

ENCLOSURE

**\*\*FOR STAKEHOLDERS ONLY**

Revised Pages for:  
CALIFORNIA MEDICAID STATE PLAN  
Under Transmittal of  
STATE PLAN AMENDMENT (SPA)

**10-014\***

All new pages will have this SPA\* number identified as the new TN No., so it will not be repeated for each new insert pages.

Instructions:

1. Remove Attachment 3.1-A, page 2 (TN# 00-026)
2. Insert Attachment 3.1-A, page 2 (TN# 10-014)
3. Insert Attachment 2.2-A, pages 2h, 2i (TN# 10-014)

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.

Provided  No limitations  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.

Provided:  No limitations  With limitations

Please describe any limitations:

- 4.c.1 Family planning-related services provided under the above State Eligibility Option.

- 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. 10-014

Supersedes

TN No. 00-026

Approval Date: MAR 24 2011 Effective Date: July 1, 2010

State/Territory California

Citation

Groups Covered

**B. Optional Groups Other Than the Medically Needy (Continued)**

1902(a)(10)(A)(ii)(XXI)  
1902(ii)

28.  Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 200% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 200% of the Federal Poverty Level.

In determining eligibility for this group, the State considers only the income of the applicant or recipient.

In determining eligibility for this group, the State will exclude parental income, consistent with the methodology the State uses for pregnant women as specified on page 4 of Supplement 8a to Attachment 2.6 of the State Plan.

California exercises the option to define this group as individuals who would have been eligible for family planning benefits pursuant to the standards and processes imposed by the State on January 1, 2007 under a waiver granted pursuant to Section 1115.

The period of eligibility begins on the day the client is enrolled at the point-of-service, and such eligibility is to be recertified annually.

Retroactive eligibility is available for qualifying beneficiaries for up to 3 months prior to the first day of the month of application to the Family PACT program.

TN No. 10-014

Approval Date MAR 24 2011 Effective Date: July 1, 2010

Supersedes

TN No: None

State/Territory California

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Citation

Groups Covered

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A total of 13.95 percent is deducted from the total expenditures to account for those expenditures funded solely through State dollars pursuant to the standards and processes in place under the Section 1115 waiver on January 1, 2007.

**Note:** Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.

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**Presumptive Eligibility for Family Planning:**

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN No. 10-014

Approval Date MAR 24 2011 Effective Date: July 1, 2010

Supersedes

TN No: None