

State: North Dakota

Attachment to Page 2 of
Attachment 3.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Tobacco Cessation Counseling Services for Pregnant Women

4. D 1) Face-to-Face Counseling Services provided:

- (i) By or under supervision of a physician; or
- (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.

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

Provided: No limitations With limitations*

* Coverage is limited to two (2) quit attempts per 12 month period; each quit attempt is limited to no more than four (4) counseling sessions.

TN #: 12-015

Supersedes

TN#: NEW

Approval Date: 8/13/12

Effective Date: 07-01-2012

State: North Dakota

Attachment to Page 2 of
Attachment 3.1-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Tobacco Cessation Counseling Services for Pregnant Women

4. D 1) Face-to-Face Counseling Services provided:

- (i) By or under supervision of a physician; or
- (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.

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

Provided: No limitations With limitations*

* Coverage is limited to two (2) quit attempts per 12 month period; each quit attempt is limited to no more than four (4) counseling sessions.

TN #: 12-015
Supercedes
TN#: NEW

Approval Date: 8/13/12

Effective Date: 07-01-2012

State/Territory: North Dakota

OMB No. _____

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

-
- 4a. Nursing Facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older
- Provided: No Limitations With Limitations*
- 4b. Early and Periodic Screening, Diagnostic and Treatment Services for individuals under 21 years of age, and treatment of conditions found. *
- Provided: No Limitations With Limitations*
- 4c. Family Planning Services and Supplies for individuals of childbearing age.
- Provided: No Limitations With Limitations*
- 4d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women.
- Provided: No Limitations With Limitations*
- 5a. Physicians' Services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- Provided: No Limitations With Limitations*
- 5b. 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.
- a. Podiatrists' Services.
- Provided: No Limitations With Limitations*

TN #: 12-015
Supercedes
TN# 94-013

Approval Date: 8/13/12

Effective Date: 07-01-2012

AMOUNT, DURATION AND SCOPE OF SERVICES
PROVIDED MEDICALLY NEEDY GROUP(S):

1. Inpatient Hospital Services other than those provided in an institution for mental diseases.
 Provided: No Limitations. With Limitations*
- 2a. Outpatient Hospital Services:
 Provided: No Limitations With Limitations*
- 2b. Rural Health Clinic Services and other Ambulatory Services furnished by a Rural Health Clinic (which are otherwise covered under the plan).
 Provided: No Limitations With Limitations*
- 2c. Federally Qualified Health Center (FQHC) Services and other Ambulatory Services that are covered under the plan and furnished by an FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
 Provided: No Limitations With Limitations*
5. Other Laboratory and X-ray Services.
 Provided: No Limitations With Limitations*
- 4a. Nursing Facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No Limitations With Limitations*
- 4b. Early and Periodic Screening, Diagnostic and Treatment Services for individuals under 21 years of age, and treatment of conditions found. *
 Provided: No Limitations With Limitations*
- 4c. Family Planning Services and Supplies for individuals of childbearing age.
 Provided: No Limitations With Limitations*
- 4.d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women.
 Provided: No Limitations With Limitations*

TN #: 12-015
Supercedes
TN#: 02-019

Approval Date: 8/13/12

Effective Date: 07-01-2012
HCFA ID: 7986E