Revised Submission 4.10.12

Revision: HCFA-PM-91-1991 (BPD) Attachment 3.1-A Page: 2 OMB No.: 0938-State/Territory: Missouri AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES 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 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 and supplies for individuals of child-bearing age. Provided: ☐No limitations **⊠With limitations\*** 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; OF (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specially designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women Provided: □No limitations \*Any benefit package that consists of less than four counseling sessions per quit attempt per 12 month period should be explained below. 5.a Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. Provided: □No limitations Medical and surgical services furnished by a dentist (in accordance with section 1905(a) (5) (B) of the Act). Provided: ☐No limitations With limitations\* 6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Podiatrists' services. a.  $\boxtimes$ Provided: No limitations Not provided. \*Description provided on attachment. State Plan TN# MO 11-04 Approval Date April 1, 2011
Approval Date JUN 2 9 2012 Supersedes TN# 05-09

HCFA ID: 7986E

### Revised Submission 4.10.12

Revision:

HCFA-PM-85-3

**MAY 1985** 

(BERC)

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0938-0193

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

b.	Screen □ ⊠	ning services. Provided: Not provided.	☐No limitations	☐With limitations*		
c.	Prever ⊠ □	ntive services. Provided: Not provided.	☐No limitations	⊠With limitations*		
d.	Rehab ⊠ □	vilitative services.  Provided:  Not provided.	☐No limitations	☑ With limitations*		
l4.	Services for individuals age 65 or older in institutions for mental diseases.					
a.	Inpati	ent hospital services. Provided: Not provided.	☐ No limitations	☑ With limitations*		
b.	Skille □ ⊠	d nursing facility service Provided: Not provided.	ces.  ☐ No limitations	☐With limitations*		
c.	Interm	nediate care facility ser Provided: Not provided.	vices.  No limitations	☐ With limitations*		
*Description provided on attachment.						

State Plan TN# MO 11-04 Supersedes TN# 05-09 Effective Date AMR 0 1 2011 Approval Date JUN 2 5 2012

HCFA ID:

0069P/0002P

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Limitations below apply to item 4.d for Pregnant Women and item 13c for Preventive Services, as appropriate, as suggested by Centers for Medicare and Medicaid Services May 24, 2012.

Smoking Cessation Treatment Program services are covered for all MO HealthNet participants, including pregnant women, who smoke. The program is designed to reduce the incidence and prevalence of smoking, a leading cause of disease, disability and death in Missouri.

For pregnant women, this program is limited to one visit per week during the 12 week quit attempt and two quit attempts per pregnancy. For all other MO HealthNet participants, this program is designed to provide two 12-week smoking cessation attempts per lifetime, consisting of two components: pharmacological and behavioral interventions.

#### Behavioral Interventions:

- Smoking and Tobacco Use Cessation Counseling Visit; intermediate, greater than three minutes and up to ten minutes – one visit per week
- Intensive Counseling Visit, greater than ten minutes one visit per week

#### Providers:

Smoking Cessation products will be provided by enrolled pharmacies via the pharmacy program. Behavioral Intervention services may be provided by enrolled providers in the following specialties:

- Physician
- Advanced Nurse Practitioners
- Nurse Midwives
- Psychiatry
- Advanced Mental Health Nurse Practitioners
- · Clinical Nurse Specialists
- Psychologists
- Clinical Social Workers
- Provisionally licensed providers in all of the above

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Effective Date April 1, 2011
Approval Date IIIN 2 0 2012

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State	Missouri

Smoking Cessation Treatment Program services are covered for all MO HealthNet participants, including pregnant women, who smoke. The program is designed to reduce the incidence and prevalence of smoking, a leading cause of disease, disability and death in Missouri.

For pregnant women, this program is limited to one visit per week during the 12 week quit attempt and two quit attempts per pregnancy. For all other MO HealthNet participants, this program is designed to provide two 12-week smoking cessation attempts per lifetime, consisting of two components: pharmacological intervention and behavioral interventions.

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

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Supersedes TN # new page

Effective Date April 1, 2011
Approval Date JUN 2 9 2012