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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 23-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Summary Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 22, 2024

Drew Snyder
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 23-0024

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0024. This amendment proposes to allow the Division of Medicaid to add coverage for up to twelve (12) tobacco cessation counseling sessions per year.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.230(b). This letter is to inform you that Mississippi Medicaid SPA 23-0024 was approved on February 22, 2024, with an effective date of July 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and approved SPA page to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures


cc: Robin Bradshaw
Sarah Tadlock
Trip Polles

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 2 4</u>	2. STATE <u>MS</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION Section 1927(d) of the Act; 42 CFR §440.230(b)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>23</u> \$ <u>57,564</u> b FFY <u>24</u> \$ <u>228,511</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 2 Attachment 3.1-A, Exhibit 4.d.1 (NEW) Attachment 3.1-A, Exhibit 13c.1, Page 1(New)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 3.1-A Page 2	

9. SUBJECT OF AMENDMENT
State Plan Amendment (SPA) 23-0024 is being submitted to allow the Division of Medicaid (DOM) to add coverage for up to twelve (12) tobacco cessation counseling sessions per year.

10. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
12. TYPED NAME Drew L. Snyder	
13. TITLE Executive Director	
14. DATE SUBMITTED SEP 20 2023	

FOR CMS USE ONLY

16. DATE RECEIVED September 20, 2023	17. DATE APPROVED February 22, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
On 2/20/24, the state authorized pen and ink changes:
- Boxes 7 and 8: delete the pages included in the initial SPA submission that included coverage under the incorrect benefit.
- Box 7: add the correct final page for submission - Attachment 3.1-A, Exhibit 13c.1, Page 1 (New).

State of Mississippi

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

13c.1 The Division of Medicaid covers up to twelve (12) in-person or telehealth tobacco cessation counseling sessions per State Fiscal Year, when recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under state law and provided by a:

- 1) Physician,
- 2) Physician Assistant, or
- 3) Nurse Practitioner.