

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

*Description provided on attachment.

TR No. <u>88-8</u>	Approval Date <u>MAY 24 1988</u>	Effective Date <u>JAN 01 1988</u>
Revised <u>82-21</u>		
		HCFA ID: 0140P/0102A

Supplement to Attachment 3.1
RHS/1

State/Territory: CALIFORNIA

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

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1. Inpatient hospital services other than those provided in an institution for mental diseases.
- [X] Provided: [] No limitations [X] With limitations*
2. a. Outpatient hospital services.
- [X] Provided: [] No limitations [X] With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
- [X] Provided: [] No limitations [X] With limitations*
- 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).
- [X] Provided: [] No limitations [X] 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.
- [X] Provided: [] No limitations [X] With limitations*
3. Other laboratory and X-ray services.
- [X] Provided: [] No limitations [X] With limitations*
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*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
- [X] Provided: [] No limitations [X] With limitations*
- c. Family planning services and supplies for individuals of childbearing age.
- [X] Provided: [] No limitations [X] With limitations*

*Description provided on attachment.

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 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 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. 95-006Approval Date OCT 13 2011Effective Date July 1, 2011

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
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.

a. Transportation.

- Provided: No limitations With limitations*

b. Services of Christian Science nurses.

- Provided: No limitations With limitations*

c. Care and services provided in Christian Science sanatoria.

- Provided: No limitations With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

- Provided: No limitations With limitations*

e. Emergency hospital services.

- Provided: No limitations With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

- Provided: No limitations With limitations*

TN No. 88-19
Supersedes
TN No. 88-8

Approval Date JUL 29 1988 Effective Date 4/1/88

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

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

State/Territory: California

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

 X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

 X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

 X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0017
Supersedes TN: None

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