

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



Center for Medicaid, CHIP, and Survey & Certification

Dr. Robert L. Robinson
Executive Director
State of Mississippi
Office of the Governor
Division of Medicaid
Walter Sillers Building, Suite 1000
550 High Street
Jackson, MS 39201

AUG 3 1 2010

RE: SPA MS 10-006

Dear Dr. Robinson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-003. Effective June 30, 2010 this amendment modifies the State's reimbursement methodology for setting payment rates for nursing facility services. Specifically, the amendment provides for State owned and operated Psychiatric Residential Treatment Facilities be reimbursed 100% of allowable cost.

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 changes in payment methodology comply with applicable requirements and therefore have approved them with an effective date of June 30, 2010. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Stanley Fields at (502) 223-5332.

Sincerely

A solid black rectangular box used to redact the signature of the sender.

 Cindy Mann
Director, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2010-006	2. STATE MS
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE June 30, 2010	
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: MS Code of 1972, Section 43-13-117, paragraph (23)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2010 \$ 1,609,257	
		b. FFY 2011 \$ 1,465,133	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4 19-D pg 9 and 153		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D, pg 9 and 153	
10. SUBJECT OF AMENDMENT: Rate Computation for state-owned PRTF's			

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Robert L. Robinson Mississippi Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Robert L. Robinson	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 06-21-10	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 06-21-10	18. DATE APPROVED: 08-31-10

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 06-30-10	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Cindy Mann	22. TITLE: Director

23. REMARKS:

<u>Chapter or Section Number</u>	<u>Subject</u>	<u>Page</u>
5-2	Rate Computation for PRTF's	144
	A. Direct Care, Therapies, Care Related, and Administrative and Operating Rate Determination	145
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	D. Total Rate	153
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TN NO 2010-006 ~~DATE RECEIVED~~ AUG 31 2010
SUPERSEDES DATE APPROVED AUG 31 2010
TN NO 2003-09 DATE EFFECTIVE 06/30/2010

D. Total Rate

The annual rate is the sum of the per diem rate for direct care costs, therapies, care related costs and administrative and operating costs, the per diem property payment, the per diem hold harmless payment, and the per diem return on equity payment.

E. State Owned PRTF's

PRTF's that are owned by the State of Mississippi will be included in the rate setting process described above in order to calculate a prospective rate for each facility. However, state owned facilities will be paid based on 100% of allowable costs. A state owned PRTF may request that the per diem rate be adjusted during the year based on changes in their costs. After the state owned PRTF's file their cost report, the per diem rate for each cost report period will be adjusted to the actual allowable cost for that period.

TN NO	<u>2010-006</u>	DATE RECEIVED	
	SUPERSEDES	DATE APPROVED	<u>AUG 31 2010</u>
TN NO	<u>2002-20</u>	DATE EFFECTIVE	<u>06/30/2010</u>