

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Clinic			X	\$1 per visit
Surgical center			X	\$1 per visit
Optometric			X	\$1 per outpatient visit
Chiropractic			X	\$1 per outpatient visit
Psychology			X	\$1 per outpatient visit
Podiatric			X	\$1 per outpatient visit
Occupational therapy			X	\$1 per outpatient visit
Physical therapy			X	\$1 per outpatient visit
Speech therapy			X	\$1 per outpatient visit
Audiology			X	\$1 per outpatient visit
Acupuncture			X	\$1 per outpatient visit
Drug Prescriptions			X	\$1 per outpatient drug prescription
Dental			X	\$1 per outpatient dental visit
Nonemergency services in an emergency room.			X	\$5 per visit (average payment for nonemergency services in an emergency room is greater than \$50.00)
<u>Exceptions:</u>				
1. Any service for which the State payment is \$10 or less.				* (other) <i>(besides nonemergency services in an emergency room)</i>
2. Any family planning service.				All amounts meet the definition of nominal.
3. Any service provided to a person age 18 or under.				
4. Any woman receiving perinatal care.				
5. Any person who is an inpatient in a health facility.				
6. Any children under 21 living in boarding homes or institutions for foster care.				

TN No. 85-18
 Supersedes
 TN No. 85-4

Approval Date

FEB 18 1986

(* Note: Annotated 2/14/86 re to Benefits Branch to clarify waiver status) Effective Date OCT 1 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

- B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The individual determines whether he/she can pay the copayment and informs the provider accordingly. Providers have been instructed that they may not refuse to provide services based solely on the individual's inability to copay.

TN No. 85-18
Supersedes
TN No. 85-4

Approval Date FEB 18 1986

Effective Date OCT 1 1985

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are instructed, via provider bulletins, of those services which are not subject to copayment and of those individuals who are exempt from copayment requirements. Notices are also sent to beneficiaries informing them of the conditions under which they will be asked to copay.

Enforcement is accomplished by contacting individual providers when complaints of non compliance are brought to the attention of the state agency.

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 85-18
Supersedes

Approval Date FEB 18 1986
Date _____

Effective
OCT 1 1985

TN No. 85-4

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Physician			X	\$1 per visit
Clinic/outpatient			X	\$1 per visit
Surgical center			X	\$1 per visit
Optometric			X	\$1 per outpatient visit
Chiropractic			X	\$1 per outpatient visit
Psychology			X	\$1 per outpatient visit
Podiatric			X	\$1 per outpatient visit
Occupational therapy			X	\$1 per outpatient visit
Physical therapy			X	\$1 per outpatient visit
Speech therapy			X	\$1 per outpatient visit
Audiology			X	\$1 per outpatient visit
Acupuncture			X	\$1 per outpatient visit
Drug Prescriptions			X	\$1 per outpatient drug prescription
Dental			X	\$1 per outpatient dental visit.
Nonemergency services in an emergency room.			X	\$5 per visit (average payment for non-emergency services in an emergency room is greater than \$50.00) * (other) <i>besides non-emergency services in an emergency room</i> All amounts meet the definition of nominal.

Exceptions:

1. Any service for which the State payment is \$10 or less.
2. Any family planning service.
3. Any service provided to a person age 18 or under.
4. Any woman receiving perinatal care.
5. Any person who is an inpatient in a health facility.
6. Any children under 21 living in boarding homes or institutions for foster care.

TN No. 85-18
 Supercedes
 TN No. 85-4

Approval Date FEB 18 1986 Note: Annotated per T.C. to Benefits Branch
 Effective Date OCT 1 1985
 (DIA/86 to clarify waiver.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

B. The method used to collect cost sharing charges for medically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The individual determines whether he/she can pay the copayment and informs the provider accordingly. The providers have been instructed that they may not refuse to provide services based solely on the individual's inability to copay.

TN No. 85-18
Supersedes
TN No. 85-4

Approval Date FEB 18 1986

Effective Date OCT 1 1985

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are instructed via a provider bulletin of those services which are not subject to copayment, and of those individuals who are exempt from copayment requirements. Notices are also sent to beneficiaries informing them of the conditions under which they will be asked to copay.

Enforcement is accomplished by contacting individual providers when complaints of noncompliance are brought to attention of the state agency.

E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 85-18
Supersedes
TN No. 85-4

Approval Date FEB 18 1986

Effective Date OCT 1 1985

HCFA ID: 0053C/0061E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-D
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

TN No. 92-19
Supersedes _____ Approval Date JUN 24 1994 Effective Date JAN 01 1993
TN No. _____

HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-D
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: CALIFORNIA

C. State or local funds under other programs are used to pay for premiums:

Yes

No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

TN No. 92-19--
Supersedes _____ Approval Date JUN 24 1994 Effective Date JAN 01 1993
TN No. _____

HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-E
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: CALIFORNIA

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

TN No. <u>92-19</u>	Approval Date <u>JUN 24 1994</u>	Effective Date <u>JAN 01 1993</u>
Supersedes		
TN No. _____		HCFA ID: 7986E JAN 01 1993

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-E
Page 2
OMB No.:0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CALIFORNIA

C. State or local funds under other programs are used to pay for premiums:

Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

TN No. 92-19
Supersedes _____ Approval Date JUN 24 1994 Effective Date JAN 01 1993
TN No. _____

HCFA ID: 7986E