STATE PLAN CHART

(Note: This chart is an overview only.)

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a Physician's Services (continued)	Shall include services of the type which an optometrist is legally authorized to perform, and shall be reimbursed whether furnished by a physician or an optometrist. Routine eye examinations with refraction are limited to one service in a 24 month period.	

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

State/ Territory: CALIFORNIA

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

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.

State/ Territory: CALIFORNIA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

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*

b. Optometrists' services.

☐ Provided ☐ No limitations ☐ With Limitations*

☒ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With Limitations*

d. Other practitioners' services.

☒ Provided: ☐ No limitations ☒ With Limitations*

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*

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*

*Description provided on attachment.

STATE PLAN CHART

(Note: This chart is an overview only.)

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a Physician's Services (continued)	Shall include services of the type which an optometrist is legally authorized to perform, and shall be reimbursed whether furnished by a physician or an optometrist. Routine eye examinations with refraction are limited to one service in a 24 month period.	

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

STATE PLAN CHART

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6c Chiropractic services	Chiropractic services are covered under this state plan when provided by chiropractic practitioner licensed by the state. Chiropractic services are limited to manual manipulation of the spine. This is a covered optional benefit under this plan only for the following beneficiaries 1. Pregnant women, if chiropractic service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual, who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program. 3. Individual, who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC (Continued on page 11A)	Prior authorization is not required; however, services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech therapy, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month

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

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6c Chiropractic services	Chiropractic services are covered under this state plan when provided by chiropractic practitioner licensed by the state. Chiropractic services are limited to manual manipulation of the spine. This is a covered optional benefit under this plan only for the following beneficiaries 1. Pregnant women, if chiropractic service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual, who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program.	Prior authorization is not required; however, services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech therapy, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month

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

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APRIL 1987

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42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometry services (other than those provided under §§435.531 and 436.531) are not now, but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☒ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☐ Not applicable. The conditions in the first sentence do not apply.

1903 (i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedure are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners, who may provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.