

PUBLIC NOTICE

September 28, 2018

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given to the submission of a Medicaid State Plan Amendment (SPA) 18-0018 Mississippi Coordinated Access Network (MSCAN). The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective October 1, 2018, contingent upon approval from CMS, our Transmittal #18-0018.

1. Mississippi Medicaid SPA 18-0018 MSCAN is being submitted to allow the Division of Medicaid to include Psychiatric Residential Treatment Facility (PRTF) services as covered and reimbursed by the Coordinated Care Organizations (CCOs). This SPA also adds the 1915(i) Community Support Program (CSP) to the list of services that are not covered and reimbursed by the CCOs, effective October 1, 2018.
2. Pursuant to Miss. Code Ann. § 43-13-117, all network providers must be reimbursed by the CCOs at a rate no less than the amount that the Division of Medicaid reimburses fee-for-service providers; therefore, the economic impact is anticipated to be budget neutral.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. §§ 430.12, 438.50.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov, or requested at 601-359-2081 or by emailing at Margaret.Wilson@medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State: Mississippi

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">• The CCO, because of moral or religious objections, does not offer the service the beneficiary seeks,• 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,• Poor quality of care,• There is a lack of access to services covered under the CCO, or• There is a lack of access to providers experienced in dealing with the beneficiary’s health care needs.
	<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 & PCCM)</p> <p>Excluded services include:</p> <ul style="list-style-type: none">• Long term care services, including nursing facility; <u>and</u> ICF/IID, and PRFF• Any waiver services; and• <u>Hemophilia services, and</u>• <u>1915(i) Community Support Program (CSP) Services.</u>

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