

State of Mississippi

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

The Division of Medicaid covers medically necessary Mississippi Youth Programs Around the Clock (MYPAC) Therapeutic Services

- a. MYPAC Therapeutic services are defined as treatment provided in the home or community to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries that require the level of care provided in a psychiatric residential treatment facility (PRTF) for family stabilization to empower the beneficiary to achieve the highest level of functioning. These are a group of therapeutic interventions designed to diffuse the current crisis, evaluate its cause, and intervene to reduce the likelihood of a recurrence.
- b. The clinical purpose of MYPAC therapeutic 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 MYPAC therapeutic services, based on an all-inclusive model that covers all mental health services the individual may need, includes:
 - 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.
- d. MYPAC therapeutic services 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. MYPAC therapeutic services must be provided by a Mississippi Department of Mental Health certified provider within the scope of their license and/or certification.

State of Mississippi

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

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under the Age of Twenty-one (21): Limited to Federal Requirements.

(a) EPSDT Screenings -

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

(1) EPSDT screening fee(s) will be reimbursed using the Current Procedural Terminology (CPT) codes based on Centers for Medicare and Medicaid Services (CMS) methodology for determining Medicare preventive medicine service fees and applying the state law of 90% in accordance with nationally recognized evidence-based principles of preventive health care services periodicity schedule as set forth by the American Academy of Pediatrics (AAP) Bright Futures. Fees are effective as of July 1, 2021 and reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, 2020. These reimbursement rates will be paid only to Mississippi Medicaid enrolled EPSDT providers. Age appropriate laboratory testing fees are reimbursed according to applicable state plan reimbursement methodologies.

(2) Interperiodic visits are provided for other medically necessary health care, screens, diagnosis, treatment and/or other measures to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the CPT codes effective as of July 1, 2021 and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, 2020.

(3) [Reserved]

State of Mississippi

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

Early and Periodic Screening, Diagnosis, and Treatment and Extended EPSDT Services

- (4) Interperiodic Dental Screens: Between periodic screens, coverage is provided for other medically necessary services. Payment for problem focused evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid based on a Mississippi statewide fixed fee schedule authorized by MS State Legislation. These reimbursement rates will be paid to dentists only. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.
- (b) Medical Risk Screening is reimbursed a rate set as of 2003 located on the Mississippi Medicaid Fee Schedule. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.
- (c) Medically necessary services for infants under the age of one whose medical status during their first year of life causes them to be at risk of morbidity or mortality are reimbursed on a fee-for-service basis. Payment will be the lesser of the provider's usual and customary 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.

State of Mississippi

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

Reimbursement for non-Autism Spectrum Disorder 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 Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of April 1, 2020 and effective as of July 1, 2021.

The Division of Medicaid reimburses Autism Spectrum Disorder (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 1st 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/#>.

State of Mississippi

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

The Division of Medicaid reimburses Prescribed Pediatric Extended Care (PPEC) providers the lesser of the provider's usual and customary charge or at an hourly rate for each completed hour up to six (6) completed hours of services or at a daily rate for over six (6) hours of services from a statewide uniform fee schedule that was calculated utilizing the costs used to set the 2018 average small nursing facility rates, adjusting the staff costs to reflect the minimum requirements for a PPEC and removing food costs, dietary salaries and benefits, and other expenses not related to costs incurred by a PPEC.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of PPEC services. The Division of Medicaid's fee schedule rate was set as of January 1, 2020, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

The Division of Medicaid reimburses for transportation provided by PPECs as described in Attachment 3.1-D.

State of Mississippi

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

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Private Duty Nursing

The Division of Medicaid reimburses private duty nursing (PDN) services for a registered nurse (RN) by adding the Federal Insurance Contributions Act (FICA) percentage of 7.65% and an administrative allowance of 0.53% to the May 2018 National Bureau of Labor Statistics (BLS) Highest Median Hourly rate for an RN in the Memphis, TN-MS-AR area. An additional \$17.00 per hour is added to the rate calculation for RN PDN ventilator services.

The Division of Medicaid reimburses private duty nursing (PDN) services for a licensed practical nurse (LPN) by adding the Federal Insurance Contributions Act (FICA) percentage of 7.65% and an administrative allowance of 16.51% to the May 2018 National Bureau of Labor Statistics (BLS) Highest Median Hourly rate for an LPN in the Memphis, TN-MS-AR area.

Personal Care Services

The Division of Medicaid reimburses personal care services (PCS) for a certified nursing assistant (CNA) by adding the Federal Insurance Contributions Act (FICA) percentage of 7.65% and an administrative allowance of 21.35% to the May 2018 National Bureau of Labor Statistics (BLS) Mean Hourly rate for a CNA in the Memphis, TN-MS-AR.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of PDN services and PCS. The Division of Medicaid's fee schedule rate was set as of July 1, 2020, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

The Division of Medicaid reimburses one hundred percent (100%) of the maximum allowable rate for the first beneficiary and fifty percent (50%) of the maximum allowable rate for the second beneficiary when a private duty nurse is caring for two (2) beneficiaries simultaneously in the same home.

State of Mississippi

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

The Division of Medicaid reimburses Mississippi Youth Programs Around the Clock (MYPAC) Therapeutic services at a per diem rate based on historical utilization, payment and cost data for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible beneficiaries served in the community that meet the Psychiatric Residential Treatment Facility (PRTF) level of care.

The per diem rate is effective July 1, 2021 for services provided on or after that date.

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
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- b. The clinical purpose of MYPAC therapeutic 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 MYPAC therapeutic services, based on an all-inclusive model that covers all mental health services the individual may need, includes:
 - 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.
- d. MYPAC therapeutic services 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. MYPAC therapeutic services must be provided by a Mississippi Department of Mental Health certified provider within the scope of their license and/or certification.

State of Mississippi

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(1) EPSDT screening fee(s) will be reimbursed using the Current Procedural Terminology (CPT) codes based on Centers for Medicare and Medicaid Services (CMS) methodology for determining Medicare preventive medicine service fees and applying the state law of 90% in accordance with nationally recognized evidence-based principles of preventive health care services periodicity schedule as set forth by the American Academy of Pediatrics (AAP) Bright Futures. Fees are ~~effective as of July 1, 2021~~ ~~updated July 1 of each year~~ and reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, ~~2020~~ ~~of each year~~. These reimbursement rates will be paid only to Mississippi Medicaid enrolled EPSDT providers. Age appropriate laboratory testing fees are reimbursed according to applicable state plan reimbursement methodologies.

(2) Interperiodic visits are provided for other medically necessary health care, screens, diagnosis, treatment and/or other measures to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the CPT codes ~~updated~~ ~~effective as of July 1, 2021~~ ~~of each year~~ and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, ~~2020~~ ~~of each year~~.

(3) [Reserved]

State of Mississippi

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

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- (4) Interperiodic Dental Screens: Between periodic screens, coverage is provided for other medically necessary services. Payment for problem focused evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid based on a Mississippi statewide fixed fee schedule authorized by MS State Legislation. These reimbursement rates will be paid to dentists only. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.
- (b) ~~High Risk assessment – Medical Risk Screening – Reimburse is based on the 75% of the current Medicaid allowable for an antepartum visit. is reimbursed a rate set as of 2003 located on the Mississippi Medicaid Fee Schedule. These reimbursement rates will be paid to Perinatal High Risk Management (PHRM) providers only. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.~~
- (c) Medically necessary services for infants under the age of one whose medical status during their first year of life causes them to be at risk of morbidity or mortality are reimbursed on a fee-for-service basis. Payment will be the lesser of the provider's usual and customary 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.

~~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.~~

State of Mississippi

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

Reimbursement for non-Autism Spectrum Disorder 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, 2020 ~~each year~~ and effective as of July 1, 2021, ~~and updated annually~~.

The Division of Medicaid reimburses Autism Spectrum Disorder (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 1st 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.

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Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of PPEC services. The Division of Medicaid's fee schedule rate was set as of January 1, 2020, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

The Division of Medicaid reimburses for transportation provided by PPECs as described in Attachment 3.1-D.

~~The Division of Medicaid, as required by state law, will reduce the rate of reimbursement to providers for PPEC services by five percent (5%) of the total allowed amount for all services on a claim. The published fees do not include 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 one hundred percent (100%) of the maximum allowable rate for the first beneficiary and fifty percent (50%) of the maximum allowable rate for the second beneficiary when a private duty nurse is caring for two (2) beneficiaries simultaneously in the same home.

~~The Division of Medicaid will reduce the rate of reimbursement to PDN and PCS providers for EPSDT services by five percent (5%) of the allowed amount for that service. The five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction. The federal match will be paid based on the reduced amount.~~

State of Mississippi

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TYPES OF CARE**

The Division of Medicaid reimburses Mississippi Youth Programs Around the Clock (MYPAC) Therapeutic services at a per diem rate based on historical utilization, payment and cost data for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible beneficiaries served in the community that meet the Psychiatric Residential Treatment Facility (PRTF) level of care.

The per diem rate is effective July 1, 2021 for services provided on or after that date.