

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) 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) 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.

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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]

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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.

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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/#>.

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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.

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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.

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**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 and will not be updated without authorization by the state legislature.