STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
Clinic			X	$1 per visit
Surgical center			X	$1 per visit
Optometric			X	$1 per outpatient visit
Chiropractic			X	$1 per outpatient visit
Psychology			X	$1 per outpatient visit
Podiatric			X	$1 per outpatient visit
Occupational therapy			X	$1 per outpatient visit
Physical therapy			X	$1 per outpatient visit
Speech therapy			X	$1 per outpatient visit
Audiology			X	$1 per outpatient visit
Acupuncture			X	$1 per outpatient visit
Drug Prescriptions			X	$1 per outpatient drug prescription
Dental			X	$1 per outpatient dental visit
Nonemergency services in an emergency room.			X	$5 per visit (average payment for nonemergency services in an emergency room is greater than $50.00)

Exceptions:

1. Any service for which the State payment is $10 or less.
2. Any family planning service.
3. Any service provided to a person age 18 or under.
4. Any woman receiving perinatal care.
5. Any person who is an inpatient in a health facility.
6. Any children under 21 living in boarding homes or institutions for foster care.

* (other) (besides nonemergency services in an emergency room) All amounts meet the definition of nominal.

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B. The method used to collect cost sharing charges for categorically needy individuals:

/X/ Providers are responsible for collecting the cost sharing charges from individuals.

/ / The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The individual determines whether he/she can pay the copayment and informs the provider accordingly. Providers have been instructed that they may not refuse to provide services based solely on the individual's inability to copay.

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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are instructed, via provider bulletins, of those services which are not subject to copayment and of those individuals who are exempt from copayment requirements. Notices are also sent to beneficiaries informing them of the conditions under which they will be asked to copay.

Enforcement is accomplished by contacting individual providers when complaints of non compliance are brought to the attention of the state agency.

E. Cumulative maximums on charges:

/X/ State policy does not provide for cumulative maximums.

/_/ Cumulative maximums have been established as described below: