

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

Not provided.

2.a. Outpatient hospital services.

Provided: No limitations With limitations*

Not provided.

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

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*

Not provided.

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

Not provided.

*Description provided in Supplement to this Attachment.

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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*

Not provided.

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

Not provided.

- d. 1. Face-to-face tobacco cessation counseling services for pregnant women.

(i) Provided by or under supervision of a physician;

(ii) Provided by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Provided by any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time.)

2. Face-to-face tobacco cessation counseling services benefit package for pregnant women.

Provided: No limitations With limitations*

- 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*

Not provided.

- 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*

Not provided.

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*

Not provided.

*Description provided in Supplement to this Attachment.

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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*
 Not provided.
- b. Home health aide services provided by a home health agency.
 Provided: No limitations With limitations*
 Not provided.
- c. Medical supplies, equipment, and appliances suitable for use in the home.
 Provided: No limitations With limitations*
 Not provided.

*Description provided in Supplement to this Attachment.

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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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.

- 8. Private duty nursing services.

Provided: No limitations With limitations*

Not provided.

*Description provided in Supplement to this Attachment.

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 in Supplement to this Attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
 Provided: No limitations With limitations*
 Not provided.
- b. Dentures.
 Provided: No limitations With limitations*
 Not provided.
- c. Prosthetic devices.
 Provided: No limitations With limitations*
 Not provided.
- d. Eyeglasses.
 Provided: No limitations With limitations*
13. 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.

*Description provided in Supplement to this Attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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- b. Screening services.
____ Provided: ____ No limitations ____ With limitations*
 X Not provided.
- c. Preventive services.
 X Provided: ____ No limitations X With limitations*
____ Not provided.
- d. Rehabilitative services.
 X Provided: ____ No limitations X With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
____ Provided: ____ No limitations ____ With limitations*
 X Not provided.
- b. Skilled nursing facility services.
 X Provided: X No limitations ____ With limitations*
____ Not provided.
- c. Intermediate care facility services.
 X Provided: X No limitations ____ With limitations*
____ Not provided.

*Description provided in Supplement to this Attachment.

TN No. 00-12
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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 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 ____ With limitations*

____ Not provided.

*Description provided in Supplement to this Attachment.

TN No. 06-2
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TN No. 02-2

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

19. Case management services and Tuberculosis-related services.
- a. Case management services as defined in, and to the group specified in, Supplements 1 and 2 to Attachment 3.1-A (in accordance with Section 1905(a)(19) or Section 1915(g) of the Act).
- Provided: No limitations With limitations*
 Not provided.
- b. Special tuberculosis (TB) related services under Section 1902(z)(2)(F) of the Act.
- Provided: No limitations 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.
- Additional coverage++
- b. Services for any other medical conditions that may complicate 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 in Supplement to this Attachment.

TN No. 99-10
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TN No. 98-5

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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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).
____ Provided: ____ No limitations ____ With limitations*
 X Not provided.
22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).
____ Provided: ____ No limitations ____ With limitations*
 X Not provided.
23. Certified pediatric or family nurse practitioners' services.
 X Provided: ____ No limitations X With limitations*
____ Not provided.

*Description provided in Supplement to this Attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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24. 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*
 Not provided.
- b. Services provided in religious non-medical health care institutions.
 Provided: No limitations With limitations*
 Not provided.
- c. Reserved.
- 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. Personal care services in recipient's home or recipient's place of employment, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
 Provided: No limitations With limitations*
 Not provided.

*Description provided in Supplement to this Attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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25. Home and community care for functionally disabled elderly individuals, as defined, described, and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ Provided: _____ No limitations _____ With limitations*

X Not provided.

*Description provided in Supplement to this Attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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26.a. Licensed or otherwise State-approved freestanding birth centers.

Provided: No limitations With limitations*

Not provided.

26.b. Licensed or otherwise State-recognized, covered professionals providing services in the freestanding birth center.

Provided: No limitations With limitations*

Not provided.

*Description provided in Supplement to this Attachment.

TN No. 11-11
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