PUBLIC NOTICE

June 30, 2023

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 23-0021 Community Mental Health Services Rate Update. 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, 2023, contingent upon approval from CMS, our Transmittal #23-0021.

- 1. Mississippi Medicaid State Plan Amendment (SPA) 23-0021 is being submitted to allow the Division of Medicaid (DOM) to increase the reimbursement rates for certain mental health services by 15.8% with half of the increase implemented in State Fiscal Year (SFY) 2024 and the second half of the increase implemented in SFY 2025. Rates are effective for services provided on or after July 1 for each year.
- 2. The federal annual aggregate expenditures is \$69,038 for Federal Fiscal Year 2023 (FFY23) and \$342,565 for FFY24. The expected increase in state annual aggregate expenditures is \$19,631 for FFY23 and \$100,770 for FFY24..
- 3. The Division of Medicaid is submitting this proposed SPA in compliance with 42 C.F.R. § 447.201.
- 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 601-359-3984 or by emailing at DOMPolicy@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 DOMPolicy@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

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

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 January 1, 2022, effective July 1 and as may be adjusted each July thereafter.

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. Effective April 1, 2021, I-CORT will be paid at ninety percent (90%) of the Programs of Assertive Community Treatment (PACT) rate.

Reimbursement rates for services billed using HCPCS will be increased in State Fiscal Year (SFY) 2024 and SFY 2025 by 7.9% from the previous year's rate for services provided on or after July 1 those years.

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.

TN# 22-001223-0021

Date Received:

Supersedes TN # 21-002422-0012 Date Approved:

Date Effective 07/01/20223

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