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SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and
1905(a) of the Act

(i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.

(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

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Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

1902(e)(5) of
the Act

(iii) Pregnancy-related, including family
planning services, and postpartum
services for a 60-day period
(beginning on the day pregnancy ends)
and any remaining days in the month in
which the 60th day falls are provided to
women who, while pregnant, were eligible
for, applied for, and received medical
assistance on the day the pregnancy ends.

(iv) Services for medical conditions that may
complicate the pregnancy (other than
pregnancy-related or postpartum services) are
provided to pregnant women.

1902(a)(10),
clause (VII)
of the matter
following (E)
of the Act

(v) Services related to pregnancy (including
prenatal, delivery, postpartum, and family
planning services) and to other conditions
that may complicate pregnancy are the same
services provided to poverty level pregnant
women eligible under the provision of
sections 1902(a)(10)(A)(i)(IV) and
1902(a)(10)(A)(ii)(IX) of the Act.

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Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

- (vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
- 1902(e)(7) of the Act (vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
- 1902(e)(9) of the Act (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
- 1902(a)(52) and 1925 of the Act (ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.7 of this plan.

3.5

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.
Subpart B

This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act (i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.
42 CFR 440.140 and 440.160
42 CFR 440.220

Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act (ii) Prenatal care and delivery services for pregnant women.

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Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,
440.150, 440.160

Subpart B,
442.441,

Subpart C
1902(a)(20)

and (21) of the Act

(vii) Services in an institution for mental diseases for individuals over age 65..

(viii) Services in an intermediate care facility for the mentally retarded.

(ix) Inpatient psychiatric services for individuals under age 21.

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Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

1902(e)(9) of the Act (ix) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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December 1997

State OHIO

Citation 3.1 Amount, Duration, and Scope of Services (continued)

(a) (3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902 (a) (10) (E) (i) and clause (VIII) of the matter following (f), and 1905 (p) (3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905 (p) of the Act is provided only as indicated in item 3.2 of this plan.

1902 (a) (10) (E) (ii) and 1905 (s) of the Act

(a) (4) (i) Other Required Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in the section 1902 (a) (10) (E) (ii) of the Act are provided as indicated in item 3.2 of this plan.

1902 (a) (10) (E) (iii) and 1905 (p) (3) (A) (ii) of the Act

(ii) Other Required Special Groups: Specified Low - Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in the section 1902 (a) (10) (E) (iii) of the Act are provided as indicated in item 3.2 of this plan.

1902 (a) (10) (E) (iv) (I) 1905 (p) (3) (A) (ii), and 1933 of the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902 (a) (10) (E) (iv) (I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

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~~21a~~ 21 continued

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1902 (a) (10)
(E) (iv) (II) 1905 (p) (3)
(A) (iv) (II), 1905 (p) (3)
the Act

~~(iii)~~
iv

Other Required Special Groups: Qualifying
Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902 (A) (10) (E) (iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the
Act

(a) (5)

Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

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<u>Citation</u>	3.1	<u>Amount, Duration, and Scope of Services</u> (Continued)
Sec. 245A(h) of the Immigration and Nationality Act	(a)(6)	<u>Limited Coverage for Certain Aliens</u>
	(i)	Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
	(A)	Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
	(B)	Are children under 18 years of age; or
	(C)	Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
	(ii)	Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

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Citation 3.1(a)(6) Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and 1920 of the Act

(a)(8) Presumptively Eligible Pregnant Women
Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55
50 FR 43654
1902(a)(43),
1905(a)(4)(B),
and 1905(r) of
the Act

(a)(9) EPSDT Services.

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

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