

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

Supplement to Attachment 3.1
RMS/1

*Description provided on attachment.

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

State/Territory: California

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

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;

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).

TN No. 12-027
Supersedes
TN No. 00-026

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

State/Territory: California

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

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

*Description provided on attachment.

TN No. 12-027

Supersedes

TN No. None

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

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*

Not provided.

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 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*

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.

State/Territory: California

AMOUNT, DURATION AND SCOPE OF SERVICES
PROVIDED TO 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 pathologists or audiologist.

Provided: No limitations With limitations*

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*

b. Dentures.

Provided: No limitations With limitations*

*Description provided on attachment

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUPS

c. Prosthetic devices and hearing aids.

Provided No limitations With limitations

d. Eye Glasses.

Provided No limitations With limitations

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

a. Diagnostics 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 physician 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. 13-014
Supersedes
TN No. 11-012

NOV 07 2013

Approval Date: _____

Effective Date: 1/1/2013

State/Territory: California

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

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 Provided in accordance with section 2302 of the Affordable Care Act

With limitations*

*Description provided on attachment

State/Territory: CALIFORNIA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO THE MEDICALLY NEED 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-1h 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).

 X Provided: X With limitations* Not provided

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

 X Provided: X 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.

 X Provided: + Additional coverage ++

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

 X Provided: + Additional coverage ++ Not provided

21. Certified pediatric or family nurse practitioners' services.

 X Provided: No Limitation X With limitations*
 No 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 of 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. 11-019
Supersedes
TN No. 95-006

Approval Date OCT 13 2011

Effective Date July 1, 2011

State/Territory: California

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED TO 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 in accordance with 42 CFR 440.170.

a. Transportation.

Provided: No limitations With limitations*

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. Skilled nursing facility services provided 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

State/Territory: California

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

23. Any other medical care and 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.

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 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.

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

* Description provided on attachment

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 MEDICALLY NEEDY

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited 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. 14-010

Approval Date **JUN 16 2014** Effective Date April 1, 2014

TN No. 02-003

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

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

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

Provided: No limitations With limitations*

28.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

TN No. 11-022
Supersedes
TN No. 09-006

Approval Date OCT 12 2012

Effective date: January 1, 2012