

STATE	<u>Texas</u>
DATE REC'D	<u>3-26-12</u>
DATE APPV'D	<u>6-7-12</u>
DATE EFF	<u>1-1-12</u>
HCUFA 179	<u>12-07</u>

A

State of Texas
Attachment 3.1-A
Page 2

State/Territory: Texas

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 ☒ With Limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

Provided: ☐ No Limitations ☒ With Limitations*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No Limitations ☒ With Limitations*

- 4.d. Tobacco cessation counseling services for pregnant women.

Provided: ☐ No Limitations ☒ 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 ☒ With Limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with 1905(a)(5)(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 under the scope of their practice as defined by State law.

Provided: ☐ No Limitations ☒ With Limitations*

- a. Podiatrists' services.

Provided: ☐ No Limitations ☒ With Limitations* ☐ Not Provided

* Description provided on attachment.

SUPERSEDES: TN- 03-21

TN: 12-07

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Supersedes TN: 03-21

4d. 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)

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package 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 (eight (8) per year) should be explained below.

Please describe any limitations: In accordance with the Clinical Practice Guidelines published by the U.S. Public Health Service (PHS) and consistent with U.S. Preventive Services Task Force (USPSTF) grade A recommendation, pregnant women may receive four face-to-face counseling sessions per quit attempt with two quit attempts per year. Pregnant women may receive up to eight counseling sessions from the prenatal through the postpartum period.

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DATE REC'D <u>3-26-12</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Texas

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY**

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2) <input type="checkbox"/>	(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
SUPERSEDES: TN- <u>05-20</u>	

- ☒ (h) barbiturates (see specific drug categories below)
- ☒ (i) benzodiazepines (see specific drug categories below)
- ☒ (j) smoking cessation drugs (Except dual eligibles as Part D will cover) (see specific drug categories below)

- (a) **Agents when used for anorexia, weight loss, weight gain:** Appetite stimulants, anorexic agents, and fat absorption-decreasing agents
- (d) **Agents when used for symptomatic relief of cough and colds:** Antihistamines, antitussives, decongestants, and expectorants
- (e) **Prescription vitamins and mineral products:** Single and multiple vitamins and minerals and combinations
- (f) **Nonprescription drugs:** Coverage for the following categories when an item is a drug of choice for a common medical condition or is an appropriate economical and therapeutic alternative to a prescription drug item: analgesics; anti-emetics; anti-inflammatory agents; anti-parasitics; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; and respiratory agents

(h) **Barbiturates:** All items

(i) **Benzodiazepines:** All items

(j) **Smoking cessation drugs:** All items

 No excluded drugs are covered.

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State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY
GROUP(S): Pregnant Women, Children, Caretaker Relative

1. Inpatient hospital services other than those provided in an institution for mental diseases.
☒ Provided ☐ No limitations ☒ With limitations*
- 2.a. Outpatient hospital services.
☒ Provided ☐ No limitations ☒ With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic covered under the Plan.
☒ Provided ☐ No limitations ☒ With limitations*
- c. 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 State Medicaid Manual (HCFA-Pub. 45-4)
☒ Provided ☐ No limitations ☒ With limitations*
3. Other laboratory and X-ray services.
☒ Provided ☒ No limitations ☐ With limitations*
- 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 ☒ With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
☒ Provided ☐ Not provided
- c. Family planning services and supplies for individuals of childbearing age.
☒ Provided ☐ No limitations ☒ With limitations*
- d. Tobacco cessation counseling services for pregnant women.
☒ Provided ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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Supersedes TN: 92-05

4d. 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)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package 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 (eight (8) per year) should be explained below.

Please describe any limitations: In accordance with the Clinical Practice Guidelines published by the U.S. Public Health Service (PHS) and consistent with U.S. Preventive Services Task Force (USPSTF) grade A recommendation, pregnant women may receive four face-to-face counseling sessions per quit attempt with two quit attempts per year. Pregnant women may receive up to eight counseling sessions from the prenatal through the postpartum period.

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	<input checked="" type="checkbox"/> (h) barbiturates (see specific drug categories below)
	<input checked="" type="checkbox"/> (i) benzodiazepines (see specific drug categories below)
	<input checked="" type="checkbox"/> (j) smoking cessation drugs (Except dual eligibles as Part D will cover) (see specific drug categories below)

(b) **Agents when used for anorexia, weight loss, weight gain:** Appetite stimulants, anorexic agents, and fat absorption-decreasing agents.

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(k) **Barbiturates:** All items

(l) **Benzodiazepines:** All items

(m) **Smoking cessation drugs:** All items

 No excluded drugs are covered.

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