STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

4	а	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*	
	b	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age and treatment of conditions found '			
	c	Family planning services and supplies for individuals of child-bearing age			
		Provided	No limitations	X With limitations*	
	d	Tobacco Cessation C	for Pregnant Women		
		(1) Face-to-Face Tobacco Cessation Counseling Services provided			
		X (i) By or under supervision of a physician			
		X (ii) By any other health care professional who is legally authorized to furnish such services under State 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	X With limitations*	
		Tobacco cessation counseling services for pregnant women are limited to one face-to-face visit without prior authorization along with a referral to the telephone quitline which has no limits			
5	а	Physicians' services	whether furnished in	the office the patient's home a hospital a 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)(B) 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 practit within the scope of their practice as defined by State law			
a Podiatrists services					
		Provided	_ No limitations	X With limitations*	

*Description provided on attachment

TN#____11-011

Approval Date

Supersedes T N # 93-022

Effective Date 7-1-11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

UTAH

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

1 Inpatient hospital services other than those provided in an institution for mental diseases

X Provided ____No limitations _X With limitations*

State

2 a Outpatient hospital services

X Provided _____No limitations _X With limitations*

- b Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise covered under the plan)
 - X Provided X No limitations _____With limitations*
- 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 <u>State Medicaid Manual</u> (HCFA-Pub 45-4)

X Provided X No limitations _____With limitations

- 3 Other laboratory and X-ray services
 - X Provided X No limitations _____With limitations*
- a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older

X Provided ____ No limitations _X With limitations*

- b Early and penodic screening diagnostic and treatment services for individuals under 21 years of age and treatment of conditions found*
 - X Provided
- c Family planning services and supplies for individuals of childbearing age
 - X Provided ____ No limitations X _____ With limitations*
- d Tobacco Cessation Counseling Services for Pregnant Women
 - (1) Face-to-Face Tobacco Cessation Counseling Services provided
 - X (i) By or under supervision of a physician
 - X (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*

Tobacco cessation counseling services for pregnant women are limited to one face-to-face visit without prior authorization along with a referral to the telephone guilting which has no limits

*Description provided on attachment

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Approval Date _

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