

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #:13-002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS CENTERS FOR MEDICARE & MEDICAID SERVICES

February 18, 2014

Dr. David J. Dzielak
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

Attention: Kristi Plotner

RE: Title XIX State Plan Amendment, MS 13-002

Dear Dr. Dzielak:

We have reviewed the proposed State Plan Amendment, MS 13-002, which was submitted to the Atlanta Regional Office on December 3, 2013. This amendment was submitted to comply with Section 4107 of the Affordable Care Act requiring coverage of face-to-face counseling for cessation of tobacco use by pregnant women.

Based on the information provided, the Medicaid State Plan Amendment MS 13-002 was approved on February 12, 2014. The effective date of this amendment is March 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2013-002	2. STATE MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 4107 of the ACA §§ 1905(a)(4)(D), 1905(bb)(1) of the Act; 42 CFR §440.230(b)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$16,341.65 b. FFY 2015 \$28,014.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 2 New Attachment 3.1-A Exhibit 4.d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A page 2	
10. SUBJECT OF AMENDMENT: This amendment is being submitted to comply with section 4107 of the Affordable Care Act requiring coverage of face-to-face counseling for cessation of tobacco use by pregnant women.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: David J. Dzielak		David J. Dzielak Miss. Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399	
14. TITLE: Executive Director			
15. DATE SUBMITTED: 12-03-13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12-03-13		18. DATE APPROVED: 02-12-14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03-01-14		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State/Territory: MISSISSIPPI

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- Provided: No limitations X With limitations
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. *
- 4.c. Family planning services and supplies for individuals of child-bearing age.
- Provided: No limitations X With limitations*
- 4.d. Face-to-face Tobacco Cessation Counseling Services for Pregnant Women
- Provided: No limitations X With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- Provided: No limitations X With limitations*
- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905 (a) (5) (B) of the Act.)
- Provided: No limitations X With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
- Provided: No limitations X With limitations *
- Not provided ___

* Description provided on attachment.

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION, AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: No limitations* X With limitations**

*The State is providing at least four (4) counseling sessions per quit attempt.

**Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

*Face-to-Face tobacco cessation counseling services for pregnant women are limited to one (1) counseling session per quit attempt with mandatory referral to the MS Tobacco Quitline.