

OFFICIAL

State/Territory: New Jersey

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 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 and supplies for individuals of child-bearing age.

Provided: ___ No limitations x With limitations*

4.d. Tobacco cessation counseling services for pregnant women*

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

Provided: ___ No limitations x With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(3) of the Act).

Provided: ___ No limitations x 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

 xx Provided: ___ No limitations x With limitations*
 Not provided

*Description provided on attachment.

OFFICIAL

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitation on Amount, Duration, and Scope of Services Provided to the Categorically Needy**

Tobacco Cessation Counseling Services for Pregnant Women

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

- (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.
- (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.

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

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

- Tobacco use counseling and pharmacology shall be covered for pregnant women during the prenatal period through the postpartum period (the 60-day period following termination of the pregnancy)
- Tobacco use cessation services shall be available to NJFC/Medicaid beneficiaries at no cost.
- Combination treatment modalities may be prior authorized as per evidence-based PHS treatment guidelines.

11-09-MA

TN No.: 11-09 Approval Date DEC 16 2010 Effective Date SEP 01 2011

Supersedes

New

TN No. New

OFFICIAL

State/Territory: New Jersey

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

The following ambulatory services are provided.

2. Outpatient Hospital Services
3. Other laboratory and X-ray services
- 4.c. Family planning
- 4.d. Tobacco cessation counseling services for pregnant women*
5. Physicians' services
6. Medical care and any other type of remedial care
 - a. Podiatrists' services
 - b. Optometrists' services
 - c. Chiropractic services
 - d. Other practitioners (psychologists)
7. Home Health Services
9. Clinic services
10. Dental services
11. Physical therapy and related services
 - a. Physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders
12. Prescribed drugs, dentures and prosthetic devices, and eyeglasses
13. Other diagnostic, screening, preventive and rehabilitative services
17. Nurse-Midwife
20. Extended services for pregnant women
23. Any other medical care and any other type of remedial care
 - a. Transportation
 - f. Personal care services

*Description provided on attachment.

TN No. 11-09 MA

Supersedes

TN No. 87-20

Approved

DEC 16 2011

Effective Date

SEP 01 2011

HCFA ID: 0140P/0102A

State/Territory: New Jersey

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

OFFICIAL

The following ambulatory services are provided.

2. Outpatient Hospital Services
3. Other laboratory and X-ray services
- 4.c. Family planning
- 4.d. Tobacco cessation counseling services for pregnant women*
5. Physicians' services
6. Medical care and any other type of remedial care
 - b. Optometrists
 - d. Other practitioners (psychologists)
7. Home Health Services
9. Clinic services
10. Dental services
11. Physical therapy and related services
12. Prescribed drugs, dentures and prosthetic devices, and eyeglasses
13. Other diagnostic, screening, preventive and rehabilitative services
17. Nurse-Midwife
20. Extended services for pregnant women
23. Any other medical care and any other type of remedial care
 - a. Transportation
 - f. Personal care

*Description provided on attachment.

TN No. 11-09 MA
Supersedes
TN No. 87-20

Approved **DEC 16 2011**

Effective Date **SEP 01 2011**
HCFA ID: 0140P/0102A

OFFICIAL

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitation on Amount, Duration, and Scope of Services Provided to the Medically Needy**

Tobacco Cessation Counseling Services for Pregnant Women

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

(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.

(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.

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

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

- Tobacco use counseling and pharmacology shall be covered for pregnant women during the prenatal period through the postpartum period (the 60-day period following termination of the pregnancy)
- Tobacco use cessation services shall be available to NJFC/Medicaid beneficiaries at no cost.
- Combination treatment modalities may be prior authorized as per evidence-based PHS treatment guidelines.

11-09-MA

TN No.: 11-09 Approval Date DEC 16 2011 Effective Date SEP 01 2011

Supersedes

New

TN No. New