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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 19-0014

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
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

July 3, 2019

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 # 19-0014

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 19-0014, which was submitted to the Atlanta Regional Office on June 18, 2019. The SPA was submitted to allow the Mississippi Division of Medicaid to change control of the utilization of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) from the Mississippi Department of Health (MDOH) to the contracted Utilization Management/Quality Improvement Organization (UM/QIO).

Based on the information provided, the Medicaid State Plan Amendment MS-19-0014 was approved on July 3, 2019. The effective date of this amendment is September 1, 2019. 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.

Sincerely,

/s/

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 19-0014 | 2. STATE MS |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE 09/01/2019 |

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. § 456.4 | 7. FEDERAL BUDGET IMPACT: FFY 19: \$6,740 FFY 20: \$80,889 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, Page 50 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 4, Page 50 |

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 19-0014 Utilization Review (UR) in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) is being submitted to allow the Division of Medicaid to change control of the utilization of ICF/IIDs from the Mississippi Department of Health (MDOH) to the contracted Utilization Management/Quality Improvement Organization (UM/QIO), effective September 1, 2019.

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: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399 |
| 13. TYPED NAME: Drew L. Snyder | |
| 14. TITLE: Executive Director | |
| 15. DATE SUBMITTED: 06/17/19 | |

FOR REGIONAL OFFICE USE ONLY

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|--|---|
| 17. DATE RECEIVED: 06/18/19 | 18. DATE APPROVED: 07/03/19 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/19 | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ |
| 21. TYPED NAME: Shantrina D. Roberts | 22. TITLE: Deputy Director Division of Medicaid Field Operations South |

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

Citation

42 C.F.R. 456.2
50 FR 15312

4.14 (e) The Medicaid agency meets the requirements of 42 C.F.R. Part 456, Subpart F, for control of the utilization of services in an intermediate care facility for individuals with intellectual disabilities (ICF/IID). Utilization review in ICF/IIDs is provided through:

- Facility-based review.
- Direct review by personnel of the medical assistance unit of the State agency.
- Personnel under contract to the medical assistance unit of the State agency
- Utilization Management / Quality Improvement Organization (UM/QIO).
- Another method as described in ATTACHMENT 4.1.-A
- Two or more of the above methods ATTACHMENT 4.14-B describes the circumstances under which each method is used.

Not applicable. Intermediate care facility services are not provided under this plan.