

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 18-0018**

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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November 26, 2018

Mr. Drew Snyder, Executive Director  
Mississippi Division of Medicaid  
Attention: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

Re: Mississippi State Plan Amendment, Transmittal # 18-0018

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 18-0018, which was submitted to the Atlanta Regional Office on October 19, 2018. The SPA was submitted to allow the Mississippi Division of Medicaid to include Psychiatric Residential Treatment Facility (PRTF) services as covered and reimbursed by the Coordinated Care Organizations (CCOs).

Based on the information provided, the Medicaid State Plan Amendment 18-0018 was approved on November 21, 2018. The effective date of this SPA is October 1, 2018. 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 404-562-74099 or by email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

/s/

Shantrina D. Roberts, MSN  
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>18-0018</b>	2. STATE <b>MS</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE <b>10/01/2018</b>
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. §§ 430.12, 438.50	7. FEDERAL BUDGET IMPACT: FFY 19: \$0  FFY 20: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-F, Page 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-F, Page 15

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 18-0018 Mississippi Coordinated Access Network (MississippiCAN) is being submitted to include Psychiatric Residential Treatment Facility (PRTF) services as covered and reimbursed by the Coordinated Care Organizations (CCOs). Also, this SPA will add 1915(i) Community Support Program (CSP) Services to the list of services that are not covered and reimbursed by the CCOs effective October 1, 2018.

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>Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399</b>
13. TYPED NAME: <b>Drew L. Snyder</b>	
14. TITLE: <b>Executive Director</b>	
15. DATE SUBMITTED: 10/19/2018	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 10/19/2018	18. DATE APPROVED: 11/21/2018
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS: Approved with the following changes to block #10 as authorized by state agency on email dated 11/16/18.

Block # 10 changed to read: State Plan Amendment (SPA) 18-0018 Mississippi Coordinated Access Network (MississippiCAN) is being submitted to include Psychiatric Residential Treatment Facility (PRTF) services as covered and reimbursed by the Coordinated Care Organizations (CCOs).

State: Mississippi

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Citation	Condition or Requirement
	<p>3. Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR § 438.56(c).</p> <p>4. Describe any additional circumstances of “cause” for disenrollment (if any).</p> <p>A beneficiary may request to disenroll from the CCO “with cause” if:</p> <ul style="list-style-type: none"><li>• The CCO, because of moral or religious objections, does not offer the service the beneficiary seeks,</li><li>• The beneficiary needs related services to be performed at the same time, but not all related services are available within the network; or, the beneficiary’s primary care provider or another provider determines receiving the services separately would subject the beneficiary to unnecessary risk,</li><li>• Poor quality of care,</li><li>• There is a lack of access to services covered under the CCO, or</li><li>• There is a lack of access to providers experienced in dealing with the beneficiary’s health care needs.</li></ul>
	<p>K. Information requirements for beneficiaries</p> <p>Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that its state plan program is in compliance with 42 CFR § 42 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
1932(a)(5) CFR § 438.50 42 CFR § 438.10	
1932(a)(5)(D) 1905(t)	<p>L. List all services that are excluded for each model (MCO &amp; PCCM)</p> <p>Excluded services include:</p> <ul style="list-style-type: none"><li>• Long-term care services, including nursing facility and ICF/IID,</li><li>• Any waiver services, and</li><li>• Hemophilia services.</li></ul>

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