Revision: HCFA-PM-92-7 May 1993

ATTACHMENT 3.1-A Page2 OMBNO:

State/Territory: MISSISSIPPI

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	XV	With limitations							
4.b.	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. * Family planning services and supplies for individuals of child-bearing age.										
4.c.											
	Provided:	No limitations	X	With limitations*							
4.d.	I. Face-to-face Tobacco Cessation Counseling Services for Pregnant Women										
	Provided:	No limitations	X	With limitations*							
5.a.	Physicians' services whether furnished in the office, the patient's home, a hospital, a facility or elsewhere.										
	Provided:	No limitations	X	With limitations*							
5.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 practitioners within the scope of their practice as defined by State law. a. Podiatrists' services.										
	Provided:	No limitations	X	With limitations *							
	Not provided										
* Description pr	rovided on attachment.										

Approval Date: <u>02-12-14</u> TN No.: 2013-002 Effective Date: 03/01/14 Supersedes Date Received: <u>12-03-13</u>

TN No.: <u>06-005</u>

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION, AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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; or*
- (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. (None are designated at this time; this item is reserved for future use.)

2) Face-to-Face	Tobacco	Cessation	Counseling	Services	Benefit	Package 1	for l	Pregnar	ıt
	Women									

Please describe any limitations:

^{*}The State is providing at least four (4) counseling sessions per quit attempt.

^{**}Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

^{*}Face-to-Face tobacco cessation counseling services for pregnant women are limited to one (1) counseling session per quit attempt with mandatory referral to the MS Tobacco Ouitline.