

State/Territory: OHIO

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*

2.a. Outpatient hospital services.

Provided: No limitations With limitations*

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*

~~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.~~

~~==== Provided: No limitations With limitations*~~

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 92-20
Supersedes Approval Date 10-23-92 Effective Date 9-1-92
TN No. 91-20

HCFA ID: 7986E

State/Territory: OHIO

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.

Provided: No limitations With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, ~~a skilled~~ nursing facility or elsewhere.

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*

Not provided.

*Description provided on attachment.

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|-------------------------|------------------------------|-------------------------------|
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| TN No. <u>AND 86-38</u> | | HCFA ID: 7986Z |

State/Territory: OHIO

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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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*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 91-20
Supersedes 86-38 Approval Date 1-16-92 Effective Date 10/1/91
TN No. 85-41
AND 85-41 HCFA ID: 7986E

State/Territory: OHIO

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

- 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 on attachment.

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Supersedes 85-41 Approval Date 1-16-92 Effective Date 10/1/91
TN No. 85-41
HCFA ID: 7986E

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

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 on attachment.

TM No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TM No. _____
HCFA-179 # 85-41 Date Rec'd 12/3/85 HCFA ID: 0069P/0002P
Subcedes 76-51 Date Appr. 6/23/87
State Rep. In. _____ Date Eff. _____

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*
 Not provided.

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 on attachment.

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services.

Provided: No limitations With limitations*
 Not provided..

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided: No limitations With limitations*
 Not provided..

b. Skilled nursing facility services.

Provided: No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TR No. 95-16
Supersedes
TR No. 89-27

Approval Date MAY 07 1996

Effective Date 6-1-95

HCFA ID: 0069P/0002P

HCFA-179 # _____ Date Rec'd 6-28-95

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 on attachment.

TN No. 95-16
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TN No. 90-22

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
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19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a) (19 or section 1915(g) of the Act).

Provided: With limitations

Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

Provided: 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 on attachment. X

TN

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ATTACHMENT 3.1-A
Page 8a
OMB No. 0938-

State/Territory: OHIO

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

- Provided: No limitations With limitations*
 Not Provided.

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. Certified pediatric or family nurse practitioners' services.

- Provided: No limitations With limitations*
 Not Provided.

*Description provided on attachment.

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