

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.

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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.

X  Provided      \_\_\_\_\_ No limitations  X  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.

X  Provided      \_\_\_\_\_ No limitations  X  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.

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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.

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TN No. 12-027  
Supersedes  
TN No. None

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

State/ Territory: CALIFORNIA

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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.

- g. 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 1986

Effective Date OCT 1 1985

HCFA ID: 0069P/0002P

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.

With limitations\*

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.

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.

scription provided on attachment

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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: CALIFORNIA

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

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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-1g 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 60<sup>th</sup> days falls.
- Additional coverage ++
- b. Services for any other medical conditions that may complicate the 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

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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 in accordance with 42 CFR 440.170.

## a. Transportation

Provided:  No limitations  With limitations\*

Not provided.

## b. Services provided in Religious Nonmedical Health Care Institutions.

Provided:  No limitations  With limitations\*

Not provided.

## c. Reserved.

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. Reserved

Provided:  No limitations  With limitations\*

Not provided.

\*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.

g. Local Education Agency (LEA) Services

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided on attachment.

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State: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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25. Home and Community Care for Functionally Disabled Elderly Individuals.

\_\_\_\_\_ 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 developmentally disabled, 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   Service outside the Home Also Allowed

  X   Limitations Described on Attachment

\_\_\_\_\_ Not provided.

\* Description provided on attachment

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TN No. 17-026  
Supersedes  
TN No. 02-021

Approval date: October 11, 2017

Effective date: July 1, 2017

State of California  
PACE State Plan Amendment Pre-Print

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

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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.

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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

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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