## 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   |
|-----|--|
|     | X_Provided X_No limitationsWith limitations*   |
|     | Not provided   |
| b   | Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found *   |
| С   | Family planning services and supplies for individuals of child-bearing age   |
|     | X ProvidedNo limitations X With limitations*   |
|     | Not provided   |
| d   | 1 Face-to-face tobacco cessation counseling services for pregnant women  |
|     | X (i) Provided by or under supervision of a physician  |
|     | X (II) Provided 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) Provided by any other health care professional legally authorized to provide tobacco cessation<br>services under State law and who is specifically designated by the Secretary in regulations<br>(None are designated at this time.) |
|     | 2 Face-to-face tobacco cessation counseling services benefit package for pregnant women  |
|     | X_Provided X_No limitationsWith limitations*   |
| 5 a | Physicians services whether furnished in the office, the patient's home, a hospital a nursing facility, or elsewhere   |
|     | X ProvidedNo imitations X With limitations*  |
|     | Not provided   |
| b   | Medical and surgical services furnished by a dentist (in accordance with Section 1905(a)(5)(B) of the Act)   |
|     | X ProvidedNo limitations X With limitations*   |
|     | Not provided   |
| 5   | 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.   |
| а   | Podiatrists' services  |
|     | X ProvidedNo limitationsX_With limitations*  |
|     | Not provided   |
|     |  |
|     |  |

\*Description provided in Supplement to this Attachment

TN No <u>11-8</u> Supersedes TN No <u>93-12</u>

Approval Date ////0///

Effective Date 10/01/10