

HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: California

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

The following ambulatory services are provided.

MEDI-CAL BENEFITS CHART

*Description provided on attachment.

TN No. 88-8
-sides
.. 82-21
Approval Date MAY 24 1988
Effective Date JAN 01 1988
HCFA ID: 0140P/0102A

Supplement to Attachment 3.1
RMS/1

State/Territory: CALIFORNIA

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.
- [X] Provided: [] No limitations [X] With limitations*
2. a. Outpatient hospital services.
- [X] Provided: [] No limitations [X] With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
- [X] Provided: [] No limitations [X] 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).
- [X] Provided: [] No limitations [X] 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.
- [X] Provided: [] No limitations [X] With limitations*
3. Other laboratory and X-ray services.
- [X] Provided: [] No limitations [X] With limitations*
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- [X] Provided: [] No limitations [X] With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
- [X] Provided: [] No limitations [X] With limitations*
- c. Family planning services and supplies for individuals of childbearing age.
- [X] Provided: [] No limitations [X] 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 SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): _____

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

X 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. 00-026

Supersedes

TN No. 93-014

Approval Date AUG 27 2001

Effective Date OCT - 1 2000

State/Territory: California

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

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*

b. Optometrists' Services

Provided: No limitations With limitations*

c. Chiropractors' Services

Provided: No limitations With limitations*

d. Other Practitioners' Services

Provided: No limitations With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service 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*

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*

*Description provided on attachment.

TW No. 88-8
Supersedes
TW No. 82-21

Approval Date MAY 24 1988

Effective Date JAN 01 1988

MEDICAL BENEFITS CHART

30 pp
10/1/88

State/Territory: California

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

8. Private duty nursing services.

Provided: No limitations With limitations*

9. Clinic services.

Provided: No limitations With limitations*

10. Dental services.

Provided: No limitations With limitations*

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

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

Provided: No limitations With limitations*

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

a. Prescribed drugs.

Provided: No limitations With limitations*

b. Dentures.

Provided: No limitations With limitations*

*Description provided on attachment.

TR No. 88-8
Supersedes
TR No. 82-21

Approval Date MAY 24 1988

Effective Date JAN 01 1988

MEDICAL BENEFITS CHART

State/Territory: California

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO
MEDICALLY NEEDY GROUP(S) _____

- c. Prosthetic devices.
 Provided: No limitations With limitations*
- d. Eyeglasses.
 Provided: No limitations With limitations*
13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
 Provided: No limitations With limitations*
- b. Screening services.
 Provided: No limitations With limitations*
- c. Preventive services.
 Provided: No limitations With limitations*
- 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 1, 2, and 3 to Attachment 3.1-B):
 Provided No limitations With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
 Provided: No limitations With limitations*
- b. Skilled nursing facility services.
 Provided: No limitations With limitations*

*Description provided on attachment.

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

Approval Date DEC 3 1999 Effective Date 7/1/97
HCFA ID: 0140P/0102A

State/Territory: California

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

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- c. Intermediate care facility services.
- Provided: No limitations With limitations*
- 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*
- 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*
16. Including psychiatric facility services for individuals under 22 years of age.
- Provided: No limitations With limitations*
17. Nurse-midwife services.
- Provided: No limitations With limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
- Provided: No limitations With limitations*

TN No. 91-13
Supercedes
TN No. 88-08

Approval Date OCT 25 1991 Effective Date July 1, 1991

STATE/TERRITORY: CALIFORNIA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO THE MEDICALLY NEEDY GROUP(S): _____

19. Case management services and Tuberculosis related activities
- a. Case management services as defined in, and to the group specified in, Supplemental 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 County-Funded 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.
- Provided: + Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
- Provided: + Additional coverage ++ Not provided.
21. Certified pediatric or family nurse practitioners' services.
- Provided: No limitation With limitations*
 Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ 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 SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

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

Provided: No limitations With limitations*

Not provided.

23. 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*

b. Services of Christian Science nurses.

Provided: No limitations With limitations*

c. Care and services provided in Christian Science sanatoria.

Provided: No limitations With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided: No limitations With limitations*

e. Emergency hospital services.

Provided: No limitations With limitations*

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

Provided: No limitations With limitations*

TN No. 88-19
Supersedes
TN No. 88-8

Approval Date JUL 29 1988 Effective Date 4/1/88

State/Territory: California

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

23. 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

24. 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 Not Provided

25. 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. pJD

Provided: State Approved (Not Physician) Service Plan Allowed
 Services Outside the Home Also Allowed
 Limitations Described on Attachment
pJD
 Not Provided:

* Description provided on attachment.

TN No. 02-021

Supersedes

TN No. 98-918

Approval Date JUN 5 2008 Effective Date 1/1/03

State of California
PACE State Plan Amendment Pre-Print

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

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