

STATE PLAN CHART

Type of Service

Program Coverage**

Authorization and Other Requirements*

4b Early and periodic screening, diagnosis, and treatment services, and treatment of conditions found.

Covered for Medi-Cal eligibles under 21 years of age.

Prior Authorization is not required.

Includes ~~Rehabilitative~~ ~~Mental~~ ~~Health~~ ~~Services~~ **(See Supplement 3 to Attachment 3.1-A) and Targeted Case Management (See Supplement 1 to Attachment 3.1-A).** for seriously emotionally disturbed children: collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day care intensive, day care habilitation offered in local and mental health clinics or in the community.

Beneficiaries must meet medical necessity criteria.
Medical necessity is the only limitation.

Services are provided in accordance with Social Security Act (SSA) Section 1905(r)(5).

Includes Local Education Agency (LEA) Medi-Cal Billing Option Program services (LEA services). LEAs are the governing body of any school district or community college district, the county office of education, a state special school, a California State University campus, or a University of California campus.

Service Limitations

LEA services are limited to a maximum of 24 services per 12-month period for a beneficiary without prior authorization, provided that medical necessity criteria are met. LEAs may obtain authorization for LEA services beyond 24 services per 12-month period from the beneficiary's:

- Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) developed for the special education student,

* Prior Authorization is not required for emergency service.
**Coverage is limited to medically necessary services.

- California Children Services Program,
- Short-Doyle Program,
- Medi-Cal field office authorization (TAR)
- Prepaid health plan authorization (including Primary Care Case Management).

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