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ATTACHMENT 3.1-A

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OMB No.: 0938-

State/Territory:

<u>Ohio</u>

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

4.a.	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.		
	Provided:	☐ No limitations	☑ With limitations*
4.b.	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*		
4.c.	Family planning services and supplies for individuals of child-bearing age.		
	Provided:	☐ No limitations	☑ With limitations*
5.a.	Physicians' services whether furnished in the office, the patient's home, a hospital, nursing facility or elsewhere.		
	Provided:	☐ No limitations	☑ With limitations*
b.	Medical and surgical services furnished by a dentist (in accordance with section 1905 (a)(5)(B) of the Act).		
	Provided:	☑ No limitations	☐ With limitations*
5.	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*
	☐ Not provided.		
*Description provided on attachment.			

4-c. Family planning services.

Family planning services are services and supplies that prevent or delay pregnancy. Such services are Medicaid-coverable and available to Medicaid-eligible men and women who want to prevent pregnancy.

Services and supplies that prevent or delay pregnancy are services provided for the primary purpose of contraceptive management. These services are identified in Ohio Administrative Code and may include the following:

- 1. Office and other outpatient visits and consultations;
- 2. Counseling and education;
- 3. Medical procedures;
- 4. Laboratory examinations and tests;
- 5. Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration, both male and female sterilization procedures provided in accordance with 42 CFR 441, Subpart F, and natural family planning.

The following services and supplies may be covered by Medicaid but are not covered as family planning services under Ohio Medicaid family planning provisions:

- 1. Hysterectomy;
- 2. Treatment of medical complications resulting from a family planning service that is provided in a level of care higher than an office or a clinic;
- 3. Preconception services;
- 4. Pregnancy services;
- 5. Pregnancy termination (induced abortions); and
- 6. Transportation.

Infertility services are not covered by Ohio Medicaid.

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