

State/Territory Montana

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 institutions 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:   X   No limitations      With limitations\*

- 4 d Tobacco Cessation Counseling Services for Pregnant Women

1) Face-to-Face 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, \* 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)

\*describe any limits on who can provide these counseling services

\* Description provided on attachment

TN No. 11-044

Approval Date 12/28/11

Effective Date 07/01/11

Supersedes TN No 01-014

State/Territory: Montana

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

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

Please describe any limitations none other than above

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

Provided. ☐ No limitations ☒ With limitations\*

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

Provided ☐ No limitations ☒ 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 ☒ With limitations\*

\*. Description provided on attachment

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State/Territory MONTANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY  
GROUP(s), All medically needy

4 d Tobacco Cessation Counseling Services for Pregnant Women

1) Face-to-Face Counseling Services provided.

X (1) By or under supervision of a physician,

X (1) 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

(11) 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)

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

Provided: X 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.

Please describe any limitations: none other than above

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\*

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

\*Description provided on attachment

TN No 11-044 Approval Date 12/28/11 Effective Date 07/01/11  
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