

PUBLIC NOTICE

June 30, 2021

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 21-0021. 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 July 1, 2021, contingent upon approval from CMS, our Transmittal #21-0021.

1. State Plan Amendment (SPA) 21-0021 is being submitted to allow the Division of Medicaid (DOM) to 1) revise coverage and payment methodology for extended services for pregnant and post-partum women who are at risk of morbidity or mortality, 2) set the fees for extended services for pregnant women the same as those in effect on July 1, 2021, and 3) remove the five percent (5%) reimbursement reduction effective July 1, 2021.
2. There is no estimated economic impact with this SPA because the impact is included with SPA 20-0010 Other Licensed Practitioners.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan. The changes in this SPA are being made to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799, effective July 1, 2021. Additional authority: Miss. Code § 43-13-121.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov, or requested at 601-359-2081 or by emailing at Margaret.Wilson@medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State of Mississippi

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

Extended Services for Pregnant and Post-Partum Women up to sixty (60) days post-partum

1. Medical Risk Screening performed by a physician, nurse practitioner, physician assistant or certified nurse-midwife per pregnancy as medically necessary,
2. Screening, Brief Intervention, and Referral to Treatment (SBIRT) performed by a physician, nurse practitioner, physician assistant, certified nurse midwife, clinical psychologist, license clinical social worker (LCSW), licensed professional counselor (LPC), or licensed marriage and family therapist (LMFT).

Extended services for pregnant and post-partum women up to sixty (60) days post-partum who are at risk of morbidity or mortality from unstable medical and/or mental health conditions as determined by the Medical Risk Screening.

1. Initial nursing assessment and evaluation performed by a registered nurse (RN) per pregnancy unless medically necessary,
2. Nursing Services, per fifteen (15) minutes, to include health education, performed by a registered nurse,
3. Home visit for postnatal assessment and follow-up performed by a registered nurse per pregnancy unless medically necessary,
4. Nutritional assessment and counseling performed by a registered dietitian or licensed nutritionist per pregnancy unless medically necessary,
5. Nutritional counseling and dietitian visit per 15 minutes performed by a registered dietitian or licensed nutritionist,
6. Mental health assessment performed by a non-physician practitioner per pregnancy unless medically necessary,
7. Behavioral health prevention education services performed by a mental health professional.

State: Mississippi**Methods and Standards For Establishing Payment Rates-Other Types of Care**

Extended Services for Pregnant Women

Reimbursement will be on a fee-for-service basis.. Payment will be the established Mississippi Medicaid fee.

The established fees were based on like procedures and services currently paid in the Mississippi Medicaid program. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of extended services for pregnant women. All rates are published on the agency's website at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

State MississippiExhibit 20a. & 20b.
Page 1DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICE PROVIDED

20a. & 20b. Extended services to pregnant women. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

All Medicaid services are provided to pregnant women within the limits and policy of the Medicaid Program, as set forth in the State Plan.

Extended services may be provided as component parts of the services of any qualified Medicaid provider.

Extended Services (Nutrition,
Psychosocial, Health
Education, Home Visits)

Superseded by MS SPA 21-0021

*Description of services provided on following pages.

Transmittal No. 88-11

TN No. <u>88-11</u>	DATE/RECEIPT <u>12/23/88</u>
SUPERSEDES	DATE/APPROVED <u>MAR 2 1989</u>
TN No. <u>87-9</u>	DATE/EFFECTIVE <u>10/1/88</u>

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

EXTENDED SERVICES**1. Medical Risk Assessment**

A medical risk assessment (screening) is done by a physician, a registered nurse/nurse practitioner under a physician's direction, or a certified nurse-midwife to determine if the patient is high risk. A pregnant woman is considered high risk if one or more risk factors are indicated on the form used for risk screening. The enhanced services are made available in cases of medical necessity when a medical risk assessment has determined that a pregnant woman has one or more factors which may adversely affect the pregnancy outcome.

A pregnant woman may be assessed (screened) for medical risk a maximum of two (2) times per pregnancy. A second medical risk assessment (screening) would be necessary only if the woman changed the provider responsible for her obstetrical care, and the new provider was unable to obtain the prior records.

Reimbursement for the medical risk assessment (screening) is to an approved physician or certified nurse-midwife provider. This is a separate fee, just as lab services are reimbursed apart from an office visit.

Providers of medical risk assessment (screening) have the option of using the Hollister Maternal Record or the Risk Screening Form, Mississippi Perinatal Risk Management/Infant Service System. Attached is a copy of high-risk referral criteria that includes the guidelines for use of the Hollister Maternal Record and the Risk Screening Form. Referral may be made to a Case Management Agency by submitting a copy of the Risk Screening Form, or by making a telephone call. When a telephone call is made, the Case Management Agency will document the referral on the Risk Screening Form.

2. Nutritional Assessment/Counseling**A. Definition:**

Assessment is a review of the pregnant woman's dietary pattern and intake, her resources for obtaining and preparing food and evaluation of her nutritional needs.

B. Counseling means services to include:

- (1) The development of a nutritional care plan based on the health risks identified due to nutritional factors.

Transmittal No. 88-11

TN NO. 88-11 DATE/RECEIPT 12/23/88
SUPERSEDES DATE/APPROVED 3/17/89
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State Mississippi

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

- (2) The follow-up and reassessment needed to carry out the nutritional care plan.
- (3) The Division of Medicaid will utilize guidelines as promulgated in Maternal and Infant Health Guidelines, prepared by the Association of Maternal and Child Health Programs in association with the State Medicaid Directors' Association, as criteria for monitoring this service.

Nutritional assessment/counseling is covered for pregnant women with one or more medical risk factors which may adversely affect the pregnancy outcome. Counseling is appropriate for women whose complications require the services of a dietitian/nutritionist for treatment of a pregnancy-related complication, e.g., diabetes, over/under weight. The services are provided by a registered dietitian or licensed nutritionist. A combination of this service and/or psychosocial assessment/counseling may be provided a maximum of eight (8) times during the pregnancy and postpartum. The nutritional assessment is done by the registered dietitian or licensed nutritionist, and is considered as one unit of nutritional assessment/counseling. If the pregnant woman is eligible for WIC, the nutritional assessment for this program will build upon the WIC assessment in order to prevent two programs from doing duplicate assessments. A second nutritional assessment will be allowed during the pregnancy, if the woman changes her provider, and the new provider is unable to obtain records for the previous provider.

3. Psychosocial Assessment/Counseling

A. Definition:

Assessment is an evaluation of the pregnant woman and her environment to identify psychosocial factors that may adversely affect the woman's health status.

B. Counseling means services to include:

- (1) The development of a social work care plan based upon the health risks due to psychosocial factors.
- (2) The follow-up, appropriate intervention, and referrals to carry-out the social work care plan.

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

- (3) The Division of Medicaid will utilize guidelines as promulgated in Maternal and Infant Health Guidelines, prepared by the Association of Maternal and Child Health Programs in association with the State Medicaid Directors' Association, as criteria for monitoring this program.

Psychosocial assessment/counseling is covered for pregnant women with one or more medical risk factors which may adversely affect the pregnancy outcome. Counseling is appropriate for women whose complications require psychosocial intervention as an essential element of treatment in dealing with the complications, e.g., pregnant 15 year old with no place to live, battered woman. The services are provided by the MSW social worker licensed in Mississippi, a BSW social worker licensed in Mississippi in consultation with a MSW, or other Mississippi licensed social worker who is supervised by a MSW social worker. A combination of this service and/or nutritional assessment/counseling may be provided a maximum of eight (8) times during the pregnancy and postpartum period. The psychosocial assessment is done by a social worker, as specified above, and is considered as one unit of psychosocial assessment/counseling. A second psychosocial assessment will be allowed during the pregnancy, if the woman changes her provider, and the new provider is unable to obtain records from the previous provider.

4. Health Education

- A. Health education is provided during pregnancy and the postpartum period on a one-to-one or group basis with the pregnant women who have one or more medical risk factors which may adversely affect the pregnancy outcome. Health education is provided based on a written plan or written curriculum.
- B. Education may include, but is not limited to, the following information:
- (1) Prenatal care
 - (2) Danger signs in pregnancy
 - (3) Labor and delivery
 - (4) Nutrition

Transmittal No. 88-11

TN No. 88-11 DATE/RECEIPT 12/23/88
SUPERSEDES DATE/APPROVED 3/17/89
TN No. NEW DATE/EFFECTIVE 1/10/86

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

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

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- (5) Pregnancy risk reduction (smoking, substance abuse)
 - (6) Postpartum care
 - (7) Reproductive health

Health education is designed to prevent the development of further complications during pregnancy and to provide educational information to the pregnant woman in caring for herself during pregnancy. This service may be provided by a registered nurse, nurse practitioner, physician assistant, certified nurse-midwife, nutritionist/dietitian, or social worker. This service may be provided a maximum of ten (10) times during the pregnancy and postpartum period.

5. Home Visit

- A. This service is provided at the pregnant woman's place of residence as part of the assessment and follow-up. The purpose of the home visit is to provide extended services and to address environmental factors that impinge upon her high-risk factors.
- B. The services may be provided by a nurse, nurse practitioner, physician assistant, nutritionist/dietician, or social worker.

Home visit service for pregnant women and the need for home visits must be documented in the Plan of Care. It is designed to provide necessary services to the woman in the home. This service may be provided a maximum of five (5) times with at least one during the postpartum period.

TN No. 2001-19
Supersedes
TN No. 88-11

Effective Date JUL 01 2001
Date Approved DEC 11 2001

STATE: Mississippi

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

6. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

- A. SBIRT is an early intervention approach that targets pregnant women with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.
- B. SBIRT services must include:
1. Screening for risky substance use behaviors using evidence based standardized assessments or validated screening tools,
 2. Brief intervention of a pregnant woman showing risky substance use behaviors in a short conversation, providing feedback and advice, and
 3. Referral to treatment for brief therapy or additional treatment to a pregnant woman whose assessments or screenings indicate a need for additional services.
- C. The Division of Medicaid covers one (1) SBIRT service per pregnancy when performed by one (1) of the following licensed practitioners:
1. Physician,
 2. Nurse Practitioner,
 3. Certified Nurse Midwife,
 4. Physician Assistant,
 5. Licensed Clinical Social Worker,
 6. Licensed Professional Counselor, or
 7. Clinical Psychologist.

The Division of Medicaid covers all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

State: Mississippi

Methods and Standards For Establishing Payment Rates-Other Types of Care

Extended Services for Pregnant Women

1. ~~Reimbursement~~—Reimbursement will be on a fee-for-service basis, ~~billed monthly on the HCFA-1500 form~~. Payment will be the lesser of the charge or the established Mississippi Medicaid fee.

The established fees were based on like procedures and services currently paid in the Mississippi Medicaid program. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

Examples are:

- a. ~~In home visits pay the rate of the visits in the home by a physician plus estimated travel costs.~~
- b. ~~High risk assessment reimbursement is based on physician office visits reimbursement, currently in Mississippi.~~
2. ~~All Services~~—In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.
3. ~~Reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services~~—The Division of Medicaid reimburses for SBIRT services according to Healthcare Common Procedure Coding System (HCPCS) guidelines and in accordance with provider reimbursement methodologies applicable in the 4.19B pages.

~~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.~~

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of extended services for pregnant women. All rates are published on the agency's website at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.