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

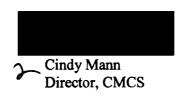
Dear Dr. Robinson:

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 reimbursemed 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



2. STATE 2010-006 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DATE June 30, 2010 DISIDERED AS NEW PLAN DMENT (Separate Transmittal for each amendment) 7. FEDERAL BUDGET IMPACT: a. FFY 2010 b. FFY 2011 5 1,465,133 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, pg 9 and 153
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OR ATTACHMENT (If Applicable):
OTHER, AS SPECIFIED:
16. RETURN TO:
Robert L. Robinson
Mississippi Division of Medicaid
Attn: Kristi Plotner
550 High Street, Suite 1000 Jackson, MS 39201-1399
SALE MANAGEMENT
OFFICE USE ONLY
18. DATE APPROVED: 08-31-10
100000000000000000000000000000000000000
ONE COPY ATTACHED
20. SIGNATURE OF REGIONAL OFFICIAL:
22. TITLE: Director

ATTACHMENT 4.19-D Page 9

Chapter or Section				
Number		Subject	Page	
5-2	Rate	Computation for PRTF's		144
	A.	Direct Care, Therapies, Care		
		Related, and Administrative and		
		Operating Rate Determination		145
•	В.	Property Payment		147
	C.	Return on Equity Payment		150
	D.	Total Rate		153
	E.	State Owned PRTF's		153
6	Hold	Harmless For Capital Costs		
6-1	Computation of Hold Harmless for			
	Capital Costs			154
6-2	Docu	mentation Required for Hold		
	Harm	less Eligibility		159

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.