

# PUBLIC NOTICE

August 28, 2020

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 20-0022 Mental Health Coverage and Reimbursement. 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 September 1, 2020, contingent upon approval from CMS, our Transmittal #20-0022.

1. Mississippi Medicaid SPA 20-0022 revisions include: a) Replacing Intensive Outpatient Psychiatric (IOP) services with Intensive Community Outreach Teams (ICORT), b) Reimbursing ICORT services at the current IOP rate, c) Including reimbursement language for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mental health services which the rates are not being revised, d) Allowing providers of EPSDT community mental health services to provide services to non-EPSDT beneficiaries and be reimbursed according to the current payment methodology, e) Adding coverage of Acute Partial Hospitalization in the an outpatient department of a hospital or free standing psychiatric unit, a private psychiatric clinic or other provider certified by the DMH or other appropriate entity as determined by the Division of Medicaid, f) Adding language to reflect current coverage of community mental health services for beneficiaries with a single diagnosis of substance use disorder (SUD), g) Removing annual service limits for Crisis Response Services and Medication Administration, and h) Increasing the rate for Mental Health Assessments by a non-physician to 90% of the Medicaid physician rate for Psychiatric Diagnostic Evaluations.
2. The Division of Medicaid estimates these changes to be budget neutral with a possibility of cost savings. The Division of Medicaid expects that increased access and expenditures for community mental health services will result in fewer emergency department visits and inpatient hospital stays for beneficiaries with mental illness and/or substance use disorders.
3. The Division of Medicaid is submitting this proposed SPA in order to comply with federal Medicaid regulations. 42 C.F.R. § 447.201 requires the Division of Medicaid to submit a SPA describing the policy and methods used in setting payment rates for each type of service included in the Mississippi State Plan. This SPA also adds language to comply with Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 to ensure beneficiaries with substance use disorders have access to community mental health services.
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](http://www.medicaid.ms.gov), or requested at 601-359-2081 or by emailing at [Margaret.Wilson@medicaid.ms.gov](mailto: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](mailto: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](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

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

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**13.d. Rehabilitative Services:** Rehabilitative services, except as otherwise provided under this Plan, include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice and/or license under State law for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level (42 CFR 440.130 (d)). The Division of Medicaid covers medically necessary rehabilitative services for beneficiaries with mental health and/or substance use disorders.

**A. Assurances**

1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:  
The Division of Medicaid covers all medically necessary services for EPSDT-eligible beneficiaries ages birth to twenty-one (21) in accordance with 1905 (a) of the Act, without regard to service limitations and with prior authorization.
2. Adequacy of Service Provisions:  
The CMHC providers are responsible for ensuring that each beneficiary's mental health needs are met throughout the course of treatment. If all mental health services reimbursable by Medicaid during the state fiscal year are exhausted, CMHC providers will continue servicing adults on a sliding scale fee based on income.
3. Freedom of Choice:  
Participants have freedom of choice of qualified enrolled providers, agencies and staff within agencies.

**B. Provider Requirements**

1. Rehabilitative services may be provided by the following licensed and enrolled providers acting within their scope of practice:
  - a. Board-certified or board-eligible psychiatrists licensed by the Mississippi Board of Medical Licensure.
  - b. Physicians licensed by the Mississippi Board of Medical Licensure.
  - c. Physician Assistants (PA) must hold a Master's degree in a health-related or science field, be licensed by the Mississippi Board of Medical Licensure, must be under the supervision of a psychiatrist or a physician.
  - d. Psychiatric Mental Health Nurse Practitioners (PMHNP) must hold a Master's degree in nursing with a specialty in psychiatry, be licensed by the Mississippi Board of Nursing, and must practice within a collaborative/consultative relationship with a physician within an established protocol or practice guidelines.
  - e. Psychologists must hold a Ph.D. degree in psychology and be licensed by the Mississippi Board of Psychology.
  - f. Licensed Certified Social Workers (LCSW) must hold a Master's degree in social work

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

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and be licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists at the LCSW level.

- g. Licensed Professional Counselors (LPC) must hold a Master's degree in counseling and be licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors.
2. Rehabilitative services may be provided by Quasi-governmental or Private Community Mental Health Center (CMHC/PMHC) agencies certified according to Miss. Code Ann. § 41-4-7 by the Mississippi Department of Mental Health (DMH). Quasi-governmental CMHCs are defined as entities operated under the supervision of regional commissions appointed by county boards of supervisors comprising their respective catchment areas.
- a. DMH issues a four (4) year certification for the agency.
  - b. DMH must certify each type of rehabilitation service individually.
  - c. DMH certification is based on the following:
    - 1) Adherence to DMH standards, DMH grant requirement guidelines, contracts, memoranda of understandings, and memoranda of agreements;
    - 2) Compliance with DMH fiscal management standards and practices outlined in the DMH Operational Standards based on a risk-based audit system;
    - 3) Evidence of fiscal compliance with external funding sources;
    - 4) Compliance with ethical practices and codes of conduct of professional licensing entities related to provision of services and management of the organization; and
    - 5) Evidence of solid business and management practices.
  - d. Required staff qualifications:
    - 1) Qualifications for practitioners listed in B.1. above,
    - 2) Licensed Marriage and Family Therapists (LMFT) must hold a Master's degree in marriage and family therapy and be licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists.
    - 3) Professional Art Therapists (ATR-BC) must hold a Master's degree in art therapy and be licensed by the Mississippi Department of Health (MSDH).
    - 4) Registered Nurses (RN) must be a graduate from an approved or accredited RN nursing program, be licensed by the Mississippi Board of Nursing, and must be under the supervision of a psychiatrist, physician, PMHNP, or PA.
    - 5) Licensed Practical Nurses (LPN) must be a graduate from an approved or accredited LPN nursing program, be licensed by the Mississippi Board of Nursing and supervised by a psychiatrist, physician, PMHNP, PA or RN.
    - 6) DMH certified staff:
      - (a) Certified Mental Health Therapists (CMHT), Certified Intellectual and Developmental Disabilities Therapists (CIDDT) and Certified Addiction

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

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- Therapists (CAT) must hold a Master's degree in mental health, human services, intellectual disabilities, addictions, or behavioral health-related fields from an approved educational institution.
- (b) Community Support Specialists must hold a minimum of a Bachelor's degree in a mental health field, be certified by DMH as a Community Support Specialist and must be under the supervision of staff listed in B.1) and B.2)a) through e).
  - (d) Peer Support Specialist Professionals must hold a minimum of a high school diploma or GED equivalent, be certified by DMH as a Certified Peer Support Specialist and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LPC, LMFT, CMHT, CIDDT, CAT or a Peer Support Specialist Supervisor who has been trained as a Peer Support Specialist with an emphasis on supervision.
  - (e) Peer Support Specialist supervisors must hold a minimum of a master's degree in addictions, mental health, intellectual/developmental disabilities, or human or behavioral services field and either a 1) professional license or 2) a DMH credential as a Mental Health Therapist, Intellectual/Developmental Disability Therapist, or Addictions therapist prior to or immediately upon acceptance of a Peer Support Specialist Supervisory position. They must also receive training specifically developed for Peer Support Specialist supervisors by DMH.

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

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**C. Rehabilitative Services** are medically necessary for the treatment of the beneficiary's illness, condition, or injury and include the following.

**1. Treatment Plan Development and Review**

- a. Treatment plan development and review is defined as the development and review of an overall plan that directs the treatment and support of the person receiving services by qualified providers.
- b. The clinical purpose of treatment plan development and review is to meet the needs of the beneficiary and support independence and community participation by addressing behaviors and making recommendations for treatment.
- c. This process may also be called a beneficiary's service plan or plan of care.
- d. The composition of the staff must include appropriate professionals acting within their scope of practice.
- e. The treatment plan must be approved by one of the following: a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, LMFT.
- f. Treatment plan development and review is limited to four (4) services per state fiscal year.

**2. Crisis Response Services**

- a. Crisis Response Services are defined as an intensive therapeutic service, available twenty-four (24) hours per day, seven (7) days per week, which allows for the assessment of and intervention in a mental health crisis. These services must be available throughout the provider's catchment area and must include:
  - 1) A toll-free telephone number,
  - 2) Mobile Crisis Response personnel,
  - 3) Walk-in availability at all DMH certified service locations.
- b. The clinical purpose of crisis response services is to assist the beneficiary cope with immediate stressors, identify and use available resources and the beneficiary's strengths, and develop treatment options to avoid unnecessary hospitalization and return to the beneficiary's prior level of functioning.
- c. The service components for crisis response services include:
  - 1) Assessment,
  - 2) De-escalation, and
  - 3) Service coordination and facilitation.
- d. Team members must include:
  - 1) A Certified Peer Support Professional with specific roles and responsibilities,
  - 2) A licensed and/or credentialed master's level therapist with experience and training in crisis response services,
  - 3) A Community Support Specialist with experience and training in crisis response services,
  - 4) A Crisis Response Coordinator for the agency provider's catchment area who is a licensed and/or credentialed master's level therapist with a minimum of two (2) years' experience and training in crisis response services, and

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

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- 5) At least one (1) employee with experience and training in crisis response services to each population served by the agency provider.
- e. Crisis Response Services must be available by phone twenty-four (24) hours a day, seven (7) days a week.
- f. Crisis Response Services are not limited.

**3. Crisis Residential Services**

- a. Crisis Residential Services are defined as time-limited residential treatment services provided in a Crisis Residential Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to beneficiaries who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. The unit provides medically monitored residential services for the purpose of providing psychiatric stabilization on a short-term basis serving as a transition or diversion from inpatient hospitalization.
- b. Crisis Residential Services must be provided in a setting other than an acute care hospital or a long-term residential treatment facility which consists of no more than sixteen (16) beds that is certified by the DMH to provide Crisis Residential Services.
- c. The clinical purpose of Crisis Residential Services is to provide treatment to an beneficiary not requiring twenty-four (24) hour medical and nursing care, but may benefit from a twenty-four (24) hour supervised, structured living arrangement in order to return them to their pre-crisis level of functioning.
- d. The service components for Crisis Residential Services include:
  - 1. Treatment plan development and review.
  - 2. Medication management.
  - 3. Nursing assessment.
  - 4. Individual therapy.
  - 5. Family therapy.
  - 6. Group therapy.
  - 7. Crisis response.
  - 8. Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.
- e. Crisis Residential Services must be ordered by a psychiatrist, physician, psychologist, PMHNP or PA.
- f. The Crisis Residential Services Provider must have the following staff in the ratios required by DMH:
  - 1. An immediately available psychiatrist, PMHNP, or psychologist,
  - 2. Facility Director,
  - 3. A full-time RN,
  - 4. Community Support Specialist,
  - 5. Certified Peer Support Specialist,
  - 6. Master's level Crisis Response Coordinator, and
  - 7. Other Master's level staff.

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

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- g. Crisis Residential Services must be prior authorized as medically necessary by the Utilization Management/Quality Improvement Organization (UM/QIO) or designee.
- h. Crisis Residential Services are limited to sixty (60) days per state fiscal year.
- i. Crisis Residential Services do not include room and board.

**4. Community Support Services**

- a. Community Support Services are defined as services provided by a mobile community-based Community Support Specialist who addresses the mental health needs of the beneficiary, are focused on the beneficiary's ability to succeed in the community, and identify and assist with accessing services.
- b. The clinical purpose of Community Support Services is to assist the beneficiary in achieving and maintaining rehabilitation, resiliency, and recovery goals.
- c. The service components for Community Support Services include:
  - 1) Identification of strengths which will aid the beneficiary in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community.
  - 2) Individual therapeutic interventions with a beneficiary that directly increase the acquisition of skills needed to accomplish the goals set forth in the Individual Service Plan.
  - 3) Monitoring and evaluating the effectiveness of interventions, as evidenced by symptom reduction and progress toward goals.
  - 4) Psychoeducation on the identification and self-management of prescribed medication regimen and communication with the prescribing provider.
  - 5) Direct interventions in de-escalating situations to prevent crisis.
  - 6) Assisting a beneficiary in accessing needed services such as medical, social, educational, transportation, housing, substance abuse, personal care, employment and other services that may be identified in the Recovery Support Plan as components of Health, Home, Purpose and Community.
  - 7) Assisting the beneficiary and natural supports in implementation of therapeutic interventions outlined in the Individual Service Plan.
  - 8) Relapse prevention and disease management strategies.
  - 9) Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs of the beneficiary.
  - 10) Facilitation of the Individual Service Plan and/or Recovery Support Plan which includes the active involvement of the beneficiary and the people identified as important in the person's life.
- d. Community Support Services are provided by a Community Support Specialist Professional.
- e. Community Support Services must be included in a treatment plan approved by one of the following: a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- f. Community Support Services are limited to four hundred (400) fifteen (15) minute units per state fiscal year.

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

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**5. Medication Evaluation and Management**

- a. Medication management includes the evaluation and monitoring of psychotropic medications.
- b. Medication evaluation is performed by a psychiatrist, physician PMHNP or PA. The clinical purpose is to assess a beneficiary's mental health needs and to evaluate if psychopharmacological treatment of a mental disorder is necessary.
- c. Medication monitoring is defined as regular and periodic monitoring of the therapeutic and side effects of psychotropic medications prescribed for the treatment of a mental illness.
- d. The clinical purpose of medication monitoring is to ensure the beneficiary receives the proper dosage and adjustment of medications resulting in the appropriate therapeutic effects of the medication.
- e. Monitoring is performed by a psychiatrist, physician, PMHNP or PA.
- f. Only a psychiatrist, physician, PMHNP and PA can prescribe psychotropic medications.
- g. Medication evaluation and management visits are not limited when performed by a CMHC or PMHC.

**6. Medication Administration**

- a. Medication administration is defined as the administering of a prescribed medication.
- b. Only a psychiatrist, physician, PMHNP, PA, RN or LPN can administer medications.
- c. Medication administration is not limited.

**7. Psychiatric Diagnostic Evaluation**

- a. A Psychiatric Diagnostic Evaluation is defined as an integrated biopsychosocial assessment, including history, mental status, and recommendations.
- b. The clinical purpose of a Psychiatric Diagnostic Evaluation is to diagnose emotional, behavioral, or developmental disorders.
- c. A Psychiatric Diagnostic Evaluation must be provided by physician or other licensed practitioner operating within their scope of license and practice.
- d. Psychiatric Diagnostic Evaluations are limited to four (4) units per state fiscal year.

**8. Psychological Diagnostic Evaluation**

- a. A Psychological Diagnostic Evaluation is defined as an evaluation assessing the beneficiary's cognitive, emotional, behavioral and social functioning using standardized tests, interviews and behavioral observations.
- b. The clinical purpose of a Psychological Diagnostic Evaluation is to identify therapy needs, highlight issues presented in treatment, recommend forms of intervention, and offer guidance about potential outcomes of treatment.
- c. Psychological Diagnostic Evaluations must be completed by a licensed psychologist.
- d. Psychological Diagnostic Evaluations are limited to eight (8) units per state fiscal year.



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

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**9. Mental Health Assessment by a Non-Physician**

- a. A Mental Health Assessment is defined as the documentation of information from the beneficiary and/or collaterals describing the beneficiary's family background, educational/vocational achievements, presenting problem(s), history of problem(s), previous treatment, medical history, current medication(s), source of referral and other pertinent information to determine the nature of the beneficiary's or family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment.
- b. The clinical purpose of a Mental Health Assessment is to create a comprehensive picture of the beneficiary in order to develop treatment goals.
- c. A Mental Health Assessment must be provided by one of the following: PMHNP, PA, LCSW, LMSW, LPC, LMFT, CMHT, CIDDT, and CAT.
- d. Mental Health Assessments are limited to four (4) units per state fiscal year.

**10. Brief Emotional/Behavioral Health Assessment**

- a. A Brief Emotional/Behavioral Health Assessment is defined as a brief screening used to assess a beneficiary's emotional and/or behavioral health and covers a variety of standardized assessments.
- b. The clinical purposed of a Brief Emotional/Behavioral Assessment is to identify the need for more in-depth evaluation for a number of mental/behavioral conditions.
- c. A Brief Emotional/Behavioral Health Assessment must be provided by a provider that is train or certified to provide the assessment when applicable or operating within the scope of their license.
- d. Brief Emotional/Behavioral Health Assessment are limited to twelve (12) per state fiscal year.

**11. Nursing Assessment**

- a. A Nursing Assessment is defined as an assessment of an beneficiary's psychological, physiological and sociological history.
- b. The clinical purpose of the Nursing Assessment is to assess and evaluate the medical history, medication history, current symptoms, effectiveness of the current medication regime, extra-pyramidal symptoms, progress or lack of progress since the last contact, and provide education about mental illness and available treatment to the beneficiary and family.
- c. A Nursing Assessment must be completed by an RN.
- d. A Nursing Assessment is limited to one hundred forty-four (144) fifteen (15) minute units per state fiscal year.

**12. Individual Psychotherapy**

- a. Individual Psychotherapy is defined as one-on-one therapy for the purpose of treating a mental disorder.
- b. The clinical purpose of Individual Psychotherapy is to assess, prevent, and relieve distress or dysfunction and to increase the beneficiary's sense of well-being and personal development.

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

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- c. Individual Psychotherapy services must be included in a treatment plan approved by one of the practitioners listed in B.1.
- d. Individual Psychotherapy must be provided by the practitioners list in B.1. or in CMHC/PMHC by one (1) of the following staff in addition to the practitioners listed in B.1.: CMHT, CIDDT, and CAT.
- e. Individual Psychotherapy is limited to thirty-six (36) sessions per state fiscal year when provided without an evaluation and management visit. Interactive complexity is covered with an individual psychotherapy session when medically necessary.

**13. Family Psychotherapy**

- a. Family Psychotherapy is defined as therapy for the family which is exclusively directed at the beneficiary's needs and treatment. Family psychotherapy is covered both with and without the beneficiary present.
- b. The clinical purpose of Family Psychotherapy is to identify and treat family problems that cause dysfunction.
- c. Family Psychotherapy services must be included in a treatment plan approved by a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- d. Family Psychotherapy must be provided by the practitioners listed in B.1. or in a CMHC/PMHC by one (1) of the following staff in addition to the practitioners listed in B.1.: CMHT, CIDDT, and CAT.
- e. Family Psychotherapy is limited to twenty-four (24) sessions per state fiscal year.

**14. Group Therapy/Multi-Family Group Therapy**

- a. Group Therapy is defined as face-to-face therapy addressing the needs of several beneficiaries within a group.
- b. The clinical purpose of Group Therapy is to prevent deterioration, to encourage remediation and to provide rehabilitation.
- c. Multi-Family Group therapy is defined as therapy taking place between a practitioner listed in B.1. or CMHC/PMHC licensed staff and family members of at least two (2) different beneficiaries in a group setting. It combines the power of a group process with the systems focus of Family Therapy. The beneficiaries are not required to be present.
- d. The clinical purpose of Multi-Family Group Therapy is to give beneficiaries and/or the family a safe and comfortable place to work out problems and emotional disorders, gain insight into their own thoughts and behavior, and offer suggestions and support to others.
- f. Group Therapy/Multi-Family Group Therapy services must be included in a treatment plan approved by a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- g. Group Therapy/Multi-Family Group Therapy services must be provided by the practitioners listed in B.1. or in a CMHC/PMHC by one (1) of the following staff in addition to the practitioners listed in B.1.: CMHT, CIDDT, and CAT.
- h. Group Therapy/Multi-Family Group Therapy is limited to forty (40) sessions per state fiscal year. Interactive complexity is covered when medically necessary.

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

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**14. Acute Partial Hospitalization Services**

- a. Acute Partial Hospitalization Services are defined as a non-residential treatment program for beneficiaries who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. These beneficiaries require more intensive and comprehensive services offered in an outpatient treatment program but require less than twenty-four (24) hour care provided on inpatient basis.
- b. The clinical purpose of Acute Partial Hospitalization Services are to provide an alternative to hospitalization for beneficiaries not requiring twenty-four (24) hour supervision but still requiring a high degree of therapeutic support to return to normal daily activities in the home, school, work, and community.
- c. The service components for Acute Partial Hospitalization Services include:
  - 1) Treatment plan development and review.
  - 2) Medication management.
  - 3) Nursing assessment.
  - 4) Individual therapy.
  - 5) Group therapy.
  - 6) Family therapy.
- d. Acute Partial Hospitalization Services must be provided by licensed/certified entities including, but not limited to, a CMHC/PMHC, an outpatient department of a hospital or free standing psychiatric unit, a private psychiatric clinic or other provider certified by the DMH or other appropriate entity as determined by the Division of Medicaid.
- e. Acute Partial Hospitalization Services must be prior authorized as medically necessary by the UM/QIO or designee.
- f. Acute Partial Hospitalization Services must be included in a treatment plan approved a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- g. Acute Partial Hospitalization Services are limited to one hundred (100) days per state fiscal year. Services must be provided for a minimum of four (4) hours in one (1) day for at least three (3) days per week.

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

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**15. Psychosocial Rehabilitation Services**

- a. Psychosocial Rehabilitation Services are defined as a network of services designed to support and restore community functioning and well-being of beneficiaries eighteen (18) and older with a serious and persistent mental illness. Psychosocial Rehabilitation Services must meet the standards of the Mississippi Department of Mental Health.
- b. The clinical purpose of Psychosocial Rehabilitation Services is to assist beneficiaries attain their highest level of functioning in their community.
- c. Psychosocial Rehabilitation Services are provided in a DMH approved Psychosocial Rehabilitation Program that provides active treatment through evidence-based curriculum, such as Illness Management and Recovery, which includes:
  - 1) Group Therapy, and
  - 2) Skill Building Groups such as social skills training, coping skills, reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion.
- d. Psychosocial Rehabilitation Services must be included in a treatment plan approved a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- e. The Psychosocial Rehabilitation Program must comply with the Operational Standards published by DMH.
- f. Psychosocial Rehabilitation Services must be provided by a psychiatrist, physician, psychologist, PMHPN, PA, LCSW, LPC, LMFT, LMSW, CMHT, CIDDT, or CAT.
- g. Psychosocial Rehabilitation Services must be prior authorized as medically necessary by the Division of Medicaid's UM/QIO or designee.
- h. Psychosocial Rehabilitation Services are limited to five (5) hours per day, five (5) days a week.

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

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**16. Program of Assertive Community Treatment (PACT) Services**

- a. Program of Assertive Community Treatment (PACT) Services are defined as an person-centered, recovery-oriented mental health service delivery model for facilitating community living, psychosocial rehabilitation and recovery beneficiaries with severe and persistent mental illness, severe symptoms and impairments who have not benefited from traditional outpatient programs. PACT Services are a multi-disciplinary, self-contained clinical team approach with team members providing long-term intensive care in community settings. The team members provide all mental health services rather than referring beneficiaries to different mental health providers, programs, and other agencies.
- b. The clinical purpose of PACT Services are to provide community-based interdisciplinary care to improve the beneficiary's overall functioning at home, work, and in the community.
- c. The components of PACT Services are based on an all-inclusive evidence-based model that may include, but are not limited to, one (1) or more of the following:
  - 1) Treatment plan review and development.
  - 2) Medication management.
  - 3) Individual therapy.
  - 4) Family therapy.
  - 5) Group therapy.
  - 6) Crisis response.
  - 7) Community support.
  - 8) Peer support.
- d. The composition of the PACT team members must meet the requirements of the DMH and must include, but are not limited to:
  - 1) A team leader with a Master's degree in nursing, social work, psychiatric rehabilitation or psychology, or is a psychiatrist. The team leader must be professionally licensed or have a DMH credentials as a Certified Mental Health Therapist,
  - 2) A Psychiatrist or PMHNP,
  - 3) Registered nurse,
  - 4) Master's level mental health professional,
  - 5) Substance use disorder specialist,
  - 6) Employment specialist,
  - 7) Certified Peer Support Specialist Professional, and
  - 8) Other clinical personnel as determined by DMH.
- e. PACT Services must be included in a treatment plan, approved by the team leader, and provided by a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LMSW, LPC, LMFT, CMHT, CIDDT, or CAT.
- f. PACT Services must be prior authorized as medically necessary by the UM/QIO or designee.

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

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- g. PACT is limited to sixteen hundred (1600) fifteen (15) minute units per state fiscal year.

**17. Intensive Community Outreach and Recovery Team (ICORT) Services**

- a. Intensive Community Outreach and Recovery Team (ICORT) Services are defined as a recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for beneficiaries with a severe and persistent mental illness. It is a team oriented approach to mental health rehabilitation intervention and supports necessary to assist people in achieving and maintaining rehabilitative, resiliency and recovery goals.
- b. The clinical purpose of ICORT Services are to assist in keeping the people receiving the service in the community in which they live avoiding placement in state operated behavioral health service locations.
- c. The components of ICORT include:
- 1) Treatment plan development and review.
  - 2) Medication management.
  - 3) Individual therapy and family therapy provided in the home.
  - 4) Group therapy.
  - 5) Peer support services.
  - 6) Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.
- d. ICORT Services must be included in a treatment plan and approved by a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- e. ICORT Services providers must have the following staff:
- 1) A Team Leader who is a full-time Master's Level CMHT,
  - 2) A full-time registered nurse,
  - 3) A full-time equivalent Certified Peer Support Specialist Professional,
  - 4) A part-time clerical personnel, and
  - 5) If deemed necessary by DMH, a part-time Community Support Specialist can be added to the Intensive Community Outreach and Recovery Team.
- f. Services must be prior authorized as medically necessary by the UM/QIO or designee.
- g. ICORT Services are limited to two hundred seventy (270) days per state fiscal year.

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

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**18. Peer Support Services**

- a. Peer support Services are defined as non-clinical activities with a rehabilitation and resiliency/recovery focus that allow a person receiving of mental health services and substance use disorders services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues and challenges associated with various disabilities while directing their own recovery.
- b. The clinical purpose of Peer Support Services is to provide peer-to-peer support assisting a beneficiary with recovery from mental illness or substance abuse.
- c. The service components of Peer Support Services include:
  - 1) Development of a recovery support plan, and
  - 2) Skill building for coping with and managing symptoms while utilizing natural resources, and the preservation and enhancement of community living skills.
- d. Services are provided by a certified Peer Support Specialist Professional.
- e. Peer support services must be included in a treatment plan approved by one of the following: a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, or LMFT.
- f. Peer support is limited to two hundred (200) fifteen (15) minute units per state fiscal year

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

---

~~**13.d. Rehabilitative Services:** Rehabilitative services, except as otherwise provided under this Plan, includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level (42 CFR 440.130 (d)).~~

~~**A. Assurances**~~

- ~~1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:  
The Division of Medicaid covers all medically necessary services for EPSDT eligible beneficiaries ages birth to twenty one (21) in accordance with 1905 (a) of the Act, without regard to service limitations and with prior authorization.~~
- ~~2. Adequacy of Service Provisions:  
The CMHC providers are responsible for ensuring that each individual's mental health needs are met throughout the course of treatment. If all mental health services reimbursable by Medicaid during the state fiscal year are exhausted, CMHC providers will continue servicing adults on a sliding scale fee based on income.~~
- ~~2. Freedom of Choice:  
Participants have freedom of choice of qualified enrolled provider agencies and team members within that agency.~~

~~**B. Agency Requirements**~~

- ~~1. All rehabilitative services are provided by quasi-governmental or private Community Mental Health Center (CMHC) agencies certified according to Mississippi state law and by the Mississippi Department of Mental Health (DMH). Quasi-governmental CMHCs are defined as entities operated under the supervision of regional commissions appointed by county boards of supervisors comprising their respective catchment areas.
  - ~~a. DMH issues a three (3) year certification for the agency and the services provided unless stated otherwise at the time of certification.~~
  - ~~b. DMH certification is based on the following:
    - ~~1) Adherence to DMH standards, DMH grant requirement guidelines, contracts, memoranda of understanding, and memoranda of agreement;~~
    - ~~2) Compliance with DMH fiscal management standards and practices outlined in the DMH Operational Standards based on a risk-based audit system;~~
    - ~~3) Evidence of fiscal compliance with external funding sources;~~~~~~



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

---

- ~~4) Compliance with ethical practices and codes of conduct of professional licensing entities related to provision of services and management of the organization; and~~
- ~~5) Evidence of solid business and management practices.~~

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

---

**C. Team Member Qualifications**

- ~~1. Psychiatrists must be a graduate of a medical or osteopathic school, be board-certified in psychiatry and be licensed by the Mississippi State Board of Medical Licensure.~~
- ~~2. Physicians must be a graduate of a medical or osteopathic school and have a minimum of five (5) years' experience in mental health and be licensed by the Mississippi State Board of Medical Licensure.~~
- ~~3. Psychologists must hold a Ph.D. degree in psychology and be licensed by the Mississippi Board of Psychology.~~
- ~~4. Licensed Certified Social Workers (LCSW) must hold a Master's degree in social work and be licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists at the LCSW level.~~
- ~~5. Licensed Master Social Workers (LMSW) must hold a Master's degree in social work, be licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists at the LMSW level, and supervised by a LCSW, psychiatrist, physician or a psychologist.~~
- ~~6. Licensed Professional Counselors (LPC) must hold a Master's degree in counseling and be licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors.~~
- ~~7. Licensed Marriage and Family Therapists (LMFT) must hold a Master's degree in marriage and family therapy and be licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists.~~
- ~~8. Professional Art Therapists (ATR-BC) must hold a Master's degree in art therapy and be licensed by the Mississippi Department of Health.~~
- ~~9. Psychiatric Mental Health Nurse Practitioners (PMHNP) must hold a Master's degree in nursing with a specialty in psychiatry, be licensed by the Mississippi Board of Nursing, and must practice within a collaborative/consultative relationship with a physician within an established protocol or practice guidelines.~~
- ~~10. Physician Assistants (PA) must hold a Master's degree in a health related or science field, be licensed by the Mississippi Board of Medical Licensure, must be under the supervision of a psychiatrist or a physician and in order to provide medication management must have two (2) years of psychiatric training.~~
- ~~11. Registered Nurses (RN) must be a graduate from an approved or accredited RN nursing program, be licensed by the Mississippi Board of Nursing, and must be under the supervision of a psychiatrist, physician, PMHNP, or PA.~~
- ~~12. Licensed Practical Nurses (LPN) must be a graduate from an approved or accredited LPN nursing program, be licensed by the Mississippi Board of Nursing and supervised by a psychiatrist, physician, PMHNP, PA or RN.~~
- ~~13. DMH certifies the following team members:
  - ~~a. Certified Mental Health Therapists (CMHT), Certified Intellectual and Developmental Disabilities Therapists (CIDDT) and Certified Addiction Therapists (CAT) must hold a Master's degree in mental health, human services, intellectual disabilities, addictions, or behavioral health related fields from an approved educational institution. The Master's degree must be comprised of at~~~~

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

---

~~least thirty (30) semester hours or its equivalent. There are two (2) levels of certification:~~

- ~~1) Provisionally certified therapists are temporarily certified while fulfilling all the certification requirements, provide the same services as a CMHT, CIDDT and CAT and must be under the supervision of certified therapist of the same discipline. Provisional certification is valid for up to two years (24 consecutive months) from the date of issuance.~~
- ~~2) The certified credential is full certification and renewable every four (4) years as long as renewal requirements are met.~~
- ~~b. Community Support Specialists must hold a minimum of a Bachelor's degree in a mental health field, be certified by DMH as a Community Support Specialist and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LMSW, LPC, LMFT, CMHT, CIDDT, or a CAT.~~
- ~~c. Psychosocial Rehabilitation Program Director must hold a minimum of a Bachelor's degree in a mental health field, be certified by DMH as a Psychosocial Rehabilitation Program Director and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LMSW, LPC, LMFT, CMHT, CIDDT, or a CAT.~~
- ~~d. Peer Support Specialists must hold a minimum of a high school diploma or GED equivalent, demonstrate a minimum of six (6) months in self-directed recovery from mental illness or substance abuse within the last year, complete an initial and ongoing peer support training, such as Family to Family or Family Time Out, be certified by DMH as a Certified Peer Support Specialist and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LPC, LMFT, CMHT, CIDDT, CAT or a Peer Support Specialist Supervisor who has been trained as a Peer Support Specialist with an emphasis on supervision.~~
- ~~e. Certified Wraparound Facilitators must hold a minimum of a high school diploma or GED equivalent, complete the "Introduction to Wraparound" 3-day training, be certified by DMH, and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LPC, LMFT, CMHT, CIDDT, or a CAT who has completed the "Introduction to Wraparound" 3-day training and hold a DMH's High Fidelity Wraparound certificate.~~

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

**D. Rehabilitative Services** medically necessary for the treatment of the individual's illness, condition, or injury are provided to all eligible individuals as follows.

**1. Treatment Plan Development and Review**

- a. Treatment plan development and review is defined as the process through which a group of clinical team members meet to discuss the individual's treatment plan with the individual and his/her family members. The review utilizes a strengths based approach and addresses strengths and natural resources, presenting symptoms/problems, diagnostic impressions, and initiate/update a treatment plan that includes goals, objectives and treatment strategies.
- b. The clinical purpose of treatment plan development and review is to meet the needs of the individual by addressing the behaviors and making recommendations for treatment.
- c. This process may also be called an individual's service plan, plan of care or wraparound plan.
- d. The composition of the team members must include one of the following: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA, and may include any other team member listed in C. above.
- e. The treatment plan must be approved by one of the following: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA.
- f. Treatment plan development and review is limited to four (4) services per state fiscal year.

**2. Medication Management**

- a. Medication management includes the evaluation, administration and monitoring of psychotropic medications.
- b. Medication evaluation is performed by psychiatrists, physicians, PMHNP or PA. The clinical purpose is to assess an individual's mental health needs and to evaluate if psychopharmacological treatment of a mental disorder is necessary.
- c. Only psychiatrists, physicians, PMHNP and PA can prescribe psychotropic medications.
- d. Medication administration is defined as the administering of a prescribed medication. Only a psychiatrist, physician, PMHNP, PA, RN or LPN can administer medications.
- e. Medication monitoring is defined as regular and periodic monitoring of the therapeutic and side effects of psychotropic medications prescribed for the treatment of a mental disorder.
- f. Monitoring is performed by psychiatrists, physicians, PMHNP or PA.
- g. The clinical purpose of medication monitoring is to ensure the individual receives the proper dosage and adjustment of medications resulting in the appropriate therapeutic effects of the medication.
- h. Medication management is limited to seventy two (72) services per state fiscal year.

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

---

**3. Psychosocial Assessment**

- a. ~~Psychosocial assessment is defined as the documentation of information from the individual and/or collaterals describing the individual's family background, educational/vocational achievements, presenting problem(s), history of problem(s), previous treatment, medical history, current medication(s), source of referral and other pertinent information to determine the nature of the individual's or family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment.~~
- b. ~~The clinical purpose of a psychosocial assessment is to create a comprehensive picture of the individual in order to develop treatment goals.~~
- c. ~~One of the following team members is required to provide this service: psychiatrist, physician, psychologist, LCSW, LMSW, LPC, LMFT, PA, PMHNP, CMHT, CIDDT, and CAT.~~
- d. ~~Psychosocial assessments are limited to four (4) hours per state fiscal year.~~

**4. Psychological Evaluation**

- a. ~~Psychological evaluation is defined as an evaluation for the purpose of assessing the individual's cognitive, emotional, behavioral and social functioning using standardized tests, interviews and behavioral observations.~~
- b. ~~The clinical purpose of a psychological evaluation is to identify therapy needs, highlight issues presented in treatment, recommend forms of intervention, and offer guidance about potential outcomes of treatment.~~
- c. ~~Psychological evaluations must be completed by a psychologist.~~
- d. ~~Psychological evaluations are limited to four (4) hours per state fiscal year.~~

**5. Nursing Assessment**

- a. ~~Nursing assessment is defined as an assessment of an individual's psychological, physiological and sociological history.~~
- b. ~~The clinical purpose of the nursing assessment is to assess and evaluate the medical history, medication history, current symptoms, effectiveness of the current medication regime, extra pyramidal symptoms, progress or lack of progress since the last contact, and provide education about mental illness and available treatment to the individual and family.~~
- c. ~~A nursing assessment is completed by an RN.~~
- d. ~~Nursing assessment is limited to one hundred forty four (144) fifteen (15) minute units per state fiscal year.~~

**6. Individual Therapy**

- a. ~~Individual therapy is defined as one-on-one therapy for the purpose of treating a mental disorder.~~
- b. ~~The clinical purpose of individual therapy is to assess, prevent, and relieve psychologically based distress or dysfunction and to increase the individual's sense of well-being and personal development.~~

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

---

- ~~e. Individual therapy services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team members who may provide individual therapy include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, ATR-BC, PMHNP, PA, LMSW, CMHT, CIDDT, or CAT.~~
- ~~d. Individual therapy is limited to thirty six (36) services per state fiscal year.~~

**7. Family Therapy**

- ~~a. Family therapy is defined as therapy for the family which is exclusively directed at the individual's needs and treatment. The individual is not required to be present during family therapy.~~
- ~~b. The clinical purpose of family therapy is to identify and treat family problems that cause dysfunction.~~
- ~~e. Family therapy services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team members who may provide family therapy include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, ATR-BC, PMHNP, PA, LMSW, CMHT, CIDDT, or CAT.~~
- ~~e. Family therapy is limited to twenty four (24) services per state fiscal year.~~

**8. Group Therapy/Multi-Family Group Therapy**

- ~~a. Group therapy is defined as face to face therapy addressing the needs of several individuals within a group.~~
- ~~b. The clinical purpose of group therapy is to prevent deterioration, to encourage remediation and to provide rehabilitation.~~
- ~~c. Multi family group therapy is defined as therapy taking place between a mental health team member and family members of at least two different individuals in a group setting. It combines the power of a group process with the systems focus of family therapy. The individuals are not required to be present.~~
- ~~d. The clinical purpose of multi family group therapy is to give individuals and/or the family a safe and comfortable place to work out problems and emotional disorders, gain insight into their own thoughts and behavior, and offer suggestions and support to others.~~
- ~~f. Group therapy/multi family group therapy services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team members who may provide group therapy/multi family group therapy include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, ATR-BC, PMHNP, PA, LMSW, CMHT, CIDDT, or CAT.~~
- ~~e. Group therapy/multi family group therapy is limited to forty (40) services per state fiscal year.~~

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

---

**9. ~~Psychosocial Rehabilitation~~**

- ~~a. Psychosocial rehabilitation is defined as a rehabilitative service based on active treatment and is the most intensive day program available for individuals eighteen (18) and older, designed to support individuals requiring extensive clinical services to support community inclusion, prevent re-hospitalization, and alleviate psychiatric decompensation, confusion, anxiety, feelings of low self worth, isolation and withdrawal.~~
- ~~b. The clinical purpose of psychosocial rehabilitation is to assist individuals attain their highest level of functioning in their community.~~
- ~~c. Psychosocial rehabilitation services are provided in a program that provides active treatment through evidence based curriculum, such as Illness Management and Recovery, and the components include:
  - ~~1) Treatment plan development and review.~~
  - ~~2) Individual therapy.~~
  - ~~3) Group therapy.~~
  - ~~4) Skill building groups such as social skills training, coping skills, reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion.~~~~
- ~~g. Psychosocial rehabilitation services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. The Psychosocial Rehabilitation Program Director provides administrative services for individuals receiving psychosocial rehabilitation. Team members who may provide psychosocial rehabilitation include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, PA, LMSW, CMHT, CIDDT, or CAT.~~
- ~~d. Psychosocial rehabilitation services must be prior authorized as medically necessary by the Division of Medicaid's Utilization Management and Quality Improvement Organization (UM/QIO).~~
- ~~e. Psychosocial rehabilitation is limited to five (5) hours per day, five (5) days a week.~~
- ~~f. Similar services are available to individuals from birth to age twenty one (21) through Day Treatment services.~~

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

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**10. Day Treatment**

- ~~a. Day treatment is the most intensive outpatient program available all individuals under the age of twenty one (21) and is defined as a behavioral intervention program, provided in the context of a therapeutic milieu, which enables them to live in the community.~~
- ~~b. The clinical purpose of day treatment is to improve emotional, behavior, social and educational development of all individuals under the age of twenty one (21) who need significant coping skills to appropriately function in the home, school, and community.~~
- ~~e. The service components for day treatment include:
  - ~~1) Treatment plan development and review.~~
  - ~~2) Individual therapy.~~
  - ~~3) Group therapy.~~
  - ~~4) Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.~~~~
- ~~d. Day treatment services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team member who may provide day treatment include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, PA, LMSW or CMHT.~~
- ~~e. Services must be prior authorized as medically necessary by the UM/QIO.~~
- ~~f. Day treatment is limited to five (5) hours per day, five (5) days a week.~~



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

---

**11. ~~Acute Partial Hospitalization Services~~**

- a. ~~Acute Partial Hospitalization Services are available only in a community based setting and not through the outpatient department of a hospital and defined as a non-residential treatment program for individuals who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. These individuals require more intensive and comprehensive services offered in an outpatient treatment program but require less than twenty-four (24) hour care provided on inpatient basis.~~
- b. ~~The clinical purpose of acute partial hospitalization is to provide an alternative to hospitalization for individuals not requiring twenty-four (24) hour supervision but still requiring a high degree of therapeutic support in order to return to normal daily activities in the home, school, work, and community.~~
- c. ~~The service components for acute partial hospitalization include:
  - 1) ~~Treatment plan development and review.~~
  - 2) ~~Medication management.~~
  - 3) ~~Nursing assessment.~~
  - 4) ~~Individual therapy.~~
  - 5) ~~Group therapy.~~
  - 6) ~~Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.~~~~
- d. ~~Acute partial hospitalization must be prior authorized as medically necessary by the UM/QIO.~~
- e. ~~Acute partial hospitalization must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team member who may provide acute partial hospitalization include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, PA LMSW, CMHT, CIDDT, or CAT.~~
- f. ~~Acute Partial Hospitalization is limited to one hundred (100) days per state fiscal year.~~

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

---

**12. Crisis Response Services**

- a. ~~Crisis Response is defined as supports, services and treatments necessary to provide integrated crisis response, crisis stabilization, and prevention interventions available twenty four (24) hours a day, seven (7) days a week, three hundred and sixty five (365) days a year. These services provide immediate evaluation, triage and access to services, treatment, and support in an effort to reduce symptoms and harm and, if appropriate, safely transition individuals in an acute crisis to the appropriate level of care for stabilization.~~
- b. ~~The clinical purpose of crisis response services is to assist the individual cope with immediate stressors, identify and use available resources and the individual's strengths, and develop treatment options in order to avoid unnecessary hospitalization and return to the individual's prior level of functioning.~~
- c. ~~The service components for crisis response services include:
  - 1) ~~Treatment plan development and review.~~
  - 2) ~~Medication management.~~
  - 3) ~~Nursing assessment.~~
  - 4) ~~Individual therapy.~~
  - 5) ~~Family therapy.~~~~
- d. ~~Team members must be certified in a professionally recognized method of crisis intervention and de-escalation and must include one of the following: a psychiatrist, physician, psychologist, LCSW, LMSW, LPC, LMFT, PMHNP, PA, RN, CMHT, CIDDT, and CAT.~~
- e. ~~Crisis Response Services must be available by phone with a mobile crisis response team twenty four (24) hours a day, seven (7) days a week.~~
- h. ~~Crisis response services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team members who may provide crisis response services include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, PA, LMSW, CMHT, CIDDT, CAT, or Community Support Specialist.~~
- f. ~~Crisis Response service is limited to thirty two (32) fifteen (15) minute units per day with a state fiscal year limit of two hundred twenty four (224) fifteen (15) minute units.~~

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

---

**13. Crisis Residential Services**

- a. ~~Crisis residential services are defined as services provided in a setting other than an acute care hospital or a long term residential treatment facility which consists of no more than sixteen (16) beds. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization on a short-term basis serving as a transition or diversion from inpatient hospitalization.~~
- b. ~~The clinical purpose of crisis residential services is to provide treatment to an individual not requiring twenty four (24) hour medical and nursing care, but may benefit from a twenty four (24) hour supervised, structured living arrangement in order to return them to their pre-crisis level of functioning.~~
- e. ~~The service components for crisis response services include:
  - 1. ~~Treatment plan development and review.~~
  - 2. ~~Medication management.~~
  - 3. ~~Nursing assessment.~~
  - 4. ~~Individual therapy.~~
  - 5. ~~Family therapy.~~
  - 6. ~~Group therapy.~~
  - 7. ~~Crisis response.~~
  - 8. ~~Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.~~~~
- d. ~~The services must be ordered by a psychiatrist, physician, psychologist, PMHNP or PA.~~
- e. ~~The composition the team members must include one of the following: a psychiatrist, physician, psychologist, LCSW, LMSW, LPC, LMFT, PMHNP, PA, RN, CMHT, CIDDT, and CAT.~~
- f. ~~Services must be prior authorized as medically necessary by the UM/QIO.~~
- g. ~~Crisis Residential service is limited to sixty (60) days per state fiscal year.~~
- h. ~~Service does not include room and board (payment).~~

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Date Effective 07/01/2012  
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DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL  
CARE AND SERVICES PROVIDED

---

**14. Peer Support Services**

- a. ~~Peer support is defined as an evidenced based person centered mental health model of care which allows individuals the opportunity to direct their own recovery of any mental illness or substance abuse.~~
- b. ~~The clinical purpose of peer support services is to provide peer-to-peer support assisting an individual with recovery from mental illness or substance abuse.~~
- c. ~~The service components of peer support services include:
  - 1) ~~Treatment plan development and review.~~
  - 2) ~~Skill building for coping with and managing symptoms while utilizing natural resources, and the preservation and enhancement of community living skills.~~~~
- d. ~~Services are provided by a Peer Support Specialist.~~
- e. ~~Peer support services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP or PA.~~
- f. ~~Peer support is limited to six (6) fifteen (15) minute units per day with a state fiscal year limit of two hundred (200) fifteen (15) minute units.~~

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

---

**15. Community Support Services**

- a. ~~Community support services are defined as services provided by a mobile community based Community Support Specialist which addresses the mental health needs of the individual, are focused on the individual's ability to succeed in the community and to identify and assist with accessing services.~~
- b. ~~The clinical purpose of community support services is to assist the individual in achieving and maintaining rehabilitation, resiliency, and recovery goals.~~
- c. ~~The service components for community support services include:
  - 1) ~~Resource Coordination that directly increase the acquisition of skills needed to accomplish the goals set forth in the treatment plan.~~
  - 2) ~~Monitoring and evaluating the effectiveness of interventions, as evidenced by symptom reduction and progress toward goals.~~
  - 3) ~~Psychoeducation on the identification and self management of prescribed medication regimen and communication with the prescribing provider.~~
  - 4) ~~Direct interventions in escalating situations to prevent crisis.~~
  - 5) ~~Home and community visits for the purpose of monitoring the individual's condition and orientation.~~
  - 6) ~~Assisting the individual and natural supports in implementation of therapeutic interventions outlined in the treatment plan.~~
  - 7) ~~Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs of the individual.~~~~
- d. ~~Services are provided by a Community Support Specialist.~~
- e. ~~Community support services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP or PA.~~
- f. ~~Services are limited to six (6) fifteen minute units per day with a state fiscal year limit of four hundred (400) fifteen (15) minute units per year.~~

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

---

**16. ~~Wraparound Facilitation~~**

- ~~a. Wraparound facilitation is defined as the development and implementation of a treatment plan which addresses the prioritized needs of an individual up to the age of twenty one (21). The treatment plan empowers the individual to achieve the highest level of functioning through the involvement of family, natural and community supports.~~
- ~~b. The clinical purpose of wraparound facilitation is to assist an individual to function at the highest level at home, school, and the community through an intensive, individualized treatment plan.~~
- ~~c. The service components for wraparound facilitation include:
  - ~~1) Treatment plan development and review.~~
  - ~~2) Identifying providers of services and other community resources to meet family and the individual's needs.~~
  - ~~3) Making necessary referrals for the individual.~~~~
- ~~d. Services are provided by a Certified Wraparound Facilitator.~~
- ~~e. Wraparound services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP or PA. Team members who may provide wraparound services include: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP or PA.~~
- ~~f. Services are limited to sixteen (16) fifteen (15) minute units per day with a fiscal year limit of two hundred (200) fifteen (15) minute units.~~
- ~~g. Similar services are provided to individuals over the age of twenty one (21) through Program of Assertive Community Treatment (PACT).~~

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

---

**17. Intensive Outpatient Psychiatric Services**

- a. ~~Intensive outpatient psychiatric services are defined as treatment provided in the home or community to individuals up to the age of twenty one (21) with serious mental illness for family stabilization to empower the individual to achieve the highest level of functioning. Based on a wraparound model, this service is a time-limited intensive family intervention to diffuse the current crisis, evaluate its cause, and intervene to reduce the likelihood of a recurrence.~~
- b. ~~The clinical purpose of intensive outpatient psychiatric services is to stabilize the living arrangement, promote reunification and prevent the utilization of out-of-home therapeutic resources to allow the individual to remain at home and in the community.~~
- c. ~~The components of intensive outpatient psychiatric services, based on an all-inclusive model that covers all mental health services the individual may need, may include:
  - 1) ~~Treatment plan development and review.~~
  - 2) ~~Medication management.~~
  - 3) ~~Intensive individual therapy and family therapy provided in the home.~~
  - 4) ~~Group therapy.~~
  - 5) ~~Day Treatment.~~
  - 6) ~~Peer support services.~~
  - 7) ~~Skill building groups such as social skills training, self esteem building, anger control, conflict resolution and daily living skills.~~
  - 8) ~~Wraparound facilitation.~~~~
- d. ~~Intensive outpatient must be included in a treatment plan and approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Team members who may provide day treatment include: a LMSW, CMHT, CIDDT, or CAT.~~
- e. ~~Services must be prior authorized as medically necessary by the UM/QIO.~~
- f. ~~Intensive outpatient psychiatric services are limited to two hundred seventy (270) days per fiscal year.~~

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TN No. 2012-003 20-0022

Supersedes

TN No. New-2012-003

Date Received

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

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**18. PACT**

- a. ~~Program of Assertive Community Treatment (PACT) is defined as an individual-centered, recovery oriented mental health service delivery model for facilitating community living, psychosocial rehabilitation and recovery for individual over the age of twenty one (21) with severe and persistent mental illness, severe symptoms and impairments who have not benefited from traditional outpatient programs. PACT is a multi-disciplinary, self contained clinical team approach with team members providing long term intensive care in community settings. The team members provide all mental health services rather than referring individuals to different mental health providers, programs, and other agencies.~~
- b. ~~The clinical purpose of PACT is to provide community-based interdisciplinary care to improve the individual's overall functioning at home, work, and in the community.~~
- c. ~~The components of PACT services, based on an all-inclusive evidence-based model that may include, but are not limited to, one or more of the following:
  - 1) ~~Treatment plan review and development.~~
  - 2) ~~Medication management.~~
  - 3) ~~Individual therapy.~~
  - 4) ~~Family therapy.~~
  - 5) ~~Group therapy.~~
  - 6) ~~Crisis response.~~
  - 7) ~~Crisis response.~~
  - 8) ~~Community support.~~
  - 9) ~~Peer Support.~~~~
- d. ~~The composition of the ACT team members must include a psychiatrist, physician or PMHNP, and an RN, CAT and peer support specialist and must include one or more of the following: psychologist, LCSW, LMSW, LPC, or LMFT. The ACT team leader must be a psychiatrist, physician, psychologist, LCSW, or PMHNP and is the clinical and administrative leader of the team. The team leader, in conjunction with the psychiatrist, is responsible for supervising and directing all team members.~~
- e. ~~PACT services must be included in a treatment plan, approved by the team leader, and provided by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LMSW, LPC, LMFT, PMHNP, PA, CMHT, CIDDT, or CAT.~~
- f. ~~Services must be prior authorized as medically necessary by the UM/QIO.~~
- g. ~~Similar services provided to individuals up to age twenty one (21) through intensive outpatient psychiatric services.~~
- h. ~~PACT is limited to forty (40) fifteen (15) minute units per day with a state fiscal year limit of sixteen hundred (1600) fifteen (15) minute units.~~



State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

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13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services: Mental Health Services described in Attachment 3.1-A, Exhibit 13.d are reimbursed as follows:

Covered services billed using Current Procedural Terminology (CPT) codes for psychiatric therapeutic procedures are reimbursed based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1 each year and effective July 1 and updated annually.

Covered services billed using Healthcare Common Procedure Coding System (HCPCS) are reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid (DOM) engaged an actuarial firm to establish fees. DOM provided service descriptions and other information for the existing mental health services offered and the proposed new services. The relationships between comparable services for Medicaid programs in other states were examined to develop factors to apply to existing Mississippi fees to calculate the new service group fees with the fees for the existing mental health services. Consideration was given to the service descriptions, required provider credentials and current costs associated with services. Preliminary fees were modified to better reflect the expected provider cost relative to other mental health services. The agency's state developed fee schedule rate is set as of July 1, 2012, and is effective for services provided on or after that date. Effective September 1, 2020, Intensive Community Outreach and Recovery Team (I-CORT) services will be paid the rate established July 1, 2012 for Intensive Outpatient Programs (IOP) and Mental Health Assessments by a Non-Physician will be paid ninety percent (90%) of the Medicaid physician rate for a Psychiatric Diagnostic Evaluation.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private providers of mental health rehabilitative services as described in Attachment 3.1-A, Exhibit 13.d. All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.

The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place for community mental health services since July 1, 2012 and the fee schedule already incorporates the five percent (5%) reduction.

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State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

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Covered services billed using Current Procedural Terminology (CPT) codes for psychiatric therapeutic procedures are reimbursed based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1 each year and effective July 1 and updated annually.

Covered services billed using Healthcare Common Procedure Coding System (HCPCS) are reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid (DOM) engaged an actuarial firm to establish fees. DOM provided service descriptions and other information for the existing mental health services offered and the proposed new services. The relationships between comparable services for Medicaid programs in other states were examined to develop factors to apply to existing Mississippi fees to calculate the new service group fees with the fees for the existing mental health services. Consideration was given to the service descriptions, required provider credentials and current costs associated with services. Preliminary fees were modified to better reflect the expected provider cost relative to other mental health services. The agency's state developed fee schedule rate is set as of July 1, 2012, and is effective for services provided on or after that date. Effective September 1, 2020 Intensive Community Outreach and Recovery Team (I-CORT) services will be paid the rate established July 1, 2012 for Intensive Outpatient Programs (IOP) ) and Mental Health Assessments by a Non-Physician will be paid ninety percent (90%) of the Medicaid physician rate for a Psychiatric Diagnostic Evaluation.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private providers of mental health rehabilitative services as described in Attachment 3.1-A, Exhibit 13.d. All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.

~~Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The five percent (5%) reduction in reimbursement is made after the published rate is applied. This provision is not applicable to Indian Health Services or for services provided by the University of Mississippi Medical Center or a state agency, a state facility or a public agency that either provides its own state match through intergovernmental transfer or certification of funds to the division, or a service for which the federal government sets the reimbursement methodology and rate.~~ The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place for community mental health services since July 1, 2012 and the fee schedule already incorporates the five percent (5%) reduction.

State of Mississippi

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

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IV. Rehabilitative Services

42 CFR 441.57 Medically necessary rehabilitative services include a range of coordinated services provided to Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries to correct, reduce or prevent further deterioration of identified deficits in the child's mental health.  
42 CFR  
440.130 (d)

A. Rehabilitative services include the services listed in Attachment 3.1-A, Exhibit 13d, and services to correct deficits that are identified through comprehensive screening, assessment and evaluations by enrolled qualified providers without regard to limitations and with prior authorization and must:

1. Be provided by a provider that has enrolled with the Mississippi Division of Medicaid that is operating within the scope of their license and/or certification.
2. Be face-to-face with the beneficiary except for treatment plan development and review,
3. Be medically necessary,
4. Address identified problems allowing the beneficiary to attain the highest level of functioning, and
5. Be provided in a community-based setting.

B. Rehabilitative services listed below are covered when ordered by an enrolled physician or other licensed practitioner operating within their scope of practice and prior authorized as medically necessary by the Utilization Management/Quality Improvement Organization (UM/QIO) or designee. These include, but are not limited to:

1. Day Treatment Services are covered for EPSDT-eligible beneficiaries when the service and provider meet the following requirements:
  - a. Day treatment is defined as a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which enables individuals between the ages of three (3) and twenty-one (21) with serious emotional disturbances or autism/Asperger's syndrome to live in the community.
  - b. The clinical purpose of day treatment is to improve emotional, behavior, social and development of all individuals under the age of twenty-one (21) who need significant coping skills to appropriately function in the home, school, and community.
  - c. The service components of day treatment include:
    - 1) Treatment plan development and review, and
    - 2) Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.
  - d. Day treatment programs must be certified to operate by the Mississippi Department of Mental Health (DMH).
  - e. Day treatment services must be included in a treatment plan approved by one of

State of Mississippi

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

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the following: a psychiatrist, physician, psychologist, Psychiatric-Mental Health Nurse Practitioner (PMHNP), Physician Assistant (PA), Licensed Clinical Social Worker (LCSW), LPC, or Licensed Marriage and Family Therapist (LMFT). Staff who may provide day treatment include a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, LMFT, LMSW or Certified Mental Health Therapist (CMHT).

- f. Services must be prior authorized as medically necessary by the UM/QIO or designee.
2. Wraparound Facilitation services are covered for EPSDT eligible beneficiaries when the service and provider meet the following requirements:
    - a. Wraparound facilitation is defined as the creation and facilitation of a child/youth and family team for the purpose of developing a single plan of care to address the needs of children/youth with complex mental health challenges and their families.
    - b. The clinical purpose of wraparound facilitation is to assist an individual to function at the highest level at home, school, and the community through an intensive, individualized treatment plan.
    - c. The service components for wraparound facilitation include:
      - 1) Treatment plan development and review.
      - 2) Identifying providers of services and other community resources to meet family and the individual's needs.
      - 3) Making necessary referrals for the individual.
    - d. Services are provided by a Certified Wraparound Facilitator. Certified Wraparound Facilitators must hold a minimum of a bachelor's degree in a mental health, intellectual/developmental disabilities, or human services/behavioral health-related field and complete all activities as required by DMH to maintain wraparound facilitator certification, and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LPC, LMFT, CMHT, CIDDT, or a CAT who has met all DMH wraparound supervisory training and certification requirements.
    - e. Wraparound services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, PMHNP, PA, LCSW, LPC, LMFT. Wraparound services must be provided by wraparound facilitators who have at least a Bachelor's degree and are a certified community support specialist.
    - f. Services are limited to two hundred (200) fifteen (15) minute units per state fiscal year. Beneficiaries may receive additional services when prior authorized as medically necessary by the UM/QIO or designee.

State of Mississippi

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

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3. Mississippi Youth Programs Around the Clock (MYPAC) services are covered for EPSDT-eligible beneficiaries when prior authorized by the UM/QIO or designee and the service and provider meet the following requirements:
  - a. MYPAC services are home and community-based services for EPSDT-eligible beneficiaries with a serious emotional disturbance (SED) that meet the level of care provided in a psychiatric residential treatment facility (PRTF). MYPAC services include:
    1. Mental health services using evidence-based practices which includes but is not is not limited to intensive in-home therapy, crisis outreach, medication management and psychiatric services,
    2. Social services to ensure basic needs are met, provide family support, and develop age appropriate independent living skills.
    3. Wraparound services.
  - b. Mississippi Youth Programs Around the Clock (MYPAC) providers must be certified by the Mississippi Department of Mental Health to provide community support services and wraparound facilitation and enrolled as a provider with the Division of Medicaid.

State of Mississippi

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

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IV. Rehabilitative Services

42 CFR 441.57 Medically necessary rehabilitative services include a range of coordinated services provided to ~~children under 21 years of age~~ EPSDT-eligible beneficiaries in order to correct, reduce or prevent further deterioration of identified deficits in the child's mental health.

42 CFR  
440.130 (d)

A. ~~Rehabilitative services include the services listed in Attachment 3.1-A, Exhibit 13d without regard to limitations and services to correct deficits that are identified through comprehensive screening, assessment and evaluations by enrolled qualified mental health professionals and/or medical professionals providers and must:~~

~~Services provided must be face to face, medically necessary, within the scope of practice of the provider and address identified problems in order that the beneficiary may to attain the best level of functioning for him/her. Services include provision of direct one on one treatment with the child and a provision for collaborations with and instruction to parents and/or other caregivers in addressing the child's identified needs, as outlined on a treatment plan. Services provided to family members or caregivers that are independent of meeting the identified needs of the child or which are primarily focused on academic education are not covered by Medicaid.~~

1. Be provided by a provider that has enrolled with the Mississippi Division of Medicaid that is operating within the scope of their license and/or certification.
2. Be face-to-face with the beneficiary except for treatment plan development and review,
3. Be medically necessary,
4. Address identified problems allowing the beneficiary to attain the highest level of functioning, and
5. Be provided in a community-based setting.

B. Rehabilitative services listed below are covered when ordered by an enrolled physician or other licensed practitioner operating within their scope of practice and prior authorized as medically necessary by the UM/QIO. These include but are not limited to:

1. Day Treatment Services are covered for EPSDT eligible beneficiaries when the service and provider meet the following requirements:
  - a. Day treatment is defined as a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which enables individuals between the ages of three (3) and twenty-one (21) with serious emotional disturbances or autism/Asperger's syndrome to live in the community.
  - b. The clinical purpose of day treatment is to improve emotional, behavior, social and development of all individuals under the age of twenty-one (21) who need significant coping skills to appropriately function in the home, school, and community.
  - c. The service components of day treatment include:
    - 1) Treatment plan development and review.

State of Mississippi

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

- 2) Skill building groups such as social skills training, self-esteem building, anger control, conflict resolution and daily living skills.
  - d. Day treatment programs must be certified to operate by the Mississippi Department of Mental Health.
  - e. Day treatment services must be included in a treatment plan approved by one of the following: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, or PA. Staff who may provide day treatment include a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP, PA, LMSW or CMHT.
  - f. Services must be prior authorized as medically necessary by the UM/QIO.
- 2. Wraparound Facilitation services are covered for EPSDT eligible beneficiaries when the service and provider meet the following requirements:
  - a. Wraparound facilitation is defined as the creation and facilitation of a child/youth and family team for the purpose of developing a single plan of care to address the needs of children/youth with complex mental health challenges and their families.
  - b. The clinical purpose of wraparound facilitation is to assist an individual to function at the highest level at home, school, and the community through an intensive, individualized treatment plan.
  - c. The service components for wraparound facilitation include:
    - 1) Treatment plan development and review.
    - 2) Identifying providers of services and other community resources to meet family and the individual's needs.
    - 3) Making necessary referrals for the individual.
  - d. Services are provided by a Certified Wraparound Facilitator. Certified Wraparound Facilitators must hold a minimum of a bachelor's degree in a mental health, intellectual/developmental disabilities, or human services/behavioral health-related field and complete all activities as required by DMH to maintain wraparound facilitator certification, and must be under the supervision of a psychiatrist, physician, PMHNP, PA, LCSW, LPC, LMFT, CMHT, CIDDT, or a CAT who has met all DMH wraparound supervisory training and certification requirements.
  - e. Wraparound services must be included in a treatment plan approved by one of the following team members: a psychiatrist, physician, psychologist, LCSW, LPC, LMFT, PMHNP or PA. Wraparound services must be provided by wraparound facilitators who have at least a Bachelor's degree and are a certified community support specialist.
  - f. Services are limited to two hundred (200) fifteen (15) minute units per state fiscal year. Beneficiaries may receive additional services when prior authorized as medically necessary by the UM/QIO.

State of Mississippi

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

3. Mississippi Youth Programs Around the Clock (MYPAC) services are covered for EPSDT-eligible beneficiaries when the service and provider meet the following requirements:
  - a. MYPAC services are home and community-based services for EPSDT-eligible beneficiaries with a serious emotional disturbance (SED) that meet the level of care provided in a psychiatric residential treatment facility (PRTF), MYPAC services include:
    1. Mental health services using evidence-based practices which include intensive in-home therapy, crisis outreach, medication management and psychiatric services.
    2. Social services to ensure basic needs are met, provide family support, and develop age appropriate independent living skills.
    3. Physical health and welfare services that include assistance to the family in obtaining screenings from the Early Periodic Screening, Diagnosis, and treatment (EPSDT) services.
  - b. Mississippi Youth Programs Around the Clock (MYPAC) providers must be certified by the Mississippi Department of Mental Health to provide community support services and wraparound facilitation and enrolled as a provider with the Division of Medicaid.

~~Prior authorization may be requested through the submission of an authorization request by a qualified Medicaid provider. Additional documentation to substantiate medical necessity may be requested by the Medicaid Agency.~~



## State of Mississippi

### Methods and Standards for Establishing Payment Rates – Other Types of Care

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The Division of Medicaid reimburses ASD services in accordance with the most recent publication of the Current Procedural Terminology (CPT) ©American Medical Association. Reimbursement for ASD service codes is the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, Bureau of Labor Statistics (BLS) wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates effective for July 1<sup>st</sup> for 2017, 2018 and 2019 were updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1. Effective July 1, 2020, the rates will remain the same as those effective July 1, 2019.

Rates for ASD services are the same for private and governmental providers and are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

The Division of Medicaid will reduce the rate of reimbursement to ASD providers, when applicable, by five percent (5%) of the allowed amount for that service. The five percent (5%) reduction has been in effect since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction.

## State of Mississippi

### Methods and Standards for Establishing Payment Rates – Other Types of Care

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~~Reimbursement for non-Autism Spectrum Disorder (ASD) services to Psychologists, Licensed Clinical Social Workers (LCSW), and Licensed Professional Counselors (LPC) for EPSDT-eligible beneficiaries is the lesser of the usual and customary charge or based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1 each year and effective July 1 and updated annually.~~

The Division of Medicaid reimburses ASD services in accordance with the most recent publication of the Current Procedural Terminology (CPT) ©American Medical Association. Reimbursement for ASD service codes is the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, Bureau of Labor Statistics (BLS) wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates are updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1 and are effective for services provided on or after July 1.

Rates for ASD services are the same for private and governmental providers and are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#.12>

The Division of Medicaid will reduce the rate of reimbursement to ASD providers, when applicable, by five percent (5%) of the allowed amount for that service. The five percent (5%) reduction has been in effect since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction.

**State of Mississippi**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER  
TYPES OF CARE**

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The Division of Medicaid reimburses for medically necessary expanded rehabilitative services for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries as follows:

Covered services billed using Current Procedural Terminology (CPT) codes for psychiatric therapeutic procedures are reimbursed based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1 each year and effective July 1 and updated annually.

Covered services billed using Healthcare Common Procedure Coding System (HCPCS) are reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid (DOM) engaged an actuarial firm to establish fees. DOM provided service descriptions and other information for the existing mental health services offered and the proposed new services. The relationships between comparable services for Medicaid programs in other states were examined to develop factors to apply to existing Mississippi fees to calculate the new service group fees with the fees for the existing mental health services. Consideration was given to the service descriptions, required provider credentials and current costs associated with services. Preliminary fees were modified to better reflect the expected provider cost relative to other mental health services. The agency's state developed fee schedule rate is set as of July 1, 2012, and is effective for services provided on or after that date.

Mississippi Youth Programs Around the Clock (MYPAC) services are reimbursed a per diem rate that was set at the time the services were approved under the Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration Grant Program.

The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place since July 1, 2012 and the fee schedule already incorporates the five percent (5%) reduction.

State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER  
TYPES OF CARE**

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The Division of Medicaid reimburses for medically necessary expanded rehabilitative services for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries as follows:

Covered services billed using Current Procedural Terminology (CPT) codes for psychiatric therapeutic procedures are reimbursed based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1 each year and effective July 1 and updated annually.

Covered services billed using Healthcare Common Procedure Coding System (HCPCS) are reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid (DOM) engaged an actuarial firm to establish fees. DOM provided service descriptions and other information for the existing mental health services offered and the proposed new services. The relationships between comparable services for Medicaid programs in other states were examined to develop factors to apply to existing Mississippi fees to calculate the new service group fees with the fees for the existing mental health services. Consideration was given to the service descriptions, required provider credentials and current costs associated with services. Preliminary fees were modified to better reflect the expected provider cost relative to other mental health services. The agency's state developed fee schedule rate is set as of July 1, 2012, and is effective for services provided on or after that date.

Mississippi Youth Programs Around the Clock (MYPAC) services are reimbursed a per diem rate that was set at the time the services were approved under the Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration Grant Program.

The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place since July 1, 2012 and the fee schedule already incorporates the five percent (5%) reduction.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

Attachment 3.1-A

Exhibit 6d

Page 1

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

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6d. Other Practitioners' Services:

**Nurse Practitioner Services:** Services furnished by a registered nurse who is licensed and certified by the Mississippi Board of Nursing as a nurse practitioner including, but not \_ limited to nurse anesthetists, nurse midwives, family nurse practitioners, family planning nurse practitioners, pediatric nurse practitioners, obstetrics-gynecology nurse practitioners and neonatal nurse practitioners, under regulations adopted by the Division.

**Physician Assistant Services:** Physician assistant services are those provided by physician assistants who are licensed by the State. Board of Medical Licensure and are practicing with physician supervision under regulations adopted by the Division.

Psychologist, Licensed Certified Social Workers (LCSW) and Licensed Professional Counselors (LPC) Services are those provided by Psychologists, LCSWs, and LPCs who are certified by the appropriate Board and practicing within the scope of their license.

**Pharmacy Disease Management Services:** Disease management services are those provided by specially credentialed pharmacists for Medicaid recipients with specific chronic disease states of diabetes, asthma, lipids, or coagulation. It is a patient-centered concept integrating the pharmacist into the health care team with shared responsibility for disease management and therapeutic outcome. The process provides cost-effective, high- quality health care for patients referred by their physician. The referring physician requests disease management services from any credentialed participating pharmacist in Mississippi. With the appropriate transfer of pharmacy care records, including a written referral from the physician to the pharmacist, the referral is considered documented. All laboratory test results must be included because the pharmacist is not allowed reimbursement for laboratory procedures. In order to be cost-effective for the Medicaid program, the disease management services performed by the pharmacist cannot duplicate those provided by the physician.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-A  
Exhibit 6d Page 1

State Mississippi

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

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6d. Other Practitioners' Services:

Nurse Practitioner Services: Services furnished by a registered nurse who is licensed and certified by the Mississippi Board of Nursing as a nurse practitioner including, but not limited to nurse anesthetists, nurse midwives, family nurse practitioners, family planning nurse practitioners, pediatric nurse practitioners, obstetrics-gynecology nurse practitioners and neonatal nurse practitioners, under regulations adopted by the Division.

Physician Assistant Services; Physician assistant services are those provided by physician assistants who are licensed by the State Board of Medical Licensure and are practicing with physician supervision under regulations adopted by the Division.

Psychologist, Licensed Certified Social Workers (LCSW) and Licensed Professional Counselors (LPC) Services are those provided by Psychologists, LCSWs, and LPCs who are certified by the appropriate Board and practicing within the scope of their license.

Pharmacy Disease Management Services: Disease management services are those provided by specially credentialed pharmacists for Medicaid recipients with specific chronic disease states of diabetes, asthma, lipids, or coagulation. It is a patient-centered concept integrating the pharmacist into the health care team with shared responsibility for disease management and therapeutic outcome. The process provides cost-effective, high-quality health care for patients referred by their physician. The referring physician requests disease management services from any credentialed participating pharmacist in Mississippi. With the appropriate transfer of pharmacy care records, including a written referral from the physician to the pharmacist, the referral is considered documented. All laboratory test results must be included because the pharmacist is not allowed reimbursement for laboratory procedures. In order to be cost-effective for the Medicaid program, the disease management services performed by the pharmacist cannot duplicate those provided by the physician.

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TN No. 2002-2920-0022

Supercedes

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Effective Date 9/1/2020

Date Submitted \_\_\_\_\_

Date Approved \_\_\_\_\_

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

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6d. Other Licensed Practitioners' (OLP) Services:

Nurse Practitioner and Physician Assistant Services: Reimbursement for nurse practitioner and physician assistant services shall be at 90% of the fee for reimbursement paid to licensed physicians under the statewide physician fee schedule for comparable services under comparable circumstances.

Psychologist, Licensed Certified Social Workers (LCSW) and Licensed Professional Counselors (LPC) Services are reimbursed according to the payment methodology on Attachment 4.19-B, Page 13.

OLP services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Pharmacy Disease Management Services: The pharmacy disease management services are reimbursed on a per encounter basis with an encounter averaging between fifteen and thirty minutes. The reimbursement is a flat fee established after reviewing Medicaid's physician fee schedule and reimbursement methodologies and fees of other states and third party payers.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private OLP providers. All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.

The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction.

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

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6d. Other Licensed Practitioners' (OLP) Services:

Nurse Practitioner and Physician Assistant Services: Reimbursement for nurse practitioner and physician assistant services shall be at 90% of the fee for reimbursement paid to licensed physicians under the statewide physician fee schedule for comparable services under comparable circumstances.

Psychologist, Licensed Certified Social Workers (LCSW) and Licensed Professional Counselors (LPC) Services are reimbursed according to the payment methodology on Attachment 4.19-B, Page 13.

~~Nurse practitioner and physician assistant OLP~~ services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Pharmacy Disease Management Services: The pharmacy disease management services are reimbursed on a per encounter basis with an encounter averaging between fifteen and thirty minutes. The reimbursement is a flat fee established after reviewing Medicaid's physician fee schedule and reimbursement methodologies and fees of other states and third party payers.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private OLP providers. All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.

The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction.

~~Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.~~