

State/Territory: California

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

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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.
- Provided: No limitations With limitations*
- Not provided.
- 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*
- d. Ambulatory services offered by a health center receiving funds under Section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.
- Provided: No limitations With limitations*
3. Other laboratory and X-ray services.
- Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 95-014
Supersedes
TN No. 92-19

Approval Date DEC 15 1995

Effective Date JUL 01 1995
HCFA ID: 7986E

State/Territory: California

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.*

- 4.c. Family planning services and supplies for individuals of child bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.

Provided No limitations With limitations

Please describe any limitations:

- 4.c.1 Family planning-related services provided under the above State Eligibility Option.

4. d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women
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 and receive payment for covered services *other* than tobacco cessation services;

*Description provided on attachment.

TN No. 12-027
Supersedes
TN No. 10-014

Approval Date: MAR 13 2013 Effective Date: October 1, 2012

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

Provided No limitations With limitations

The State is providing one (1) face-to-face counseling session per quit attempt, with a mandatory referral to a tobacco cessation quitline.

Face-to-face counseling (including assessment) for pregnant women will be consistent with the intervention as described in the "Treating Tobacco Use and Dependence-2008 Update: A Clinical Practice Guideline" published by the U.S. Public Health Service in May 2008 or any subsequent modification of such guideline and shall include a mandatory referral to a tobacco cessation quitline. Counseling services are covered for the prenatal period through the postpartum period (the end of the month in which the 60 day period following termination of the pregnancy ends).

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

5.a.1 Sign language interpreter services (in connection with physician's services).

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 No. 12-027
Supersedes
TN No. None

Approval Date: MAR 13 2013 Effective Date: October 1, 2012

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b. Optometrists' services.

- Provided No limitations With Limitations*
 Not provided.

c. Chiropractors' services.

- Provided: No limitations With Limitations*
 Not provided.

d. Other practitioners' services.

- Provided: Identified on attached sheet with description
of limitations, if any.
 Not provided.

7. Home health services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

- Provided: No limitations With Limitations*

b. Home health aide services provided by a home health agency.

- Provided: No limitations With Limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

- Provided: No limitations With Limitations*

*Description provided on attachment.

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

Not provided.

9. Private duty nursing services.

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

TN No. 92-19
Supersedes 85-16 Approval Date JUN 27 1994 Effective Date JAN 01 1993
TN No. 85-16

HCFA ID: 7986E

AMOUNT, DURATION AND SCOPE OF MEDICAL
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9. Clinic services.

Provided: No limitations With limitations*
 Not provided.

10. Dental services.

Provided: No limitations With limitations*
 Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations*
 Not provided.

b. Occupational therapy.

Provided: No limitations With limitations*
 Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No. 85-14
persedes
No. 82-20

Approval Date FEB 18 1985

Effective Date OCT 1 1985

HCFA ID: 0069P/0002P

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AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, prosthetic devices, and hearing aids; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*
 Not provided.

b. Dentures.

Provided: No limitations With limitations*
 Not provided.

c. Prosthetic devices and hearing aids.

Provided: No limitations With limitations*
 Not provided.

d. Eye glasses.

Provided: No limitations With limitations*
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment

AMOUNT, DURATION AND SCOPE OF MEDICAL
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b. Screening services.

Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services; including rehabilitative mental health services and rehabilitative alcohol and drug treatment services for individuals diagnosed by physicians as having a substance-related disorder. (See Supplements 2 and 3 to Attachment 3.1-A):

Provided No limitations With limitations*
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided: No limitations With limitations*
 Not provided.

b. Skilled nursing facility services.

Provided: No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No. 97-005
Supersedes
TN No. 92-10

Approval Date DEC 3 1999 Effective Date 2/1/92

State/Territory: California

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided: No limitations With limitations*
 Not provided:

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided: No limitations With limitations*
 Not provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided: No limitations With limitations*
 Not provided:

17. Nurse-midwife services

Provided: No limitations With limitations*
 Not provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided: No limitations Provided in accordance with section 2302 of the Affordable Care Act
 With limitations* Not provided:

*Description provided on attachment

TN No. 12-011
Supercedes
TN No. 91-13

Approval Date MAR 08 2013 Effective Date 10/1/12

STATE/TERRITORY: CALIFORNIAAMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A for Mentally Disabled (Short-Doyle) and Developmentally Disabled (Lanterman), and Supplements 1a-1f to ATTACHMENT 3.1-A for Case Management Services (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided With limitations* Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided With limitations* Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment.

TN No. 95-006

Supersedes

TN No. 94-012

Approval Date JUN 29 1995

Effective Date JAN 1 1995

State/Territory: California

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in Accordance with section 1920 of the Act).

X Provided: No Limitations X With limitations*
Not provided.

22. Respiratory care services (in accordance with section 1902 (e) (9) (A) through (C) of the Act).

X Provided: No Limitations With limitations*
Not provided.

23. Certified pediatric or family nurse practitioners' services.

Provided: No Limitations X With limitations*

* Description provided on attachment.

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided: No limitations With limitations*
 Not provided.

b. Services of Christian Science nurses.

Provided: No limitations With limitations*
 Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided: No limitations With limitations*
 Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided: No limitations With limitations*
 Not provided.

e. Emergency hospital services.

Provided: No limitations With limitations*
 Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No. 94-021
Supersedes Approval Date MAY 16 1995 Effective Date OCT 01 1994
TN No. 92-11

HCFA ID: 7986E

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Local Education Agency (LEA) Services

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

State: California

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or at work.

 X Provided: X State Approved (Not Physician) Service Plan Allowed
 X Services Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not Provided.

TN No. 02-021 Approval Date JUN 5 2003 Effective Date 11/10/03
Supersedes 04-021

State of California
PACE State Plan Amendment Pre-Print

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

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 4 to Attachment 3.1-A.

Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

TN No. 02-003
Supersedes

Approval Date SEP 18 2002 Effective Date JUN - 1 2002

TN No. N/A

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

28. Self-Directed Personal Assistance Services, as described in Supplement 5 to Attachment 3.1-A.

Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

29.a Licensed or otherwise State-approved Alternative Birth Centers

Provided: No limitations With limitations* None licensed or approved

29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.

Provided: No limitations With limitations*

Not Applicable (there are no licensed or State approved Alternative Birth Centers)

1) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan.

2) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60.

3) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.

* Description provided on attachment