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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved Form CMS-179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 30, 2024

Drew L. Snyder
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 24-0006

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This amendment allows the Division of Medicaid to include coverage of home health services provided by a licensed practical nurse under the supervision of a registered nurse.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.70. This letter informs you that Mississippi's Medicaid SPA TN 24-0006 was approved on August 30, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CSM-179 and the approved SPA page to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at Tandra. Hodges@cms.hhs.gov.

Sincerely

James G. Scott, Director Division of Program Operations

Enclosures

cc: Robin Bradshaw Sarah Tadlock Trip Polles

FORM CMS-: 79 (09/24)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 440.70	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 24 \$ 0 b FFY 25 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Exhibit 7, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Exhibit 7, Page 1
9. SUBJECT OF AMENDMENT State Plan Amendment (SPA) 24-0006 is being submitted to allow the Division of Medicaid (DOM) to include coverage of home health services provided by a licensed practical nurse (LPN) under the supervision of a registered nurse (RN).	
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
	15. RETURN TO Drew L., Snyder Miss., Division of Medicaid
12. TYPED NAME D æw L .Snyder	Attn: Robin Bradshaw 550 High Street, Suite 1000
40 7171 F	Jackson, MS 39201-1399
JUL 0 1 2024	
FOR CMS USE ONLY	
July 1,2024	17. DATE APPROVED August 30, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIQ
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

Instructions on Back

Attachment 3.1-A Exhibit 7 Page 1

State of Mississippi

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

Home Health Services

The Division of Medicaid covers the following home health services in accordance with 42 C.F.R. § 440.70:

- 1. Skilled Nursing Visit for intermittent or parttime nursing services provided by a registered nurse or a licensed practical nurse under the supervision of a registered nurse employed by a home health agency in accordance with Mississippi State Department of Health, Division of Health Facilities Licensure and Certification standards or a registered nurse when no home health agency exists in the area. The registered nurse must be a graduate of an approved school of professional nursing, who is licensed as a registered nurse by the State in which they practice.
- 2. Home Health Aide Visit for personal care services provided directly by an aide employed by a home health agency and in accordance with Mississippi State Department of Health, Division of Health Facilities Licensure and Certification standards. The home health aide must be an individual who has successfully completed a state-established or other home health aide training program approved by the State. Home Health aide services may be provided without a requirement for skilled nursing services and must be supervised by a registered nurse.

Home Health visits are limited to a combined total of thirty-six (36) visits per state fiscal year.

Home health services must be provided to a beneficiary at the beneficiary's place of residence defined as any setting in which normal life activities take place, other than:

- 1. A hospital,
- 2. Nursing facility,
- 3. Intermediate care facility for individuals with intellectual disabilities except when the facility is not required to provide the home health service; or
- 4. Any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Home health services must be provided in accordance with an order written by a physician, nurse practitioner, or physician assistant working in accordance with State Law as part of a written plan of care, which must be reviewed every sixty (60) days. The beneficiary's attending physician must document that a face-to-face encounter occurred no more than ninety (90) days before or thirty (30) days after the start of home health services. The face-to-face encounter must be related to the primary reason the beneficiary requires the home health service.

The home health agency providing home health services must be certified to participate as a home health agency under Title XVIII (Medicare) of the Social Security Act, and comply with all

TN No.:24-0006 Date Received: 07/01/2024 Date Approved: 08/30/2024 Supersedes: TN No.:19-0005 Date Effective: 07/01/2024