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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 16-0020

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

May 24, 2017

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 16-0020

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 16-0020, which was submitted to the Atlanta Regional Office on December 14, 2016. The SPA was submitted to allow the Mississippi Division of Medicaid to cover Autism Spectrum Disorder (ASD) services Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries when medically necessary, prior authorized and provided by certain qualified providers operating within their scope of practice, effective January 1, 2017.

Based on the information provided, the Medicaid State Plan Amendment MS 16-0020 was approved on May 23, 2017. The effective date of this amendment is January 1, 2017. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Shelia Brady at (601) 212-4659 or by email at Sheila.Brady@cms.hhs.gov.

Sincerely,

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: 16-0020	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 01/01/2017	
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 C.F.R. § 440.60	7. FEDERAL BUDGET IMPACT: FY 2017: \$6,965,285 FY 2018: \$9,287,047
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: New page – Attachment 3.1-A Exhibit 4b Pages 6, 7, 8, 9 New page – Attachment 4.19-B Page 4b(2)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): None

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 16-0020 Autism Spectrum Disorder Services (ASD) Services is being submitted to cover ASD services for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries when medically necessary, prior authorized and provided by certain qualified providers operating within their scope of practice, effective January 1, 2017.

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: 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: 12/14/2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/14/16	18. DATE APPROVED: 05/23/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/17	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes to block #7 and 8.

Block # 7 changed to read: 7a- FFY 2017 \$61,942,237.66; 7b- FFY 2018 \$82,589,649.96.

Block # 8 changed to read: Attachment 3.1-A, Exhibit 4b, page 6(new); Attachment 4.19-B page 4b(2)(new).

State of Mississippi

Methods and Standards for Establishing Payment Rates – Other Types of Care

Reimbursement for non-Autism Spectrum Disorder (ASD) services to Psychologists, Licensed Clinical Social Workers (LCSW), and Licensed Professional Counselors (LPC) for EPSDT-eligible beneficiaries is the lesser of the usual and customary charge or based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1 each year and effective July 1 and updated annually.

The Division of Medicaid reimburses ASD services in accordance with the most recent publication of the Current Procedural Terminology (CPT) ©American Medical Association. Reimbursement for ASD service codes is the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, Bureau of Labor Statistics (BLS) wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates are updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1 and are effective for services provided on or after July 1.

Rates for ASD services are the same for private and governmental providers and are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

State of Mississippi

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

Autism Spectrum Disorder (ASD) Services

- A. Pursuant to 42 C.F.R. § 440.60 Other Licensed Practitioners (OLP), the following licensed qualified health care practitioners (QCHP), working within their scope of practice and licensure, may provide Autism Spectrum Disorder (ASD) services:
- a) Licensed Physician,
 - b) Licensed Psychologist,
 - c) Mental Health Nurse Practitioner,
 - d) Licensed Clinical Social Worker (LCSW),
 - e) Licensed Professional Counselor (LPC), or
 - f) Board Certified Behavior Analyst (BCBA).
- B. The following unlicensed practitioners may provide ASD services under the supervision of a QHCP:
- a) A Board Certified assistant Behavior Analyst (BCaBA) who has a current and active certification from the Behavior Analyst Certification Board and is licensed by the Mississippi Board of Autism to practice under the supervision of a MS licensed BCBA, or
 - b) A Registered Behavior Technician (RBT) who has a current and active certification from the Behavior Analyst Certification Board and who is under the direct supervision and direction of a BCBA or BCaBA.
- C. The state assures that:
- a) Supervision is included in the state's scope of practice act for the licensed practitioners,
 - b) Licensed practitioners assume professional responsibility for the services provided by the unlicensed practitioners,
 - c) Licensed practitioners are able to furnish the services being provided, and
 - d) Licensed practitioners bill for the services provided by the unlicensed practitioners.