

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



April 27, 2012

Mr. Jerry Dubberly, PharmD.
Chief, Georgia Department of Community Health
Medicaid Division
2 Peachtree Street, NW
Atlanta, Georgia 30303-3159

Re: Georgia Title XIX State Plan Amendment, Transmittal #12-002

Dear Dr. Dubberly:

We reviewed the proposed amendment to the Georgia Medicaid State Plan Amendment (SPA) GA 12-002, which was received in the Atlanta Regional Office on January 31, 2012. This SPA was submitted to implement tobacco cessation counseling services for pregnant women as directed per State Medicaid Director letter (SMDL) 11-007. The proposed effective date of this SPA is January 31, 2012.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment GA 12-002. This SPA was approved on April 26, 2012. The effective date of this amendment is January 31, 2012. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions or need any further assistance, please contact Carolyn Brown at (404) 562-7421.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-002	2. STATE GEORGIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FFY 2012 \$ <u>0</u> FFY 2013 \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 2 Attachment 3.1-A, Page 2a-2 Attachment 3.1-A, Page 5a.1c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 2
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10. SUBJECT OF AMENDMENT:


Tobacco Cessation Counseling Services for Pregnant Women

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: JERRY DUBBERLY	
14. TITLE: CHIEF, DIVISION OF MEDICAID	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 10/31/12	18. DATE APPROVED: 04/26/12

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/31/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opts

23. REMARKS:

Approved with the following changes to items as authorized by State Agency on email dated 03/27, 04/04 and 04/18/12:

Block # 4 changed to read: January 31, 2012.

Block #6 changed to read: Section 1905 (a)(4)(D) of the Social Security Act, Section 4107 of Patient Protection Affordable Care Act.

Block #8 changed to read: Attachment 3.1-A, pages 2, 2a-2 (new) 5a, 5a.1 and 5a.1a.

Block #9 changed to read: Attachment 3.1-A, pages 2, 2a-2 (new) 5a, 5a.1 and 5a.1a.

Block #11 Changed to read: Block two is check - Comments of Governor's Office Enclosed

Block #15 Changed to read: January 31, 2012

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICE PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: _____ No limitations X With Limitations

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.'

4.c. Family planning services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: _____ No limitations X With Limitations

4d. Tobacco Cessation Counseling Services for Pregnant Women

Provided: _____ No limitations X With Limitations

5.a. Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: _____ No limitations X With Limitations

5.b. Medical and surgical services furnished by a dentist (in accordance with Section 1905(a)(5)(B) of the Act).

Provided: _____ No limitations X With Limitations

6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided: _____ No limitations X With Limitations

• Description provided on attachment.

TN No. 12-002

Supersedes

TN No. 93-003

Approval Date: 04-26-12

Effective Date: January 31, 2012

Tobacco Cessation Counseling Services for Pregnant Women

4d. 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: No limitations With limitations*

*Recommended benefit package should include at least four (4) counseling sessions per quit attempt with a minimum of two (2) quit attempts per 12 month period.

Please describe any limitations:

The procedure codes 99406 and 99407 are to be rendered in a face-to-face setting with the pregnant member for the purpose of promoting healthy habits during pregnancy. Prescribing pharmacotherapy medication is not a prerequisite for use of these procedure codes. However, if any of the pharmacotherapy medications is prescribed by the provider, a face to face counseling must be documented in the pregnant member's medical record every 30 days during the 12 week treatment period. The member may begin therapy during any trimester.

12a. PRESCRIBED DRUGS

Limitations

Pharmacy services will be provided to recipients under age 21 for medically accepted indications when these services are provided within the laws and regulations governing the practice of pharmacy by the State.

Covered Services

Drugs, for which Medical Assistance reimbursement is available, are limited to the following:

Covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of the Act, which are prescribed for a medically accepted indication.

As provided by Section 1927(d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are:

- A) Agents used for anorexia or weight gain.
- B) Agents used to promote fertility.
- C) Agents used for cosmetic purposes or hair growth.
- D) Agents used to promote smoking cessation.

Coverage of Smoking/Tobacco Cessation Drugs for Pregnant Women

The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

X Agents when used to promote smoking cessation (except that covered outpatient drugs shall be covered for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline)

X Nonprescription drugs (except that covered outpatient drugs shall be covered for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline)

12a. PRESCRIBED DRUGS (cont'd)

E) Drugs identified by the Health Care Financing Administration (HCFA) as less than effective (DESI), as provided under Section 1927(k)(2).

F) Barbiturates, except Seconal, Phenobarbital and Mebaral.

G) Legend Prescription Vitamins and Mineral Products with the following exceptions:

a) Covered Legend Vitamin and Mineral Products include:

- i. Prenatal vitamins for women
- ii. Fluoride preparations that are not in combination with other vitamins
- iii. Carnitor
- iv. Folic Acid 1 mg
- v. Vitamin B 12 injection
- vi. Vitamin and Mineral Products for recipients <21 years of age

H) Nonprescription drugs with the following exceptions:

NOTE: all covered OTC drugs require a prescription.

- Enteric coated aspirin (covered under per diem for nursing home members)
- PEN-X
- KLOUT
- Vitamin E for recipients <21 years of age with documented medical necessity
- Coenzyme Q for recipients <21 years of age with documented medical necessity
- Ibuprofen suspension for members <21
- Diphenhydramine
- Insulin
- Meclizine
- Generic over-the-counter (OTC) non-sedating antihistamines, H-2 Receptor antagonists, topical antifungals and proton pump inhibitors.

To receive reimbursement for medications dispensed to ESRD patients, pharmacy providers must use only products from manufacturers participating in the drug rebate program. The following products are available to ESRD patients and require Prior Approval before dispensing:

Aluminum Hydroxide, Docusate Calcium, Docusate Sodium, and Sodium Bicarbonate. Please review the Preferred Drug List (PDL) for other ESRD drugs requiring Prior Approval at www.mmis.georgia.gov → Pharmacy → Other Documents.

12a. PRESCRIBED DRUGS (cont'd)

- I) Branded benzodiazepines and all formulations of Klonopin Wafer, Xanax XR, Niravam, and Doral are excluded. Most other generic benzodiazepines are covered with a limitation for adult members to three (3) prescriptions per rolling year. Prior approval with appropriate documentation is required to extend therapy beyond three (3) prescriptions per rolling year. Members <21 years of age are allowed access to all covered benzodiazepines without a prescription limit.
- J) Legend agents when used for the symptomatic relief of cough and colds for members 21 years of age and over.
- K) Legend Vitamin A derivatives for members ≥ 21 years old when used for cosmetic purposes.
- L) Agents prescribed for any indication that is not medically accepted.
- M) Drugs from manufacturers that do not have a signed rebate agreement.
- N) Any Medicare Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.