

**Please note that the new deadline for the Department to accept comments concerning this State Plan Amendment is February 27<sup>th</sup> 2012.**

**Please send written comments to:**

**Director of Medical Care Administration  
Re: 12-004, State Plan Amendment for Expansion of Smoking Cessation  
Services  
Department of Social Services  
25 Sigourney Street, 11<sup>th</sup> floor  
Hartford, CT 06106**

NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN RELATED  
TO SMOKING CESSATION SERVICES

The Department of Social Services (DSS) proposes to amend its Medicaid State Plan on January 1, 2012.

In accordance with Public Act 11-44, Sections 106 and 107, DSS intends to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan pertaining to smoking cessation services. Under State Plan Amendment 12-004 DSS will expand coverage of smoking cessation diagnostic, therapy and counseling services and FDA-approved legend and non-legend (over the counter) smoking cessation drugs to all Medicaid clients.

The final fiscal impact for this change has not been determined.

Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: [www.dss.state.ct.us](http://www.dss.state.ct.us). Go to "Publications" and then to "News and Updates". For information please contact 860-424-5486.

Written comments may be sent by January 24, 2012 to:

Director of Medical Care Administration  
Re: 12-004, State Plan Amendment for Expansion of Smoking Cessation  
Services  
Department of Social Services  
25 Sigourney Street, 11<sup>th</sup> floor  
Hartford, CT 06106

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE  
CATEGORICALLY NEEDY GROUP (S): ALL**

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The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs as recommended in “Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline” published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

TN# 12-004  
Supersedes  
TN# NEW

Approval Date \_\_\_\_\_

Effective Date 1/1/2012

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE  
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The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs as recommended in “Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline” published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

TN# 12-004  
Supersedes  
TN# NEW

Approval Date \_\_\_\_\_

Effective Date 1/1/2012

State: CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY GROUP(S): ALL**

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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:  No limitations  With limitations

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

Provided:  No limitations  With limitations\*

- d. 1. Face-to-Face Tobacco Counseling Services

Provided:  No limitations  With limitation\*

- 2 Face-to-Face Tobacco Counseling Services provided:

- (i) By or under the 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) By 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.

\*Description provided on attachment.

TN # 12-004

Approval Date \_\_\_\_\_

Effective Date: 1/1/2012

Supersedes

TN # 93-13

State: CONNECTICUTAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY GROUP(S): ALL

5. a. Physician's 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)(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 within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN # 12-004

Approval Date \_\_\_\_\_

Effective Date: 1/1/2012

Supersedes

TN # NEW

State: CONNECTICUT

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

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4. d. 1. Face-to-Face Tobacco Cessation Counseling Services

Provided:  No limitations  With limitations\*

2. Face-to-Face Tobacco Counseling Services provided:

(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) By 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.

5. a. Physician's 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)(5)(B) of the Act).

Provided:  No limitations  With limitations\*

\*Description provided on attachment

TN # 12-004

Approval Date \_\_\_\_\_

Effective Date: 1/1/2012

Supersedes

TN # 93-13