

Revision: HCFA-PM-93-5 (BPD)  
May 1993

ATTACHMENT 3.1-B  
Page 2a  
OMB No.

State/Territory: Kansas

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S):** All medically needy groups

**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:  No limitations  With limitations

Please describe any limitations:

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

Provided:  No limitations  With limitations\*

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

Provided:  No limitations  With limitations\*

Not provided

\*Description provided on Attachment 3.1-A.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.d.  
Page 1

**Attachment 3.1-A: 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.)

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

Provided:  No limitations  With limitations

Please describe any limitations: