Revision:

HCFA-PM-94-4

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(MB) Attachment 3.1-A Page 8

STATE PLAN UNDER TITLE XIX	OF THE SOCIAL SECURITY ACT
State/Territory:	Indiana

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

19.	Case n	e management services & Tuberculosis related services.	
	a.	Case management services as defined in, and according to the group specified in, Supplement 1 to <u>ATTACHMENT 3.1-A</u> (in accordance with section 1905(a)(19) or section 1915(g) of the Act).	
		Provided: With limitations	
,	<u>X</u>	Not provided.	
,	b.	Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.	
		Provided: With limitations *	
	_X	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 60 <sup>th</sup> day falls.	
	<u>x</u>	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.	
Supers	<u>11-01</u> edes 94-01	7 ED & 0 EUIE	

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT CASE MANAGEMENT SERVICES

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