	TYPE OF SERVICE	PROGRAM COVERAGE	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
13d.5	Alcohol and drug treatment services (Continued)	Outpatient drug free services directed at stabilization and rehabilitation of patients who have a substance-related disorder diagnosis are covered under Drug Medi-Cal when prescribed by a physician as medically necessary. See Supplement 1 to Attachment 3.1-B for a description of alcohol and drug treatment services for pregnant and postpartum women.	Same as above, except in those cases where additional EPSDT services (beyond those available under Department of Alcohol and Drug Program regulations) are needed for individuals under 21, services are available subject to prior authorization by the Department of Health Services.
14a.	Services for individuals age 65 or older in institutions for tuberculosis	See 1, 4a, 15.	See 1, 4a, 15.
14b.	Services for individuals age 65 or older in institutions for mental diseases	See 1, 4a, 15.	See 1, 4a, 15.

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services. Services are available equally to the categorically needy and medically needy.

(Note: This chart is an overview only.)

	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
15	ICF services	Covered when patient is under the care of a physician and requires out-of-home protective living arrangements with 24-hour supervision and skilled nursing care on an ongoing intermittent basis. The patient must be visited by a physician at least every 60 days.	Prior authorization is required. The patient's physician must recertify patient's need for continued care every 60 days.
15a	ICF services for the developmentally disabled, developmentally disabled habilitative, or developmentally disabled nursing	Covered only for developmentally disabled persons who require 24-hour care in a protected setting and who require and will benefit from the services provided. The developmentally disabled nursing services are for those who are more medically fragile.	Prior authorization is required. The patient's physician must recertify patient's need for continued care on the same schedule as required for ICFs.
16	Inpatient psychiatric facility services for individuals under 22 years of age	See 1.	See 1.

* Prior authorization is not required for emergency service.

** Coverage is limited to medically necessary services.

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
17. Nurse Midwife Services	All services permitted under scope of licensure.	Services do not require prior authorization.
18. Hospice Services	Covered when provided by a Medicare certified hospice in the same scope and duration as Medicare. Services are limited to individuals who have been certified by a physician as having a life expectancy of six months or less.	Prior authorization is required for each of the four levels of hospice care described in regulation: routine home care, continuous home care, inpatient respite care, and general inpatient care. Special physicians services do not require prior authorization. Persons electing hospice care agree to waive their right to receive curative services related to their terminal illness.

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
19. Case Management Services (Pertains to Supplements 1a-1f to Attachment 3.1-A)	Services are limited to individuals who meet the target population criteria.	Prior authorization is not required. Case Management services do not include: • Program activities of the agency itself which do not meet the definition of targeted case management • Administrative activities necessary for the operation of the agency providing case management services rather than the overhead costs directly attributable to targeted case management • Diagnostic and/or treatment services • Services which are an integral part of another service already reimbursed by Medicaid • Restricting or limiting access to services, such as through prior authorization • Activities that are an essential part of Medicaid administration such as outreach, intake processing, eligibility determination or claims processing

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

(Note: This chart is an overview only.)

	TYPES OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
19b	Special Outpatient Tuberculosis-Related	Services designed to encourage the completion of regimens of prescribed drugs by outpatients, including services to directly observe the intake of prescribed drugs (directly observed therapy (DOT)). Dot includes; delivery of prescribed medications; assisting with the means to ingest medications; monitoring for signs of nonadherence or adverse side effects; documenting that medications have been ingested; and reporting compliance and/or other problems.	Prior authorization is not required.

* Prior authorization is not required for emergency services
**Coverage is limited to medically necessary services

(Note: This chart is an overview only.)

STATE PLAN CHART

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
20	Preventive Services provided in the home, by Comprehensive Perinatal Services Providers, which are clinics and hospital outpatient departments, as medically necessary for pregnancy-related conditions only. Services are covered throughout pregnancy and through the end of the month in which the 60th day period following termination of pregnancy ends.	Prior authorization is required when services are provided in excess of the basic allowances. Basic allowances are described in Title 22, Sections 51348 and 51504.
21	Ambulatory prenatal care to pregnant women provided during a single limited period of presumptive eligibility. The scope of benefits is limited to specified outpatient pregnancy related services and does not include abortion or labor and delivery services.	Prior authorization is not required.

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
23a.	Medical transportation services	Covered when transport by ordinary means is medically contraindicated and the transportation is required for covered medical care, subject to limitation. Only the lowest cost type of medical transportation adequate for the patient's needs is covered.	All nonemergency transportation requires prior authorization and a physician's, dentist's or podiatrist's written prescription. Emergency claims must be accompanied by justification.
23b.	Christian Science practitioners	Limited to the extent allowed under Title XVIII of the Social Security Act.	Services are subject to the two services per month limitation. See 6c.
23c.	Christian Science sanitoria care and services	See 4a.	See 4a.
23d.	SNF services provided for patients under 21 years of age	See 4a.	See 4a.
23d.1	Transitional Inpatient Care (TC) (Nursing Facility)	See 4a.3.	See 4a.3.
23e.	Emergency hospital services	See 1.	See 1.
23f.	Personal care services	Not covered.	

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

STATE PLAN CHART

Type of Service	Program Coverage	Authorization and Other Requirements
23g Local Education Agency (LEA) Services	Local Education Agencies (LEAs) which include School Districts, County Boards of Education and Schools which provide Title XIX-covered services to Title XIX-eligible recipients may currently bill Medi-Cal for reimbursement, provided that a "qualified provider" has rendered the service and the service was medically necessary. This plan amendment combines under a single category LEA services that are frequently offered by Local Education Agencies.	Two LEA services may be provided per month (up to 24 per year) per beneficiary without further authorization, provided that medical necessity criteria are met. LEAs may obtain authorization for LEA services beyond two per month from the: o Individual Education Plan and Individualized Family Service Plan developed for the special education child, o California Children Services Program, o Short-Doyle Program, o Medi-Cal field office authorization (TAR), o Prepaid health plan authorization (including Primary Care Case Management),

STATE PLAN CHART

Type of Service	Program Coverage	Authorization and Other Requirements
23g Local Education Agency (LEA) Services (cont.)		o Individual Health and Support Plan, which is a plan for assessment and treatment of students with disabilities or disorders other than those who have been diagnosed as learning disabled and are therefore treated under an IEP.
	LEA services are defined as: o health and mental health evaluation and education (EPSDT covered in subsection 4b and 13c). Health and mental health evaluation and education includes parts of the EPSDT assessment such as assessment of nutritional status and nutritional education, vision assessment, hearing assessment, assessment of psychosocial	Rendering providers for LEA services including physical therapy, occupational therapy, speech/audiology, psychology and nursing must be licensed or certified under state law and provide services within the scope of their defined practice. In addition, health and mental health evaluation and education services provided under the LEAs may be rendered by licensed providers within the scope of their practice or by other credentialled providers as follows:

STATE PLAN CHART

Type of Service	Program Coverage	Authorization and Other Requirements
23g Local Education Agency (LEA) Services (cont.)	status, health education and anticipatory guidance appropriate to age and health status including wellness counseling, referrals for prenatal care, and referrals for well-child care, o physical therapy (as covered in subsection 11), o occupational therapy (as covered in subsection 11), o speech/audiology (as covered in subsection 11), o psychology (as covered in subsection 6d), o nursing and school health aide services (as covered in subsection 4b),	o School psychologist and school social workers -- may provide psychosocial assessments and anticipatory guidance only; o Credentialled pupil service workers -- may provide psychosocial assessment only; o Registered dietitians and nutritionists -- may provide assessment of nutritional status and nutritional education only The Department of Health Services may specify other practitioners qualified to provide health and mental health evaluation and education services. School health aides are trained health aides who provide services under the supervision of a physician, registered nurse or nurse practitioner or licensed vocational nurse.