

State/Territory _____

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.
- [X] Provided [] No limitations
[X] 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.
- [X] Provided [] No limitations
[X] With limitations* [] Not Provided:
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- [X] Provided [] No limitations
[X] With limitations* [] Not Provided:
17. Nurse-midwife services
- [X] Provided [] No limitations
[X] With limitations* [] Not Provided:
18. Hospice care (in accordance with section 1905(o) of the Act).
- [X] Provided [] No limitations
[X] Provided in accordance with section 2302 of the Affordable Care Act
[X] With limitations* [] Not Provided:

*Description provided on attachment

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TN No. 97-009

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- 15.a. Intermediate Care Facility Services
Provided with limitations.
Reimbursement is available for medically reasonable and necessary services provided by a certified intermediate care facility for the mentally retarded (ICF/MR), subject to prior authorization.
- 15.b. Including such services in a public institution for the mentally retarded
Provided with limitations.
Reimbursement is available for medically reasonable and necessary services provided by a certified intermediate care facility for the mentally retarded (ICF/MR), subject to prior authorization
- 16. Inpatient Psychiatric Facility Services for Individuals under Age 21
Provided with limitations.
Reimbursement is available for medically reasonable and necessary services for inpatient psychiatric hospital and psychiatric residential treatment facility services for individuals under age 21 years of age subject to prior authorization.
- 17. Nurse-Midwife Services
Provided with limitations.
Medicaid reimbursement is available for services rendered by a certified nurse-midwife. Coverage of certified nurse-midwife services is restricted to services the nurse-midwife is legally authorized to perform, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery.
- 18. Hospice Care
Provided with limitations.
Medicaid reimbursement is available for hospice services subject to prior authorization.
Hospice services consist of the following:
(1) Palliative care for the physical, psychological, social, spiritual, and other special needs of a hospice program patient during the final stages of the patient's terminal illness.
(2) Care for the psychological, social, spiritual, and other needs of the hospice program patient's family before and after the patient's death. In order for an individual to receive Medicaid-covered hospice services, a physician must certify in writing the individual is terminally ill and expected to die from that illness within six (6) months.

For recipients twenty-one (21) years of age and older, In order to receive hospice services, a recipient must elect hospice services. Election of the hospice benefit requires the recipient to waive Medicaid coverage for other forms of health care for the treatment of the terminal illness for which hospice care was elected, or for treatment of a condition related to the terminal illness.

For recipients less than twenty-one (21) years of age who elect hospice care, the recipient may receive concurrent curative treatment in conjunction with hospice services for the terminal illness. This allows the recipient or the recipient's representative to elect the hospice benefit, without forgoing any curative service the recipient is entitled to under Medicaid for treatment of the terminal condition.

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