

PUBLIC NOTICE

October 31, 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) 23-0025 MYPAC 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 November 1, 2023, contingent upon approval from CMS, our Transmittal #23-0025.

1. Mississippi Medicaid State Plan Amendment (SPA) 23-0025 is being submitted to allow the Division of Medicaid (DOM) to revise rates to an hourly rate and a fifteen (15) minute add-on rate. These rates are based on actuarial analysis of 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 and the expected utilization of services. This SPA also revises the service components to align with the Department of Mental Health requirements, effective July 1, 2023.
2. The estimated economic impact is \$1,787,024. The federal annual aggregate expenditures is \$805,486 for Federal Fiscal Year (FFY24) and \$1,374,221 for FFY25. The expected increase in state annual aggregate expenditures is \$236,945 for FFY 24 and \$412,803 for FFY25.
3. This SPA is being submitted 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.
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

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 which 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.
 - 2) Medication management which includes the evaluation and monitoring of psychotropic medications.
 - 3) Intensive individual therapy defined as one-on-one therapy for the purpose of treating a mental disorder and family therapy defined as therapy for the family which is exclusively directed at the beneficiary's needs and treatment provided in the home. ~~Family therapy involves participation of non-Medicaid eligible for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.~~
 - 4) Family therapy involves participation of non-Medicaid eligible for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. ~~Group therapy defined as face-to-face therapy addressing the needs of several beneficiaries within a group.~~
 - 5) Peer support services 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.
 - 6) Community Support Services defined as specific, measurable, and individualized that focus on the mental health needs of the beneficiary while attempting to restore beneficiary's ability to succeed in the community. These include: 1) Identification of strengths which 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 that directly increase the restoration of skills needed to accomplish the goals set forth in the Individual Service Plan. 3) Monitoring and evaluating the effectiveness of interventions that focus on restoring, retraining and reorienting, as evidenced by symptom reduction and program toward goals. 4) Psychoeducation regarding the identification and self-management of the prescribed medication regimen and communication with the prescribing provider. 5) Direct interventions in de-escalating situations to prevent crisis. 6) Relapse prevention. 7) Facilitation of the Individual Service Plan or Recovery Support Plan which includes the active involvement of the beneficiary and the people identified as important in the beneficiary's life. ~~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. Qualifications for providers of each service component is described in Attachment 3.1-A, Exhibit 13d.

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~~ an hourly rate and an additional rate per fifteen (15) minutes of service provision. Rates are based on actuarial analysis of 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 and the expected utilization of services. ~~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 and will not be updated without authorization by the state legislature.~~

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TN No. 23-0025
Supercedes
TN No. 21-0028

Date Received:
Date Approved: _____
Date Effective: 11/01/2023