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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 17-0003

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

August 29, 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 17-0003

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 17-0003, which was submitted to the Atlanta Regional Office on July 26, 2017. The SPA was submitted to allow the Mississippi Division of Medicaid to provide early intervention services for pregnant women and nondependent substance use and to prevent problematic substance use disorders.

Based on the information provided, the Medicaid State Plan Amendment MS 17-0003 was approved on August 29, 2017. The effective date of this amendment is July 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 Tandra Hodges at 404-562-7409 or by email at Tandra.Hodges@cms.hhs.gov or Shelia Brady at 601-212-4659 or by email at Sheila.Brady@cms.hhs.gov.

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0003	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 07/01/2017
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 CFR §§ 440.210, 440.250(p)	7. FEDERAL BUDGET IMPACT: FY 2017: \$27,606 FY 2018: \$110,423
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Exhibit 20a & 20b New Page 6 Attachment 4.19-B Page 20a & 20b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B Page 20a & 20b

10. SUBJECT OF AMENDMENT:

MS SPA 17-0003 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services is being submitted to allow the Division of Medicaid to provide early intervention services for pregnant women with nondependent substance use and to prevent problematic substance use disorders as requested by ReNew Mississippi.

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: 7/26/2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 07/26/17	18. DATE APPROVED: 08/29/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Shantrina Roberts	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

STATE: Mississippi
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Extended Services for Pregnant Women

1. Reimbursement- Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA-1500 form. Payment will be the lesser of the charge or the established fee.

The established fees were based on like procedures and services currently paid in the Medicaid program.

Examples are:

- a. In-home visits pay the rate of the visits in the home by a physician plus estimated travel costs.
 - b. High-risk assessment reimbursement is based on physician office visits reimbursement, currently in Mississippi.
2. All Services- In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.
 3. Reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services - The Division of Medicaid reimburses for SBIRT services according to Healthcare Common Procedure Coding System (HCPCS) guidelines and in accordance with provider reimbursement methodologies applicable in the 4.19B pages.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

STATE: Mississippi

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

6. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

- A. SBIRT is an early intervention approach that targets pregnant women with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.
- B. SBIRT services must include:
1. Screening for risky substance use behaviors using evidence based standardized assessments or validated screening tools,
 2. Brief intervention of a pregnant woman showing risky substance use behaviors in a short conversation, providing feedback and advice, and
 3. Referral to treatment for brief therapy or additional treatment to a pregnant woman whose assessments or screenings indicate a need for additional services.
- C. The Division of Medicaid covers one (1) SBIRT service per pregnancy when performed by one (1) of the following licensed practitioners:
1. Physician,
 2. Nurse Practitioner,
 3. Certified Nurse Midwife,
 4. Physician Assistant,
 5. Licensed Clinical Social Worker,
 6. Licensed Professional Counselor, or
 7. Clinical Psychologist.

The Division of Medicaid covers all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.