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

State/Territory: <u>Maryland</u>								
	b. Screening services.							
		Provi	ded: [Not pro	No limitat	ions 🗌	With limitations*		
	c.	Preventive se	rvices.					
		Provi	ded: [Not prov	No limitat	ions	With limitations*		
	d.	d. Rehabilitative services.						
		X Provided:	Not prov	No limitations vided.	X	With limitations*		
14.	Servic	es for individu	als age 65	or older in instit	utions for r	nental diseases.		
		X Provided:	Not prov	No limitations vided.	X	With limitations*		
	a. Inpatient hospital services.							
		X Provided:	Not prov	No limitations vided.	X	With limitations*		
	b. Nursing facility services.							
		X Provided:	Not prov	No limitations vided.	X	With limitations*		

^{*} Description provided on attachment

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

	State	Territory: Marylan	<u>d</u>					
15.	Intellectually Disable	cility services in a pub ed or persons with rela No limitations Not provided.		itions.	distinct part therof) for the imitations*			
16.	Inpatient psychiatric	facility services for ir	ndividuals	s under ?	21 years of age.			
	X Provided:	Not provided	ns	X	With limitations*			
17.	Nurse-midwife servi	ces.						
	X Provided:	Not provided.	ns	X	With limitations*			
18.	18. Hospice care (in accordance with section 1905(o)) of the Act.							
	X Provided:	No limitation Not provided.	ns	X	With limitations*			
* Desc	ription provided on at	tachment						

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State/T	erritory: <u>Mary</u>						
AMOUNT			COPE OF MEDICAL A ED TO THE CATEGOR				
c.	Care and services provided in Christian Science sanatoria.						
	Provided:	Not pr	No limitations ovided.		With limitations*		
d.	Nursing facility services for patients under 21 years of age.						
	X Provided:	Not pr	No limitations ovided.	X	With limitations*		
	*See Attachment 3.1A Item 4a page 14 for limitations						
e.	Emergency hospital services.						
	X Provided:	Not pr	No limitations ovided.	X	With limitations*		
	* Billing Limitations only on Attachment 4.19B Preface page 2						
f.	Personal care services in recipient's home prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.						
	X Provided:	Not pr	No limitations ovided.	X	With limitations*		
g.	Nurse Anesthetist services.						
	X Provided:	Not pr	No limitations ovided.	X	With limitations*		
h.	Certified pediatric or family nurse practitioners' services.						
	X Provided:	Not pro	No limitations ovided.	X	With limitations*		

^{*}Description provided on attachment.

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF MARYLAND

- 4a. Nursing facility services (other than in institutions for mental diseases)
 - "Nursing facility services (other than in institutions for mental diseases)" means services provided to individuals for whom the Department or its designee has determined that (1) nursing care and related services, (2) rehabilitation services, or (3) on a regular basis, health-related services above the level of room and board.
 - Services are provided in facilities that fully meet the requirements for a State license to provide nursing facility services.
 - Limitations. The following are not covered:
 - Services for which payment is made directly to a provider other than the nursing facility.
 - o Administrative days not approved by the Department or its designee.
 - o Audiology services.

- 14. Services for individuals age 65 or older in institutions for mental diseases
 - a. Inpatient Hospital Services
 - b. Nursing Facility Services

These services are covered under 4.a Nursing Facility services with the exception of the following Limitation:

The Department or its designee shall certify the recipient as requiring nursing facility services for individuals age 65 or older in institutions for mental diseases.

15. Intermediate Care Facilities Services for the intellectually disabled or persons with related conditions

The Department or its designee will certify the recipient as requiring intermediate care facility services for the intellectually disabled or persons with related conditions.

16. Inpatient Psychiatric Services for Individuals under Age 21 in Psychiatric Facilities

Billing time limitations apply as described in 4.19A

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