

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE JAN 07 2022	Name or number of rule(s): Title 23: Division of Medicaid, Part 223: EPSDT, Chapter 6: Expanded Rehabilitative Services, Rules 6.1-6.6	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being submitted to add coverage and reimbursement requirements for Mississippi Youth Programs Around the Clock (MYPAC) Therapeutic Services. This Administrative code filing is being submitted to correspond with MS SPA 21-0028 EPSDT Extended Services which was approved September 17, 2021 with an effective date of July 1, 2021. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Title 23, Part 223, Chapter 6, Rules 6.1-6.6.

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): APR 01 2022	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED JAN 07 2022 Mississippi Secretary of State </div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Accepted for filing by	Accepted for filing by <u>26054</u> <u>AT</u>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



Michael Watson

SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Bradshaw		TELEPHONE NUMBER 601-359-3984
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Division of Medicaid, Part 223: EPSDT, Chapter 6: Expanded Rehabilitative Services, Rules 6.1-6.6		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. §§ 43-13-117, 43-13-121		Reference to Rules repealed, amended or suspended by the Proposed Rule: Title 23, Part 223, Chapter 6, Rules 6.1-6.6	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
This Administrative code filing is being submitted to correspond with MS SPA 21-0028 EPSDT Extended Services which was approved September 17, 2021 with an effective date of July 1, 2021. This filing adds coverage and reimbursement requirements for MYPAC Therapeutic Services.
2. Briefly describe the need for the proposed rule: *This rule is being submitted to add coverage and reimbursement requirements for MYPAC Therapeutic Services.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
This rule will ensure that services are provided in compliance with the approved SPA, applicable federal regulations, and in accordance with standards from the Mississippi Department of Mental Health.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
 - b. To other state or local government entities
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

d. Economic Benefit:

☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: *NA*

b. Projected costs for small businesses to comply: *NA*

c. Statement of probable effect on impacted small businesses: *NA*

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☒ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) *NA*

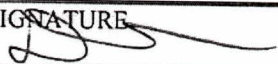
C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The Division of Medicaid calculated this estimated economic impact by using the number of unduplicated fee-for-service beneficiaries enrolled in MYPAC from March of 2019 through February of 2020 and calculating the cost for those beneficiaries to receive the therapeutic services at the new bundled service rate and wraparound services at the new monthly rate, both effective July 1, 2021. The estimated cost under the new rates was then compared to the total reimbursement amount for services provided from March of 2019 through February 2020. This estimated economic impact assumes that services meet at least the minimum requirements for MYPAC therapeutic services described in the Mississippi Department of Mental Health's Standards of Operation as proposed filed December 16, 2021, system number 26024. The total estimated economic impact is a cost of \$1,865,354. The total estimated federal cost for state fiscal year (SFY)2022 is \$1,458,194 and the total estimated state cost for SFY 2022 is \$407,160.*

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

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. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE 	TITLE Drew L. Snyder, Executive Director
DATE JAN 07 2022	PROPOSED EFFECTIVE DATE OF RULE APR 01 2022