DIVISION OF MEDICAID  Revised: 8/3/2006
IN THE OFFICE OF THE GOVERNOR
STATE OF MISSISSIPPI

MEDICAID ASSISTANCE PARTICIPATION AGREEMENT
(Medicaid - Title XIX Program)
FOR
MS COOL KIDS (EPSDT)
SCHOOL HEALTH-RELATED SERVICES FOR CHILDREN
PROVIDER AGREEMENT

Name of Provider                                                                 Telephone Number
____________________________________________________________________________
Street Address   City and State    Zip Code

THIS AGREEMENT made and entered into by and between the Division of Medicaid,
Office of the Governor, hereinafter designated as "Division," and ________________________, a
Provider of Services, whose address is stated above, hereinafter designated as the "EPSDT
Related Services for Children Provider " or Provider. A Provider is an eligible EPSDT Provider
under the Mississippi Medicaid State Plan and is dully licensed to provide such services in the
State of Mississippi.

WITNESSETH:

WHEREAS, persons under 21 years of age who qualify for medical assistance as
determined by the Mississippi Department of Human Services are eligible for the Early and
Periodic Screening, Diagnosis, and Treatment (EPSDT) program to ascertain physical and/or
mental defects and treatment and/or referral to correct or ameliorate defects and chronic
conditions found;

WHEREAS, ' 1905(r) of Title XIX of the Social Security Act requires states to arrange
for corrective treatment, the need for which is disclosed by child health screening services, or be
subject to penalty on failure to so provide;

implementation or requirements of Title XIX of the Federal Social Security Act, makes the
Division of Medicaid responsible for the proper and efficient administration of the Medical
Assistance Program in Mississippi; and

WHEREAS, to participate in the Mississippi Medical Assistance Program (Title XIX),
the Provider of EPSDT Related Services for Children must (1) be surveyed and approved for participation in the Medicaid program by the Division of Medicaid, and (2) meet, on a continuing basis, standards and guidelines established by the Division;

**NOW, THEREFORE,** the aforesaid Provider of EPSDT Related Services for Children is approved by the Division for participation in the Mississippi Medical Assistance Program (Title XIX), as a provider of EPSDT Related Services for Children for Medicaid EPSDT individuals, subject to the above and following stipulations, terms and conditions:

A. The provider of EPSDT Related Services for Children agrees:

1. That services will be provided to eligible recipients of the Medical Assistance Program without regard to race, color, religion, national origin, or handicap.

2. That the Provider and the Provider’s staff will abide by federal and state laws and regulations promulgated by federal and state agencies in the delivery of services.

3. To provide the following EPSDT Related Services for Children compliance with the provision set forth in The Expanded EPSDT Health Services Manual which is incorporated herein:

   (Check the EPSDT health services you will provide and list restrictions related to the age or the number of children or enter none.)

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<tr>
<th>SERVICES</th>
<th>RESTRICTIONS</th>
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<td>Speech and Language Evaluation</td>
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<td>Speech, Language or Hearing Therapy</td>
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<td>Occupational Therapy Evaluation</td>
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Please attach documentation of applicable licensing and certification for each person providing each of the services checked.

4. The provider will be responsible for providing State matching funds for EPSDT Related Services for Children through the School Districts for those individuals determined to be eligible for medical assistance under the provisions of Section 43-12-115, Miss. Code Ann. and Title XIX of the Social Security Act.

5. To submit claims for reimbursement in accordance with instructions from the Division, or its designated agent, and accept payment made, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment
under the program and under this Agreement with the exception of authorized
deductibles, co-insurance and co-payments.

6. In order to participate in an receive reimbursement from the EPSDT program, the
provider must certify the amount of funds that are available for the state/local
match, and certify the total amount of funds that are available.

7. The provider understands that Federal Financial Participation, hereinafter
designated as FFP, will be available up to the amount of state/local matching
funds. When matching funds are exhausted, FFP will not be available and
provider participation will be suspended until matching funds are certified.
Matching funds will be certified by the contributing agency as representing
expenditures eligible for FFP and that these funds are not federal funds OR are
federal funds authorized by federal law to be used to match other federal funds.

8. To use Medicaid funds received for EPSDT related services for provision and/or
enhancement of health services to children. These Medicaid funds may be used
for the direct provision of these services and to defray the administrative cost of
providing these services.

9. That, in the event, it is determined that funds have been overpaid, or disallowed,
the undersigned provider shall repay to the Division the full amount of the
overpayment or disallowance within thirty (30) days of notification by the
Division, or on other terms mutually agreeable to the parties of this agreement.
Failure to pay or make arrangements to repay any amount may result in
suspension from the Medicaid program as a provider of EPSDT Related Services
for Children with Disabilities.

10. To allow access to records concerning reimbursement with Medicaid funds to
authorized state and federal Medical Assistance program (Medicaid)
representatives upon request.

11. To safeguard information regarding individual Medicaid recipients according to
the relevant provisions of state and federal laws and regulations.

12. To respect the Medicaid recipient’s freedom of choice of provider of EPSDT
Related Services for Children.

13. To authorize and agree to electronic direct deposit transfer payments for claims
reimbursement by the Division of Medicaid and to submit, in accordance with
instructions form the Division of Medicaid or its designated agent, the appropriate
Direct Deposit Authorization/Agreement Form.

14. Whenever necessary, this agreement may be amended by mutual consent of the
Division and the Provider to meet federal or other operations requirements upon
signature of the appropriate officers of the respective agencies. Both signatories
to this agreement agree that any amendment to this agreement shall be in writing and in full conformity with state and federal laws and regulations in effect at the time of any such amendment.

B. The Division Agrees:

To reimburse the Provider the fees as established by the Division of Medicaid for EPSDT Related Services for Children.

This Agreement is not transferrable or assignable and may be terminated in thirty (30) days with written notice by either party. Should the authorized representative change, such information shall be reported immediately in writing via Certified Mail to the Division of Medicaid. Failure to do so may invalidate this Agreement.

This Agreement is effective on or after ______________, ______.

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<th>PROVIDER OF EPSDT RELATED SERVICES</th>
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