State/Territory: California

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 _X_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 and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.		
	Provided: No limitationsX With limitations		
	Please describe any limitations:		
4.c.1	Family planning-related services provided under the above State Eligibility Option.		
5.a.	Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.		
	Provided No limitationsX_ With limitations*		
5.a.1	Sign language interpreter services (in connection with physician's services).		
	X Provided No limitationsX With limitations*		
b.	Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).		
,	Provided No limitationsX 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 X With limitations* *Description provided on attachment			
TN No. 10-014 Supersedes TN No. 00-026 Approval Date: MAR 2 4 2011 Effective Date: July 1, 2010			

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Citation	Groups Covered
1002(a)(10)(A)(#)(7	B. Optional Groups Other Than the Medically Needy (Continued)
1902(a)(10)(A)(ii)(2 1902(ii)	28. X Individuals who are <i>not</i> pregnant and whose income does not exceed the State established income standard of 200% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 200% of the Federal Poverty Level.
	In determining eligibility for this group, the State considers only the income of the applicant or recipient.
	X In determining eligibility for this group, the State will exclude parental income, consistent with the methodology the State uses for pregnant women as specified on page 4 of Supplement 8a to Attachment 2.6 of the State Plan.
	X California exercises the option to define this group as individuals who would have been eligible for family planning benefits pursuant to the standards and processes imposed by the State on January 1, 2007 under a waiver granted pursuant to Section 1115.
	The period of eligibility begins on the day the client is enrolled at the point-of-service, and such eligibility is to be recertified annually.
	Retroactive eligibility is available for qualifying beneficiaries for up to 3 months prior to the first day of the month of application to the Family PACT program.
TN No. <u>10-014</u>	Approval Date MAR 2 4 2011 Effective Date: July 1, 2010

Supersedes

TN No: None

Revision:

CMS-PM-

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Citation	Groups Covered
Citation	Groups Covered
	A total of 13.95 percent is deducted from the total expenditures to account for those expenditures funded solely through State dollars pursuant to the standards and processes in place under the Section 1115 waiver on January 1, 2007.
	Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.
1920C	Presumptive Eligibility for Family Planning:
	The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.
	In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN No.<u>10-014</u>

Approval Date MAR 2 4 2011 Effective Date: July 1, 2010

Supersedes

TN No: None