| **STATE PLAN AMENDMENT** | **SECTION/ PAGES IMPACTED** | **PURPOSE** | **SUBMITTED TO CMS** | **APPROVED** |
| --- | --- | --- | --- | --- |
| 11-19TobaccoCessation | 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 evaluatingState’s concernsIndefinite hold |
| 15-0005Physician 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- 3Att. 4.8-C pg 1- 3Att. 4.18D pg 1 – 2Att. 4.18E pg 1-2Att. 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 |  |
| 15-0010ICF-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** |
| 15-0011CFC | 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 |  |
| 15-0012ASC & Clinics | Att. 4.19B pg 31Att. 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** |
| 15-0013DDA 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 |  |
| 15-0014Physician 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 |  |
| 15-0015Nursing Facility Reimbursement | Att. 4.19D pp 1 & 1A | * For FY16 rates, amend NF reimbursement pages
* *\*Requesting effective date 7/1/2015*
 | 9/21/2015 |  |