the Mississippi State Plan.

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

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Trip Polles

Robin Bradshaw

Sarah Tadlock

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 2

2. STATE

MS3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. § 431.53

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Exhibit 24a Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A Exhibit 24a Page 1

9. SUBJECT OF AMENDMENT

(SPA) 23-2012 Emergency Transportation is being submitted to allow the Division of Medicaid (DOM) to clarify the categories of emergency ground ambulance services, effective January 1, 2023.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Drew L. Snyder

13. TITLE

Executive Director

14. DATE SUBMITTED

3/30/2023

15. RETURN TO

Drew L. Snyder

Miss. Division of Medicaid

Attn: Robin Bradshaw

550 High Street, Suite 1000

Jackson, MS 39201-1399

FOR CMS USE ONLY

16. DATE RECEIVED

03/31/2023

17. DATE APPROVED

05/19/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director

Division of Program Operations

22. REMARKS

State of Mississippi

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

24a. Transportation - The Division of Medicaid covers transportation through the following methods:

1) Emergency Ground Ambulance services which meet the following criteria:

- The transport requires a basic life support (BLS), advanced life support (ALS) or specialty care transport certified emergency ground ambulance, equipment and staff in order to transport a beneficiary to the nearest appropriate facility where the beneficiary will be accepted for treatment,
- The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the beneficiary's health, and
- The beneficiary's condition is of such severity that the absence of immediate medical care could reasonably result in permanently placing the beneficiary's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequence.

2) Emergency Air Ambulance services provided in a rotary wing aircraft which meet the following criteria:

- The transport requires a BLS or ALS certified emergency rotary-wing air ambulance, equipment, and staff in order to transport a beneficiary to the nearest appropriate facility where the beneficiary will be accepted for treatment,
- The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the beneficiary's health, and
- The beneficiary's condition is of such severity that the absence of immediate medical care could reasonably result in permanently placing the beneficiary's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequences.