

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

13 a, b, c, d. Other Diagnostic, Screening, Preventive and Rehabilitative Services

13c. Preventive Services – ACA Section 4106 Assurances

All of the preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF), and all approved adult vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP) are available to both categorically and medically needy recipients in need of such services. Such services are provided in accordance with Sections 1905(a)(13) and 1905(b) of the Social Security Act (SSA), as amended by Section 4106 of the Affordable Care Act (ACA). As stipulated by these federal regulations, the state does not impose any cost sharing on such services.

The state covers preventive services under the following benefit, as described in Attachment 3.1-A, *Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy*, and 3.1-B, *Amount, Duration, and Scope of Medical and Remedial Care and Services Provided Medically Needy Group*, of the state plan:

- Outpatient Hospital Services/RHC/FQHC (2)
- Other Laboratory and X-Ray Services (3)
- Physician Services (5a)
- Medical Care and Other Types of Remedial Care (6)
- Home Health (7)
- Physical Therapy and Related Services (11)
- Nurse-midwife Services (17)

The payment methodology for each of the above noted benefits is described in Attachment 4.19-B, *Methods and Standards for Establishing Payment Rates- Other Types of Care*, of the state plan.

The state's utilization review and approval procedures conforms to those specified by the USPSTF and ACIP periodicity or indications where specified.

The state has generated a crosswalk of appropriate codes and/or modifiers that are reflective of the USPSTF and ACIP recommendations. As changes are made to the USPSTF or ACIP recommendations, the state will update its coverage and billing codes to comply with those revisions.

The state has financial monitoring and documentation procedures in place to ensure proper claiming for the one percentage point increase in federal medical assistance percentage (FMAP) that apply to these expenditures, as permitted by Section 4106 of the ACA.

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