

CENTERS for MEDICARE & MEDICAID SERVICES

DEC 2 3 2011

Stephen Fitton, Medicaid Director Medical Services Administration Federal Liaison Unit Michigan Department of Community Health 400 South Pine Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- > Transmittal #11-007: Tobacco Cessation Services for Pregnant Women
- Effective Date: July 1, 2011

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	= <u>1 1 - 07</u>	Michigan
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 4107 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 10\$ -0 b. FFY 11 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, Page 35- 14a	9. PAGE NUMBER OF THE SUPERSEDED OR ATTACHMENT (If Applicable):	PLAN SECTION
	Supplement to Attachment 3.1-A, Page 3	55 New page
10. SUBJECT OF AMENDMENT: Michigan's State Plan has been amended to indicate Michigan Medicaid covers tobacco cessation services for pregnant women.		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL OTHER, AS SPECIFIED: Stephen Fitton, Director Medical Services Administration		
12 SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	······································
Stephen Fitton	Medical Services Administration Program/Eligibility Policy Division - Federal L Capitol Commons Center - 7 th Floor	iaison Unit
	400 South Pine Lansing, Michigan 48933	
15. DATE SUBMITTED: September 26, 2011	Attn: Loni Hackney	
FOR REGIONAL OFFICE USE ONLY		
	DEC 2 3 2011	
PLAN APPROVED – ONE COPY ATTACHED		
	20. SIGNATURE OF REGIONAL OFFICIAL:	······································
July 1, 2011		
21. TYPE NAME:	22. TITLE:	·. ·
Verlon Johnson A 23. REMARKS:	cting Associate Regional A	dministrator

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

Tobacco Cessation Counseling Services for Pregnant Women

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.)

*describe if there are any limits on who can provide these counseling services

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

Provided: X No limitations Vith limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations: