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**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #:15-0019**

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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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January 25, 2016

Dr. David J. Dzielak, Executive Director  
Mississippi Division of Medicaid  
Attn: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, Mississippi 39201-1399

RE: Title XIX State Plan Amendment, MS 15-0019

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 15-0019, which was submitted to the Atlanta Regional Office on December 29, 2015. The SPA was submitted to remove language that Medicaid beneficiaries in a PRTF are excluded from the MSCAN program.

Based on the information provided, the Medicaid State Plan Amendment MS 15-0019 was approved on January 25, 2016. The effective date of this amendment is December 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 email [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>15-019</b>	2. STATE <b>MS</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	4. PROPOSED EFFECTIVE DATE <b>12/1/2015</b>	
<b>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: SSA §§ 1902(a)(23)(A), 1903(m), 1905(t), 1932(a)(1); 42 CFR § 438.50(c).	7. FEDERAL BUDGET IMPACT: FY 2015: 0.00  FY 2016: 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-F, Page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-F, Page 5

10. SUBJECT OF AMENDMENT:  
State Plan Amendment (SPA) 15-019 Mississippi Coordinated Access Network (MSCAN) Psychiatric Residential Treatment Facility (PRTF) is being submitted to remove language that Medicaid beneficiaries in a PRTF are excluded from the MSCAN program. SPA 15-019 MSCAN PRTF will allow a Medicaid beneficiary enrolled in a Coordinated Care Organization (CCO) to remain enrolled in a CCO at the time of admission to the PRTF. This will ensure continuity of care for beneficiaries once discharged from the PRTF.

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:  <b>David J. Dzielak Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399</b>
13. TYPED NAME: <b>David J. Dzielak</b>	
14. TITLE: <b>Executive Director</b>	
15. DATE SUBMITTED: <b>12/29/2015</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/29/15	18. DATE APPROVED: 01/25/16
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/01/15	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

State: Mississippi

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Citation	Condition or Requirement
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Medicaid beneficiaries excluded from the program regardless of the category of eligibility include persons:

- In an institution such as a nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF/IID),
- Eligible for Medicare,
- Locked-in any Medicaid waiver program, and
- With hemophilia.

All beneficiaries have freedom of choice in selecting the CCO. All beneficiaries initially enrolled in a CCO are allowed to change CCOs “without cause” during the first ninety (90) days of the initial enrollment effective for the first year. After the first year of enrollment in a CCO all beneficiaries are allowed to enroll in a different CCO during the Medicaid annual open enrollment period October 1 through December 15.

Beneficiaries exempt from mandatory enrollment may disenroll during the first ninety (90) days following their initial enrollment in a CCO. After the first year of enrollment, beneficiaries exempt from mandatory enrollment may disenroll during the Medicaid annual open enrollment period October 1 through December 15.

Refer to Section J.4. for disenrollment “with cause”.

C. State Assurances and Compliance with Statutes and Regulations

If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

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|---|---|
| 1932(a)(1)(A)(i)(I)<br>1903(m)<br>42 CFR § 438.50(c)(1)                   | 1. <input checked="" type="checkbox"/> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met. |
| 1932(a)(1)(A)(i)(I)<br>1905(t)<br>42 CFR § 438.50(c)(2)<br>1902(a)(23)(A) | 2. <input type="checkbox"/> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.              |
| 1932(a)(1)(A)   | 3. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1932   |