| **STATE PLAN AMENDMENT** | **SECTION/ PAGES IMPACTED** | **PURPOSE** | **SUBMITTED TO CMS** | **APPROVED** |
| --- | --- | --- | --- | --- |
| 11-19  Tobacco  Cessation | 3.1A Page 16A-1 (New)  4.19B Page 1-A (New) | To add language specific to provision of tobacco cessation services for pregnant women in accordance with the Affordable Care Act Section 4107, 1905(a)(4)(D). | 9/29/2011 | CMS evaluating  State’s concerns  Indefinite hold |
| 15-0005  Physician Fee | Att. 4.19B pg 5, 7, 8, 9, 10,11, 12 | * Update reference to Medicare rates * *\*Requesting effective date 4/1/2015* | 4/27/2015 |  |
| 15-0009  Cost Sharing and Premiums | Att. 4.1-A pg 1- 3  Att. 4.8-C pg 1- 3  Att. 4.18D pg 1 – 2  Att. 4.18E pg 1-2  Att. 4.18F pg 1 - 7 | * To transfer cost sharing and premium content to CMS' pre-print format. * \**Requesting effective date 7/1/2015* | 8/6/2015 |  |
| 15-0010  ICF-A | Att. 4.19A page 4 | * To clarify that mental health services are included in the Intermediate Care Facility-Addictions (ICF-A) providers' per diem rate, and are not reimbursed separately. * Effective date 7/1/2015 | 8/13/2015 | **10/27/2015** |
| 15-0011  CFC | Att. 3.1K pg 1,2,3,5,6, 13-19, 22, & 23 | * To amend state plan pages to reflect converting CFC program to an agency only model. * *\*Requesting effective date 10/1/2015* | 8/20/2015 |  |
| 15-0012  ASC & Clinics | Att. 4.19B pg 31  Att. 4.19B pg 38 | * In response to CMS' 15-0004 Dental SPA companion letter, MD is clarifying that dental services provided in ASC or Clinics are paid via dental fee schedule. * Effective date 7/1/2015 | 8/20/2015 | **11/02/2015** |
| 15-0013  DDA TCM | Att. 4.19B 42, 43, & 44 | * Effective July 1, DDA TCM to receive a 3% COLA. * *\*Requesting effective date 7/1/2015* | 9/21/2015 |  |
| 15-0014  Physician Fee | Att. 4.19B pg 5, 7, 8, 9, 10,11, 12 | * Due to E&M increase to 92% Medicare rates, amend physician reimbursement pages to reflect avg Medicaid rate increased to 88% percent of 2015 Medicare rates. * *\*Requesting effective date 7/1/2015* | 9/21/2015 |  |
| 15-0015  Nursing Facility Reimbursement | Att. 4.19D pp 1 & 1A | * For FY16 rates, amend NF reimbursement pages * *\*Requesting effective date 7/1/2015* | 9/21/2015 |  |