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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 23-0025

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 1, 2024

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

Re: Mississippi State Plan Amendment (SPA) 23-0025

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0025. This amendment proposes to allow the Division of Medicaid to revise rates to an hourly rate and a fifteen-minute add-on rate, remove rate freeze language, and revise service components to align with the Department of Mental Health requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130 and 441.57. This letter is to inform you that Mississippi Medicaid SPA 23-0025 was approved on March 1, 2024, with an effective date of November 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and the approved SPA pages to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

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

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Robin Bradshaw
Sarah Tadlock
Trip Polles

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>2</u> <u>5</u>	2. STATE <u>MS</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §§ 440.130 and 441.57.		4. PROPOSED EFFECTIVE DATE November 1, 2023	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Exhibit 4b, page 9 Attachment 4.19-B, Page 4b(5) Attachment 4.19-B, Page 19e		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>805,486</u> b. FFY <u>25</u> \$ <u>1,374,221</u>	
9. SUBJECT OF AMENDMENT SPA 23-0025 is being submitted to allow the DOM to revise rates to an hourly rate and a fifteen (15) minute add on rate, and remove rate freeze language. Also aligns services with DMH requirements.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Exhibit 4b, page 9 Attachment 4.19-B, Page 4b(5) Attachment 4.19-B, Page 19e MS SPA 23-0025 MS SPA 21-0028 MS SPA 21-0039	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. AGENCY OFFICIAL [Redacted]	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 DEC 18 2023	FOR CMS USE ONLY		
16. DATE RECEIVED December 18, 2023	17. DATE APPROVED March 1, 2024		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]		
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations		
22. REMARKS 03/01/24: State authorized the following pen and ink changes: Box 8: Strike through entry for MS SPA 23-0025. Add superseded MS SPA 21-0039.			

State of Mississippi

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

The Division of Medicaid covers medically necessary Mississippi Youth Programs Around the Clock (MYPAC) Therapeutic Services

- a. MYPAC Therapeutic services are defined as treatment provided in the home or community to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries that require the level of care provided in a psychiatric residential treatment facility (PRTF) for family stabilization to empower the beneficiary to achieve the highest level of functioning. These are a group of therapeutic interventions designed to diffuse the current crisis, evaluate its cause, and intervene to reduce the likelihood of a recurrence.
- b. The clinical purpose of MYPAC therapeutic services is to stabilize the living arrangement, promote reunification and prevent the utilization of out-of-home therapeutic resources to allow the individual to remain at home and in the community.
- c. The components of MYPAC therapeutic services, based on an all-inclusive model that covers all mental health services the individual may need, includes:
 - 1) Treatment plan development and review which is defined as the development and review of an overall plan that directs the treatment and support of the person receiving services by qualified providers.
 - 2) Medication management which includes the evaluation and monitoring of psychotropic medications.
 - 3) Intensive individual therapy defined as one-on-one therapy for the purpose of treating a mental disorder.
 - 4) Family therapy defined as therapy for the family which is exclusively directed at the beneficiary's needs and treatment provided in the home. Family therapy involves participation of non-Medicaid eligible for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.
 - 5) Peer support services defined as non-clinical activities with a rehabilitation and resiliency/recovery focus that allow a person receiving of mental health services and substance use disorders services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues and challenges associated with various disabilities while directing their own recovery.
 - 6) Community Support Services defined as specific, measurable, and individualized that focus on the mental health needs of the beneficiary while attempting to restore beneficiary's ability to succeed in the community. These include: 1) Identification of strengths which aid the beneficiary in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community. 2) Individual therapeutic interventions that directly increase the restoration of skills needed to accomplish the goals set forth in the Individual Service Plan. 3) Monitoring and evaluating the effectiveness of interventions that focus on restoring, retraining and reorienting, as evidenced by symptom reduction and program toward goals. 4) Psychoeducation regarding the identification and self-management of the prescribed medication regimen and communication with the prescribing provider. 5) Direct interventions in de-escalating situations to prevent crisis. 6) Relapse prevention. 7) Facilitation of the Individual Service Plan or Recovery Support Plan which includes the active involvement of the beneficiary and the people identified as important in the beneficiary's life.
- d. MYPAC therapeutic services must be included in a treatment plan and approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA.
- e. Services must be prior authorized as medically necessary by the UM/QIO.
- f. MYPAC therapeutic services must be provided by a Mississippi Department of Mental Health certified provider within the scope of their license and/or certification. Qualifications for providers of each service component is described in Attachment 3.1-A, Exhibit 13d.

State of Mississippi

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

The Division of Medicaid reimburses Mississippi Youth Programs Around the Clock (MYPAC) Therapeutic services an hourly rate and an additional rate per fifteen (15) minutes of service provision. Rates are based on actuarial analysis of historical utilization, payment and cost data for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible beneficiaries served in the community that meet the Psychiatric Residential Treatment Facility (PRTF) level of care and the expected utilization of services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of MYPAC Therapeutic Services. The agency's fee schedule rate was set as of November 1, 2023 and is effective for services provided on or after that date. All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

TN No. 23-0025

Supersedes

TN No. 21-0028

Date Received: 12/18/2023

Date Approved: 03/01/2024

Date Effective: 11/01/2023

State of Mississippi

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

Targeted Case Management services for EPSDT-eligible beneficiaries with a serious emotional disturbance (SED) that meet the level of care provided in a psychiatric residential treatment facility (PRTF) are paid a monthly rate from a statewide uniform fee schedule. Services listed on the beneficiary's plan of care are reimbursed according to the payment methodology for that service.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of November 1, 2023 and is effective for services provided on or after that date.

All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.