



*Administrator*  
Washington, DC 20201

OCT 30 2008

Dr. Robert L. Robinson  
Executive Director  
State of Mississippi, Division of Medicaid  
Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

Dear Dr. Robinson:

We are pleased to inform you that Mississippi's request for an extension of its section 1115 Family Planning Demonstration, as modified by the Special Terms and Conditions (STCs) accompanying this award letter, has been approved as project number 11-W-00157/4. Under this demonstration, the State will cover family planning services to uninsured (defined as not having creditable coverage) women, ages 13 through 44 with family income at or below 185 percent of the Federal poverty level (FPL), who are not otherwise eligible for Medicaid, Medicare, or the State Children's Health Insurance Program (CHIP). Approval of the extension of this demonstration is under the authority of section 1115 of the Social Security Act (the Act) and is effective as of October 1, 2008, through September 30, 2011.

Please be aware that pharmacists, physicians and other health care professionals would be protected by 42 U.S.C. section 300a-7(d), which provides:

No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health and Human Services if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions.

Enclosed are the STCs (including Attachment A related to budget neutrality, Attachment B related to demonstration service codes, and Attachment C related to reporting) that the State must meet as a condition for approval of this demonstration. These STCs define the nature, character, and extent of Federal involvement in this project. This award letter is subject to our receipt of your written acceptance of the award, including the STCs, within 30 days of the date of this letter.

All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly identified as not applicable in this letter shall apply to the Mississippi Family Planning Demonstration.

Medicaid Costs Not Otherwise Matchable

Under the authority of section 1115(a)(2) of the Act, the following expenditures that would otherwise not be regarded as expenditures under title XIX of the Act will be regarded as expenditures under the State's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d)), except those specified below as not applicable to these expenditure authorities. In addition, all requirements in the enclosed STCs will apply to these expenditure authorities.

Expenditures for family planning services to uninsured (defined as not having creditable coverage) women, ages 13 through 44 with family income at or below 185 percent of the FPL, who are not otherwise eligible for Medicaid, Medicare, or the SCHIP.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities

All Medicaid requirements apply, except the following:

1. **Amount, Duration, and Scope of Services (Comparability)—Section 1902(a)(10)(B)**

To the extent necessary to allow the State to offer the demonstration population a benefit package consisting only of family planning services.

2. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)—Section 1902(a)(43)(A)**

The State will not furnish or arrange for EPSDT services to the demonstration population.

3. **Retroactive Coverage—Section 1902(a)(34)**

Individuals enrolled in the family planning demonstration program will not be retroactively eligible.

Your project officer is Ms. Nancy Dieter, who may be reached at (410) 786-7219, or [Nancy.Dieter@cms.hhs.gov](mailto:Nancy.Dieter@cms.hhs.gov). Ms. Dieter is available to answer any questions concerning the scope and implementation of your demonstration project. Communications regarding program matters and official correspondence concerning the project should be submitted to the project officer at the following address:

Centers for Medicare & Medicaid Services  
Center for Medicaid and State Operations  
7500 Security Boulevard  
Mailstop: S2-01-16  
Baltimore, MD 21244-1850  
Facsimile: (410) 786-5882

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Official communications regarding program matters should be submitted simultaneously to Ms. Dieter and to Ms. Mary K. Justis, Acting Associate Regional Administrator, in the Atlanta Regional Office. Ms. Justis' address is:

Centers for Medicare & Medicaid  
Services Division of Medicaid  
Atlanta Regional Office  
61 Forsyth Street SW., Suite 4-  
T-20 Atlanta, GA 30303-8909

We extend our congratulations to you on this award and look forward to working with you during the course of the demonstration.

Sincerely

/Kerry Weems/  
Kerry Weems  
Acting Administrator

Enclosures

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cc:

Mary K. Justis, Acting ARA, CMS Atlanta Regional Office