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State/Territory Name: Mississippi

State Plan Amendment (SPA) #:15-0017

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

February 26, 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 15-0017

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 15-0017, which was submitted to the Atlanta Regional Office on December 29, 2015. The SPA was submitted to require EPSDT screening providers to adhere to the periodicity schedule of the American Academy of Pediatrics (AAP) Bright Futures for medical, vision, and hearing screening and the American Academy of Pediatric Dentistry (AAPD) for dental screenings.

Based on the information provided, the Medicaid State Plan Amendment MS 15-0017 was approved on February 26, 2016. The effective date of this amendment is November 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 or Shelia Brady at (601) 965-4056 email Shelia.Brady@cms.hhs.gov.

Sincerely,

//s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-017	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE 11/01/2015	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 42 USC § 1396d; 42 CFR § 441.56.	7. FEDERAL BUDGET IMPACT: FY 2015: 0.00 FY 2016: 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Exhibit 4b, Page 1.01 (new page) Attachment 4.19-B, Page 4b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Page 4b

10. SUBJECT OF AMENDMENT:
State Plan Amendment (SPA) 15-017 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is being submitted to require EPSDT screening providers to adhere to the periodicity schedule of the American Academy of Pediatrics (AAP) Bright Futures for physical, mental, psychosocial and/or behavioral health, vision, hearing, adolescent, and developmental screenings and the American Academy of Pediatric Dentistry (AAPD) for dental screenings.

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: <i>/s/</i>	16. RETURN TO: David J. Dzielak Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 12/29/2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/29/15	18. DATE APPROVED: 02/26/16
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/15	20. SIGNATURE OF REGIONAL OFFICIAL: <i>//s//</i>
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

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

- 4b. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under the Age of Twenty-one (21): Limited to Federal Requirements.

EPSDT Screenings:

The Division of Medicaid covers early and periodic screening and diagnosis of Medicaid-eligible beneficiaries under age twenty-one (21) to ascertain physical, mental, psychosocial and/or behavioral health conditions and provides treatment to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions found in accordance with Sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act. The Division of Medicaid has established procedures to:

1. Inform all eligible individuals, or their families, of the EPSDT program,
2. Provide or arrange for requested screening services including necessary transportation and scheduling assistance, and
3. Arrange for appropriate treatment of health problems found as a result of a screening.

EPSDT screenings must be provided by currently enrolled Mississippi Medicaid providers who have signed an EPSDT specific provider agreement and must adhere to the periodicity schedule of the American Academy of Pediatrics (AAP) Bright Futures for physical, mental, psychosocial and/or behavioral health, vision, hearing, adolescent, and developmental screenings and the American Academy of Pediatric Dentistry (AAPD) for dental screenings. EPSDT screening providers include, but are not limited to:

1. The Mississippi State Department of Health (MSDH),
2. Public schools and/or public school districts certified by the Mississippi Department of Education,
3. Physicians,
4. Federally Qualified Health Centers (FQHC),
5. Rural Health Clinics (RHC),
6. Comprehensive health clinics, and
7. Similar agencies which provide various components of EPSDT screenings.

EPSDT screenings include:

1. An initial or established age appropriate medical screening which must include at a minimum:
 - A comprehensive health and developmental history including assessment of both physical and mental health development,
 - A comprehensive unclothed physical examination,
 - Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP) and according to age and health history,
 - Laboratory tests adhering to the AAP Bright Futures periodicity schedule,
 - Sexual development and sexuality screening adhering to the AAP Bright Futures periodicity schedule, and
 - Health education, including anticipatory guidance.
2. Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
3. Developmental screening to include diagnosis with referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
4. Psychosocial/behavioral assessment to include referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
5. Vision screening at a minimum to include diagnosis with referral to a Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects in vision, including eyeglasses.
6. Hearing screening at a minimum to include diagnosis with referral to a Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects in hearing including hearing aids.
7. Dental screening at a minimum to include diagnosis with referral to a Mississippi Medicaid dental provider for beneficiaries at the eruption of the first tooth or by twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.

EPSDT screening providers must refer beneficiaries under the age of twenty-one (21) to other Mississippi Medicaid enrolled licensed practitioners for services necessary to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions discovered by the screening services, whether or not such services are covered under the State plan.

State of Mississippi

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

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under the Age of Twenty-one (21): Limited to Federal Requirements.

(a) EPSDT Screenings -

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of EPSDT screenings. All rates are published on the agency's website at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

- (1) The screening fee will be reimbursed using the Current Procedural Terminology (CPT) codes based on CMS methodology for determining Medicare preventive medicine service fees and applying the state law of 90% in accordance with nationally recognized evidence-based principles of preventive health care services periodicity schedule as set forth by the American Academy of Pediatrics (AAP) Bright Futures. The screening fee for an EPSDT psychosocial and/or behavioral health, vision, hearing, adolescent and developmental screen will be reimbursed using the CPT codes based on the American Medical Association (AMA) methodology for determining medicine services and applying the state law of 90% of the Medicare fee and are updated January 1 of each year and are done in conjunction with the age appropriate comprehensive physical assessment. These reimbursement rates will be paid only to Mississippi Medicaid enrolled EPSDT providers. Age appropriate laboratory testing fees are reimbursed according to applicable state plan reimbursement methodologies.
- (2) Interperiodic screenings are visits provided for other medically necessary health care, screens, diagnosis, treatment and/or other measures to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the CPT codes based on the AMA methodology for Evaluation and Management (E&M) and applying the state law of 90% of the Medicare fee and updated January 1 of each year.
- (3) Dental screen: Dental screening services are furnished by a direct referral to a Dentist. Payment for the comprehensive oral evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid Services (CMS) based on a statewide fixed fee schedule to comply with Miss. Code Ann. § 43-13-117. These reimbursement rates will be paid according to the periodicity schedule and when medically necessary to dentists only.