Attachment 3.1-A Revision: HCFA-PM-92-7 May 1993 Page2 OMBNO:

State/Territory: Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL

| AND I | REMEDIAL CA  | ARE AND SERVICES P.  | ROVIDED 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 Wit | th 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.  | Face-to-face Tobacco Cessation Counseling Services for Pregnant Women  |                      |                                    |  |
|       | Provided:  | No limitations       | X With limitations*                |  |
| 4.d.1 | Face-to -Face Tobacco Cessation Counseling Services  |                      |                                    |  |
|       | Provided:  | No Limitations       | X With Limitations*                |  |
| 5.a.  | Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing 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 \_\_\_\_

TN No. <u>23-0024</u> Supercedes TN No. 2013-002

Date Received: Date Approved: Date Effective: <u>07/01/2023</u>

<sup>\*</sup> Description provided on attachment.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A Exhibit 4.d.1.

### **State of Mississippi**

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

- 4.d.1. The Division of Medicaid covers up to twelve (12) in-person or telehealth tobacco cessation counseling sessions per State Fiscal Year, when provided by:
  - 1) a physician, or
  - 2) Other licensed practitioner that has prescriptive authority, operating with their scope of practice.

TN No. <u>23-0024</u> Supercedes TN No. 2013-002 Date Received:\_\_\_\_\_
Date Approved:\_\_\_\_

Date Effective: 07/01/2023

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

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|        | Provided:  | No limitations     | X With limitations*                 |  |
| 4.d.   | Face-to-face Tobacco Cessation Counseling Services for Pregnant Women  |                    |                                     |  |
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| 4.d.1  | Face-to -Face Tobacco Cessation Counseling Services  |                    |                                     |  |
|        | Provided:  | No Limitations     | X With Limitations*                 |  |
| 5.a.   | Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.   |                    |                                     |  |
|        | Provided:  | No limitations     | X With limitations*                 |  |
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|        | 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   |                    |                                     |  |
| * Desc | cription provide   | ed on attachment.  |                                     |  |

TN No.: 2013-Approval Date:

<del>002</del>23-0024 Supersedes TN No.: <u>06-</u> <del>005</del>2013-002

Effective Date: <u>07/01/2023</u>

Date Received:

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TN No.23-0024 Supercedes TN No. NEW Date Received: \_\_\_\_\_
Date Approved:

Date Effective: 07/01/2023