

# PUBLIC NOTICE

December 20, 2024

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 25-0004 Hospice. 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 January 1, 2025, contingent upon approval from CMS, our Transmittal #25-0004.

1. Mississippi Medicaid State Plan Amendment (SPA) 25-0004 is being submitted to allow the Division of Medicaid (DOM) to reimburse the hospice provider for services rendered on the date of death, effective January 1, 2025.
2. The expected annual increase in expenditures is \$32,412. The expected increase in federal annual aggregate expenditures is \$18,693 for Federal Fiscal Year (FFY25) and \$25,038 for FFY26. The expected increase in state annual aggregate expenditures is \$3,744 for FFY25 and \$7,374 for FFY26.
3. The Division of Medicaid is submitting this proposed SPA to comply with 42 C.F.R. § 447.201 that 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](http://www.medicaid.ms.gov), or requested at 601-359-3984 or by emailing at [DOMPolicy@medicaid.ms.gov](mailto: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](mailto: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](http://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

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Hospice

Mississippi Medicaid's hospice fee schedule is updated annually with an effective date of October 1 for services provided on or after that date. All rates may be viewed at <http://www.medicaid.ms.gov/HospiceFees.aspx>.

The fee schedule reimburses for the hospice benefit, including routine home care, continuous home care, inpatient respite care and general inpatient care. These rates are authorized by section 1814(i)(c)(ii) of the Social Security Act, which also provides for annual increases in payment rates for hospice care services.

If a Medicaid beneficiary elects the Hospice Program and is admitted to a nursing facility as an individual on hospice at the same time or while residing in a nursing facility when the hospice election is made, the State pays the hospice provider a room and board rate that is 95% of the Medicaid Nursing Facility per diem rate for each Medicaid or dually eligible individual on hospice residing in a nursing facility. This rate is required by Section 1902 (a)(13)(B) of the Social Security Act and is an additional per diem rate paid on routine home care ~~and continuous home care days~~. The Division of Medicaid reimburses the hospice provider for services rendered on the date of death. Room and board is not reimbursed on the date of death. Any Medicaid payment to the nursing facility ceases when the rate is paid to the hospice provider. The hospice provider pays the 95% rate to the nursing facility for room and board. All nursing facility rates may be viewed at <http://www.medicaid.ms.gov/Providers.aspx>.

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