[¶ 21,566]

§ 440.230 Sufficiency of amount, duration, and scope.

(a) The plan must specify the amount, duration, and scope of each service that it provides for—

(1) The categorically needy; and

(2) Each covered group of medically needy.

(b) Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.

(c) The Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope of a required service under §§ 440.210 and 440.220 to an otherwise eligible recipient solely because of the diagnosis, type of illness, or condition.

(d) The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

.01 Source:

As redesignated, 43 F.R. 45175 (Sept. 29, 1978, effective Oct. 1, 1978), and amended at 43 F.R 57253 (Dec. 7, 1978, effective Dec. 8, 1978), and at 46 F.R. 47976 (Sept. 30, 1981, effective Oct. 1, 1981).

[¶ 21,567]

§ 440.240 Comparability of services for groups.

Except as limited in § 440.250—

(a) The plan must provide that the services available to any categorically needy recipient under the plan are not less in amount, duration, and scope than those services available to a medically needy recipient; and

(b) The plan must provide that the services available to any individual in the following groups are equal in amount, duration, and scope for all recipients within the group:

(1) The categorically needy.

(2) A covered medically needy group.

.01 Source:

As redesignated, 43 F.R. 45175 (Sept. 29, 1978, effective Oct. 1, 1978), and amended at 46 F.R. 47976, (Sept. 30, 1981), effective Oct. 1, 1981).

[¶ 21,568]

§ 440.250 Limits on comparability of services.

(a) Skilled nursing facility services (§ 440.40(a)) may be limited to recipients age 21 or older.

(b) Early and periodic screening, diagnosis, and treatment (§ 440.40(b)) must be limited to recipients under age 21.

(c) Family planning services and supplies must be limited to recipients of childbearing age, including minors who can be considered sexually active and who desire the services and supplies

(d) If covered under the plan, services to recipients in institutions for mental diseases (§ 440.140) must be limited to those age 65 or older.

(e) If covered under the plan, inpatient psychiatric services (§ 440.160) must be limited to recipients under age 22 as specified in § 441.151(c) of this subchapter.

(f) If medicare benefits under Part B of title XVIII are made available to recipients through a buy-in agreement or payment of premiums, or part or all of the deductibles, cost sharing or similar charges, they may be limited to recipients who are covered by the agreement or payment.

(g) If services in addition to those offered under the plan are made available under a contract between the agency or political subdivision and an organization providing comprehensive health services, those additional services may be limited to recipients who reside in the geographic area served by the contracting organization and who elect to receive services from it.

(h) Ambulatory service for the medically needy (§ 440.220(a)(2)) may be limited to:

(1) Individuals under age 18; and

(2) Groups of individuals entitled to institutional services.

(i) Services provided under exceptions to requirements allowed under § 431.54 may be limited as provided under those exceptions.

(j) If HCFA has approved a waiver of Medicaid requirements under § 431.55, services may be limited as provided by the waiver.

(k) If the agency has been granted a waiver of the requirements of § 440.240 (Comparability of services) in order to provide home or community-based services under §§ 440.180 or 440.181, the services provided under the waiver need not be comparable for all individuals within a group.

(l) If the agency imposes cost sharing on recipients in accordance with § 447.53, the imposition of cost sharing on an individual who is not exempted by one of the conditions in § 447.53(b) shall not require the State to impose copayments on an individual who is eligible for such exemption.

(m) Eligible legalized aliens who are not in the exempt groups described in §§ 435.406(a) and 436.406(a), and considered categorically needy or medically needy must be furnished only emergency services (as defined in § 440.255), and services for pregnant women

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D-5000. Medical Assistance

D-5100. Amount, Duration, and Scope of Assistance

D-5110. Provisions of the Act

A. Section 1902(a) of the Social Security Act reads as follows:

"A State plan for medical assistance must-- . . .

"(4) provide such methods of administration . . . as are found by the Secretary to be necessary for the proper and efficient operation of the plan; . . .

Jen Klein

"(10) provide for making medical assistance available to all individuals receiving aid or assistance under State plans approved under titles I, IV, X, XIV, and XVI; and--

from S. Rothbaum

"(A) provide that the medical assistance made available to individuals receiving aid or assistance under any such State plan--

"(i) shall not be less in amount, duration, or scope than the medical assistance made available to individuals receiving aid or assistance under any other such State plan, and

"(ii) shall not be less in amount, duration, or scope than the medical or remedial care and services made available to individuals not receiving aid or assistance under any such plan; and

"(B) if medical or remedial care and services are included for any group of individuals who are not receiving aid or assistance . . . and who do not meet the income and resources requirements of the one of such State plans which is appropriate, as determined in accordance with standards prescribed by the Secretary, provide-- . . .

"(ii) that the medical or remedial care and services made available to all individuals not

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D-5110. Provisions of the Act (A. Continued)

receiving aid or assistance under any such State plan shall be equal in amount, duration, and scope; . . .

"(13) provide for inclusion of some institutional and some noninstitutional care and services, and, effective July 1, 1967, provide (A) for inclusion of at least the care and services listed in clauses (1) through (5) of section 1905(a), . . .

"(17) include reasonable standards (which shall be comparable for all groups) for determining eligibility for and the extent of medical assistance under the plan which (A) are consistent with the objectives of this title, . . .

"(19) provide such safeguards as may be necessary to assure that . . . care and services under the plan . . . will be provided, in a manner consistent with simplicity of administration and the best interests of the recipients; . . .

"(22) include descriptions of . . . (D) other standards and methods that the State will use to assure that medical or remedial care and services provided to recipients of medical assistance are of high quality."

B. Section 1903(e) reads as follows:

"The Secretary shall not make payments . . . to any State unless the State makes a satisfactory showing that it is making efforts in the direction of broadening the scope of the care and services made available under the plan and in the direction of liberalizing the eligibility requirements for medical assistance, with a view toward furnishing by July 1, 1975, comprehensive care and services to substantially all individuals who meet the plan's eligibility standards with respect to income and resources, including services to enable such individuals to attain or retain independence or self-care."

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D-5110. Provisions of the Act (Continued)

C. Section 1905(a) reads as follows:

"For purposes of this title--

"(a) The term 'medical assistance' means payment of part or all of the cost of the following care and services (if provided in or after the third month before the month in which the recipient makes application for assistance) for individuals who are--

"(i) under the age of 21,

"(ii) relatives specified in section 406(b)(1) with whom a child is living if such child, except for section 406(a)(2), is (or would, if needy, be) a dependent child under title IV,

"(iii) 65 years of age or older,

"(iv) blind, or

"(v) 18 years of age or older and permanently and totally disabled,

"but whose income and resources are insufficient to meet all of such cost--

"(1) inpatient hospital services (other than services in an institution for tuberculosis or mental diseases);

"(2) outpatient hospital services;

"(3) other laboratory and X-ray services;

"(4) skilled nursing home services (other than services in an institution for tuberculosis or mental diseases) for individuals 21 years of age or older;

"(5) physicians' services, whether furnished in the office, the patient's home, a hospital, or a skilled nursing home, or elsewhere;

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D-5110. Provisions of the Act (C. Continued)

"(6) medical care, or 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;

"(7) home health care services;

"(8) private duty nursing services;

"(9) clinic services;

"(10) dental services;

"(11) physical therapy and related services;

"(12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select;

"(13) other diagnostic, screening, preventive, and rehabilitative services;

"(14) inpatient hospital services and skilled nursing home services for individuals 65 years of age or over in an institution for tuberculosis or mental diseases; and

"(15) any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary:

"except that such term does not include--

"(A) any such payments with respect to care or services for any individual who is an inmate of a public institution (except as a patient in a medical institution); or

"(B) any such payments with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution for tuberculosis or mental diseases."

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D-5110. Provisions of the Act (Continued)

D. Section 1101(a) of the Act reads as follows:

"When used in this Act-- . . .

"(7) The terms 'physician' and 'medical care' and 'hospitalization' include osteopathic practitioners or the services of osteopathic practitioners and hospitals within the scope of their practice as defined by State law."

D-5120. Requirements for State Plan

A State plan for medical assistance must:

1. Provide that the State agency will include at least the following items of medical care and services:

   a. Inpatient hospital services (other than services in an institution for tuberculosis or mental diseases) paid on a reasonable cost basis;

   b. Outpatient hospital services;

   c. Other laboratory and X-ray services;

   d. Skilled nursing home services (other than services in an institution for tuberculosis or mental diseases) for individuals 21 years of age or older;

   e. Physicians' services, whether furnished in the office, the patient's home, a hospital, or a skilled nursing home or elsewhere;

   f. The first three pints of whole blood (when it is not available to the patient from other sources).

2. Specify the items of medical and remedial care and services and the amount and/or duration of each that will be provided:

   a. To the categorically needy (defined in D-4000), and

   b. To the medically needy (defined in D-4000), if the State plan includes this group.

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D-5120. Requirements for State Plan (Continued)

3. Provide that the medical and remedial care and services made available to any categorically needy individual included under the plan will not be less in amount, duration, or scope than those made available to other individuals included under the program, except that:

   a. Skilled nursing home services may be limited to persons 21 years of age or older, and

   b. Services to persons in institutions for tuberculosis or mental diseases may be limited to persons 65 years of age or over. (See D-5150, Federal Financial Participation)

4. Provide that the medical and remedial care and services made available to a group (i.e., either the categorically needy or the medically needy) will be equal in amount, duration, and scope for all individuals within the group, with the permissible exceptions specified in item 3 above.

5. Include a description of the methods that will be used to assure that the medical and remedial care and services are of high quality, and a description of the standards established by the State to assure high quality care.

6. Provide for broadening the scope of the medical and remedial care and services made available under the plan, to the end that, by July 1, 1975, comprehensive medical and remedial care and services will be furnished to all eligible individuals.

7. If the State plan includes medical and remedial care and services in relation to family planning, as defined in D-5141, item 15b, it must provide that there shall be freedom from coercion or pressure of mind and conscience and freedom of choice of method, so that individuals can choose in accordance with the dictates of their consciences.

D-5130. Criteria for the Administration of the Plan

1. The items of medical and remedial care and services which the State includes in its plan are sufficient in amount, duration, and scope reasonably to achieve their purpose.

2. Criteria to assure high quality of the care and services provided under the plan include the following:

   a. Provision is made for use of specialist and consultative medical service.

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D-5130. Criteria for the Administration of the Plan (2. Continued)

b. Provision is made for necessary transportation of recipients to and from the suppliers of medical and remedial care and services.

c. Priority is given to the use of available semi-private accommodations (as defined in section 1861(v)(4) of the Social Security Act) for hospitalized recipients.

d. Long-term care of patients in medical institutions is provided in accordance with procedures and practices that include the following:

(1) Care is authorized only on recommendation by a physician and after joint consideration by the physician and the social worker of the pertinent medical and social factors, including consideration of alternative arrangements for the patient's care.

(2) There is a medical-social plan for each patient which includes consideration of alternate types of care and which is reassessed periodically.

(3) In making placements, the record is precise as to the medical reason for admission. It shows what alternative methods, such as family care home, social care institution, home health aide, homemaker, etc., have been considered by the admitting physician and the caseworker and specifies the medical-social plan of treatment for the individual.

(4) Each patient is under the care of a physician who has responsibility for continued medical care and planning for that patient, and who visits him at least once a month.

(5) There is a periodic review of the care, treatment and plan for each patient by a physician, nurse and social worker, acting as a team.

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D-5130. Criteria for the Administration of the Plan (2.d. Continued)

(6) In addition to the clinical record maintained by the facility, there is a continuing case record in the agency, including the items specified above, and

(a) regular notes of agency contacts with the patient, with his relatives, with the physician, and with the nursing home;

(b) notations regarding the patient's progress; and

(c) information regarding problems that have arisen related to his care, and action taken with respect to them.

(7) Arrangements are made with the State standard-setting authority to certify to the State title XIX agency whether facilities qualify under the definition of skilled nursing home set forth in D-5141, item 4.1.

e. Standards for medical and remedial care and services incorporate, as appropriate, standards in other specialized, high quality programs, particularly the program of crippled children's services.

f. In the provision of drugs,

(1) The State uses professional pharmaceutical consultation;

(2) Standards and procedures provide for dispensing of drugs at the lowest cost consistent with quality; and

(3) There is review and analysis of drug bills, including the compilation of statistics with respect to types, quantities, and cost of drugs dispensed.

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D-5130. Criteria for the Administration of the Plan (2. Continued)

g. There is a specific plan for a continuous evaluation of the utilization and quality of medical and remedial care and services provided under the State plan.

h. Methods exist that assure that direct service workers and their supervisors are knowledgeable about health problems and ways to assist people to secure medical and remedial care and services.

i. Direct service workers are kept currently informed of significant medical information concerning their clients.

3. The agency utilizes its staff and advisory committee to plan and promote broadening of the scope of medical and remedial care and services toward the goal of comprehensive care.

4. If the State plan includes medical and remedial care and services in relation to family planning, as defined in D-5141, item 15b, the agency's policies and procedures for staff, and practices thereunder, assure to individuals freedom from coercion or pressure of mind or conscience and freedom of choice of method, so that individuals can choose in accordance with the dictates of their consciences.

D-5140. Interpretation

The passage of title XIX marks the beginning of a new era in medical care for low income families. The potential of this new title can hardly be over-estimated, as its ultimate goal is the assurance of complete, continuous, family-centered medical care of high quality to persons who are unable to pay for it themselves. The law aims much higher than the mere paying of medical bills, and States, in order to achieve its high purpose, will need to assume responsibility for planning and establishing systems of high quality medical care, comprehensive in scope and wide in coverage.

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D-5140. Interpretation (Continued)

In a well-balanced program, whether or not the scope of services is comprehensive, institutional and non-institutional care should be mutually supportive, allowing the patient to move into the institution and back to the community according to his medical needs. A variety of non-institutional services is needed to assure continuity of care. A system which provides the patient with appropriate care when and where needed not only promotes quality but is also economical. For example, to provide physicians' services, but not drugs, is self-defeating, and costly in both human and fiscal terms.

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D-5140. Interpretation (Continued)

The medical assistance made available must be sufficient in amount, duration, and scope reasonably to achieve its purpose. A token service which can only be ineffective on the one hand, and wasteful of funds on the other, will not be considered satisfactory. Institutional care should not be less in amount than would be required by most of the persons needing this kind of care. As an example, if a substantial number of persons admitted to hospitals required 21 or more days care per admission, the State's standard should not provide for a fewer number of days. In appraising the amount, duration, and scope of medical assistance to be provided, consideration will need to be given to the stage of development of the State's program and the availability of medical care and services in the State.

Non-institutional care should include medical services in amounts which will promote health and provide treatment to persons in lieu of more expensive inpatient care.

Limitations may not be set by eliminating certain groups of patients or certain diagnoses from coverage (except patients under 65 years of age in institutions for tuberculosis or mental diseases and patients under 21 in nursing homes). Neither may limitations be set by making eligibility for one kind of medical care dependent on the receipt of another kind. For example, non-institutional care may not be limited to persons discharged from institutional care.

In addition to the items of medical and remedial care and services required to be included in the State plan (D-5120, items 1 and 2), any or all of the 15 items enumerated in section 1905(a) of the Act may also be included. These 15 items are defined below. In all these items, the following three definitions apply, except to the extent the context otherwise requires.

1. "Patient" is defined as an individual who is in need of and receiving professional services directed by a licensed practitioner of the healing arts toward maintenance, improvement, or protection of health or alleviation of disability or pain.

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D-5140. Interpretation (Continued)

2. "Inpatient" is a patient who has been admitted to a hospital, nursing home, or other medical institution on recommendation of a physician or dentist and is receiving room, board and professional services in the institution on a continuous 24-hour a day basis.

3. "Outpatient" is a patient who is receiving his professional services at an organized medical facility, or distinct part of such facility, which is not providing him with room and board and professional services on a continuous 24-hour a day basis.

D-5141. Definitions

1. Inpatient Hospital Services (Other Than Services in an Institution for Tuberculosis or Mental Diseases)

The term "inpatient hospital services" means those items and services ordinarily furnished by the hospital for the care and treatment of inpatients, which are provided under the direction of a physician or dentist in an institution maintained primarily for treatment and care of patients with disorders other than tuberculosis or mental diseases and which is licensed or formally approved as a hospital by an officially designated State standard-setting authority; and is qualified to participate under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation; and has in effect a hospital utilization review plan applicable to all patients who receive medical assistance under title XIX.

2. Outpatient Hospital Services

"Outpatient hospital services" are defined as those preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished by or under the direction of a physician or dentist to an outpatient by an institution licensed or formally approved as a hospital by an officially

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D-5141. Definitions (2. Continued)

designated State standard-setting authority; and is qualified to participate under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation.

3. Other Laboratory and X-Ray Services

The term "other laboratory and X-ray services" means professional and technical laboratory and radiological services ordered by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law, and provided to a patient by, or under the direction, of a physician or licensed practitioner, in an office or similar facility other than a hospital outpatient department or clinic, and provided to a patient by a laboratory that is qualified to participate under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation.

4. Skilled Nursing Home Services (Other Than Services in an Institution for Tuberculosis or Mental Diseases) for Individuals 21 Years of Age or Older

This term is defined as those items and services furnished by a skilled nursing home maintained primarily for the care and treatment of inpatients with disorders other than tuberculosis or mental diseases which are provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law.

4.1 Skilled Nursing Home

A "skilled nursing home" is defined as a facility, or a distinct part of a facility, which meets the following conditions:

a. The facility is constructed, equipped, maintained, and operated in compliance with all applicable State and local laws and regulations affecting the health and

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D-5141. Definitions (4.1 a. Continued)

safety of the patients and their protection against the hazards of fire and other disasters, and there is a written, rehearsed disaster plan.

b. The administrator is qualified by training and experience for successful operation of a nursing home and has the necessary authority and responsibility for management of the facility.

c. The facility employs staff sufficient in number and qualifications to meet the requirements of the patients accepted for care or remaining in the facility for care.

d. Food is prepared and served under competent direction, at regular and appropriate times. Professional consultation is available to assure good nutritional standards and that the dietary needs of the patients are met.

e. Patient care is provided in accordance with written policies formulated with the advice of one or more physicians and one or more registered professional nurses.

f. Constructive care directed toward restoring and maintaining each patient at his best possible functional level is provided, including activities designed to encourage self-care and independence provided as a part of the patients' treatment program.

g. Patients in need of skilled nursing care are admitted to the facility only upon recommendation by a physician; the care of such patients is continuously under the supervision of a physician; and the facility maintains arrangements that assure that the services of a physician who can act in case of emergency are continuously available.

h. The facility provides 24-hour nursing services adequate in quality and amount to meet the needs of the patients who are admitted to, and remain in, the facility. The nursing

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D-5141. Definitions (4.1 h. Continued)

service is directed by a registered, professional nurse who is employed full time in the facility and is responsible for the total nursing service. At all times, there is a registered professional nurse, or a licensed practical nurse who is a graduate of a State approved school of practical nursing, in charge of the nursing service, except that, in those instances in which a licensed practical nurse who is not a graduate of an approved school was successfully discharging the responsibilities of a charge nurse on July 1, 1967, such nurse may be employed in this capacity, only if she has completed training satisfactory to the appropriate State licensing authority.

i. All drugs and medications are prescribed, handled, stored, and administered in accordance with accepted professional practices.

j. An individual record is maintained for each patient covering his medical, nursing, and related care in accordance with accepted professional standards.

k. Effective arrangements are maintained through which services required by the patients but not regularly provided within the facility, can be obtained promptly when needed. This includes laboratory, X-ray, and other diagnostic services, and regular and emergency dental care. It includes, also, provisions for recognition of need for social services and for prompt reporting of such need to the local welfare department or other appropriate source.

l. The facility is licensed or formally approved as a nursing home by an officially designated State standard-setting authority.

Any facility that is a participating provider of extended care under title XVIII of the Social Security Act may be assumed, ipso facto, to qualify as a "skilled nursing home."

For an interim period, until January 1, 1969, the term "medical assistance" in section 1905(a) includes services in a facility or a distinct part of a facility which is licensed or formally approved as a nursing home by an officially

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D-5141. Definitions (4.1 Continued)

designated State standard-setting authority and which, effective January 1, 1966, has a plan which the State agency determines offers a reasonable expectation that the facility will meet the definition of skilled nursing home not later than January 1, 1969.

5. Physicians' Services, Whether Furnished in the Office, the Patients's Home, a Hospital, a Skilled Nursing Home, or Elsewhere

The term "physicians' services" is defined as those services provided, within the scope of practice of his profession as defined by State law, by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.

6. Medical Care or 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

This term is defined as any services other than physicians' services, provided within the scope of practice as defined by State law, by an individual licensed as a practitioner under State law.

7. Home Health Care Services

"Home health care services," in addition to the services of physicians, dentists, physical therapists and other services and items available to patients in their homes and described elsewhere in these definitions, are defined as any of the following items and services when they are provided on recommendation of a licensed physician to a patient in his place of residence, but not including as a residence a hospital or a skilled nursing home:

a. Intermittent or part-time nursing services furnished by a home health agency;

b. Intermittent or part-time nursing services of a registered professional nurse or a licensed practical nurse under the direction of the patient's physician, when no home health agency is available to provide nursing services;

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c. Medical supplies, equipment, and appliances recommended by the physician as required in the care of the patient and suitable for use in the home;

d. Services of a home health aide, who is defined as an individual who is assigned to give personal care services to a patient in accordance with the plan of treatment outlined for the patient by the attending physician and the home health agency which assigns a registered professional nurse to provide continuing supervision of the aide on her assignment.

7.1 Home Health Agency

A "home health agency" is a public or private agency or organization, or a subdivision of such an agency or organization, which is qualified to participate as a home health agency under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation.

8. Private Duty Nursing Services

"Private duty nursing services" are defined as nursing services provided by a registered professional nurse or a licensed practical nurse, under the general direction of the patient's physician, to a patient in his own home or in a hospital, skilled nursing home, or extended care facility when the patient requires individual and continuous care beyond that available from a visiting nurse or that routinely provided by the nursing staff of the hospital, nursing home, or extended care facility.

9. Clinic Services

"Clinic services" are defined as preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients.

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D-5141. Definitions (Continued)

10. Dental Services

"Dental services" are defined as any diagnostic, preventive, or corrective procedures administered by or under the supervision of a dentist in the practice of his profession. Such services include treatment of the teeth and associated structures of the oral cavity, and of disease, injury, or impairment which may affect the oral or general health of the individual. The term "dentist" means a person licensed to practice dentistry or dental surgery.

11. Physical Therapy and Related Services

The term "physical therapy and related services" means physical therapy, occupational therapy, speech therapy and audiology, and the use of such supplies and equipment, as are necessary in the provision of such therapy.

a. "Physical therapy" is defined as those services prescribed by a physician and provided to a patient by or under the supervision of a qualified physical therapist. A "qualified physical therapist" is a graduate of a program of physical therapy approved by the Council on Education of the American Medical Association in collaboration with the American Physical Therapy Association, or its equivalent, and where applicable, is licensed by the State.

b. "Occupational therapy" is defined as those services prescribed by a physician and provided to a patient and given by or under the supervision of a qualified occupational therapist. A "qualified occupational therapist" is registered by the American Occupational Therapy Association or is a graduate of a program in occupational therapy approved by the Council on Medical Education of the American Medical Association and is engaged in the required supplemental clinical experience prerequisite to registration by the American Occupational Therapy Association.

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D-5141. Definitions (11. Continued)

c. "Speech therapy" is defined as those services prescribed by a physician and provided to a patient by or under the supervision of a qualified speech therapist or an audiologist. A "qualified speech therapist" or an "audiologist" is certified by the American Speech and Hearing Association, or has completed an academic program and is in the process of accumulating the necessary supervised work experience to qualify for certification by the American Speech and Hearing Association.

12. Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist, Whichever the Individual May Select

a. "Prescribed drugs" means any simple or compounded substance or mixture of substances prescribed as such or in other acceptable dosage forms for the cure, mitigation, or prevention of disease, or for health maintenance, by a physician or other licensed practitioner of the healing arts within the scope of his professional practice as defined and limited by Federal and State law.

b. "Dentures" are artifical structures prescribed by a dentist to replace a full or partial set of teeth and made by, or according to the directions of, a dentist.

c. "Prosthetic devices" are defined as including replacement, corrective, or supportive devices prescribed for a patient by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law for the purpose of artificially replacing a missing portion of the body, or to prevent or correct physical deformity or malfunction, or to support a weak or deformed portion of the body.

d. "Eyeglasses" are defined as lenses, including frames when necessary, and other aids to vision, prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the patient may select, to aid or improve vision.

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D-5141. Definitions (Continued)

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services

a. "Diagnostic services," other than those for which provision is made elsewhere in these definitions, include any medical procedure or supplies recommended for a patient by his physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law, as necessary to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in the patient.

b. "Screening services" consist of the use of standardized tests performed under medical direction in the mass examination of a designated population to detect the existence of one or more particular diseases or health deviations or to identify suspects for more definitive studies.

c. "Preventive services" are those provided by a physician or other licensed practitioner of the healing arts, within the scope of his practice as defined by State law, to prevent illness, disease, disability and other health deviations or their progression; prolong life and promote physical and mental health and efficiency.

d. "Rehabilitative services," in addition to those for which provision is made elsewhere in these definitions, include any medical and remedial items or services prescribed for a patient by his physician or other licensed practitioner of the healing arts, within the scope of his practice as defined by State law, for the purpose of maximum reduction of physical or mental disability and restoration of the patient to his best possible functional level.

D-5141. Definitions (Continued)

14. Inpatient Hospital Services and Skilled Nursing Home Services for Individuals 65 Years of Age or Over in an Institution for Tuberculosis or Mental Diseases

For purposes of this item:

a. The term "inpatient hospital services" means those items and services ordinarily furnished by the hospital to inpatients, which are provided to an inpatient in the institution or to a patient who is receiving care in the institution under a day-care or a night-care plan, and which are furnished under the direction of a physician to a patient in an institution for tuberculosis or an institution for mental diseases.

b. The term "skilled nursing home services" means those items and services given in a skilled nursing home, as defined in D-5141, item 4.1, when these items and services are furnished to patients who would not have been discharged from, or would be admitted to, an institution for tuberculosis or mental diseases if skilled nursing home services were not available to them.

c. An "institution for tuberculosis" qualified to carry out the provisions of the Act in respect to the care and treatment of individuals 65 years of age or over, is one that

(1) Meets the requirements for a tuberculosis hospital under title XVIII, section 1861(g), of the Social Security Act; or

(2) Effective only until July 1, 1969, is licensed, or formally approved, by an officially designated State standard-setting authority, as a hospital or medical institution operated primarily to provide diagnosis, treatment, and rehabilitation to inpatients with tuberculosis.

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d. An "institution for mental diseases," qualified to carry out the provisions of the Act in respect to the care and treatment of aged recipients, is one that

(1) Meets the requirements for a psychiatric hospital under title XVIII, section 1861(f), of the Social Security Act; or

(2) Effective only until July 1, 1969, is approved by appropriate State standard-setting authorities as a hospital established for the care of the mentally ill and as being physically safe and as having staff adequate in number and qualifications to carry out an active program of diagnostic, treatment and rehabilitative services for its patients; and specifically provides psychiatric supervision, medical services, including 24-hour nursing services under the supervision of a registered nurse, and the social services necessary to assure a continuous plan of treatment and care for all of its patients.

15. Any Other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary 1/

This term is defined as including the following items in those States in which they are recognized under State law and under the circumstances, and to the extent to which, they are so recognized:

a. Transportation, including expenses for transportation and other related travel expenses necessary to securing medical examinations and/or treatment when determined by the agency to be necessary in the individual case. "Travel expenses" are defined to include the cost of transportation for the individual by ambulance, taxicab, common carrier or other appropriate means; the cost of outside meals and lodging enroute to, while receiving medical care, and returning from a medical resource; and the cost of an attendant to accompany him, if medically or otherwise necessary. The cost of an attendant may include transportation, meals, lodging, and salary of the attendant, except that no salary may be paid a member of the patient's family.

1/ Note: As additional types of care are specified by the Secretary, they will be added.

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b. Family planning services, drugs, supplies, and devices, when such services are under the supervision of a physician. (See Appendix H.)

c. Whole blood, including items and services required in collection, storage, and administration, when it has been recommended by a physician and when it is not available to the patient from other sources.

d. Services of Christian Science Practitioners listed in the Christian Science Journal, published by the First Church of Christ Scientist, Boston, Massachusetts.

e. Care and services provided in Christian Science Sanatoria operated by, or listed and certified by, the First Church of Christ Scientist, Boston, Massachusetts.

f. Skilled nursing home services, as defined in D-5141, item 4, provided to patients under 21 years of age.

g. Emergency hospital services which are necessary to prevent the death or serious impairment of the health of the individual and which, because of the threat to the life or health of the individual, necessitate the use of the most accessible hospital available which is equipped to furnish such services, even though the hospital does not currently meet the conditions for participation under title XVIII of the Social Security Act, or definitions of inpatient or outpatient hospital services in D-5141, items 1 and 2.

h. Nursing care in recipient's home prescribed by a physician and rendered by an individual, not a member of the family, certified by a physician as qualified to perform such services.

D-5142. Expansion of Program

States which initially limit the scope of their program to the minimum of "some institutional and some non-institutional care" will be expected to proceed at once, through a series of planned steps, to expand the scope of care to cover the five basic services which are required by July 1, 1967. As soon as these five services have been covered, States will need to proceed with further expansion in order to reach the goal of comprehensive medical care by 1975. Comprehensive care includes all preventive, diagnostic, curative and rehabilitative services or goods furnished, prescribed or ordered by a

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D-5142. Expansion of Program (Continued)

recognized practitioner of the healing arts within the scope of his practice. It is expected that most States in the early stages of development under title XIX, will concentrate on the provision of diagnostic and curative services, but as expansion takes place, these services should be augmented with preventive and rehabilitative services. Since the areas of prevention and of rehabilitation are vast and largely unexplored by States, beginnings may be made by providing vaccination and inoculation services and selected screening procedures for certain conditions. As States gain experience in the provision of medical and remedial care and services, they should be able to make increasing use of the rapid advances in medical knowledge and skills in the field of rehabilitation.

D-5143. Equality of Medical Care

A basic concept of title XIX is that of equality of medical and remedial care and services. Its purpose is to erase the differences in the various categories in regard to care and services. What this means in actual operation is that AFDC children will be treated the same as all other recipients. In medical assistance, the categorically needy are considered one indivisible group, and the same services, the same amount and quality, and of the same duration, must be made available to all within the group. The only exceptions are skilled nursing home services, which may be limited to persons age 21 or over, and services to persons in institutions for tuberculosis or mental diseases which may be limited to the matchable group of persons age 65 or over.

Similarly, the medically needy are considered an indivisible group, and there must be equality in the amount, duration, and scope of medical and remedial care and services provided all persons within this group, with the exceptions noted above.

There need not, however, be equality between the two groups. That is, the care and services offered the categorically needy may exceed, but may not be less than, those offered the medically needy.

The principle of equality requires that the States provide inpatient hospital services, outpatient hospital diagnostic services, and the first three pints of whole blood, if not availabe from other sources, for all recipients, since the law requires that States, under title XIX, be responsible for meeting the deductibles imposed under part A of title XVIII.

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D-5143. Equality of Medical Care (Continued)

In assuming responsibility for meeting the deductibles, the State assures all aged recipients these items of medical care, and hence must make them available to all other recipients.

Since part B of title XVIII also affects the amount, duration, and scope of care offered under title XIX, States, in considering the options under part B, must keep the equality concept clearly in mind. The options and their relationship to title XIX are discussed in detail in D-5444.

D-5144. Quality of Medical Care

The Congress has made very clear its intent that the medical and remedial care and services made available to recipients under title XIX be of high quality and in nowise inferior to that enjoyed by the rest of the population. To make sure that the concept of quality is not lost sight of, the law requires the States to establish methods and standards to assure high quality care. In meeting this requirement, the State agency should look to its medical care advisory committee for help. This committee can also advise the State agency in planning utilization studies. The State agencies for Crippled Children's Services and Maternal and Child Health Services are other important resources in assisting the State agency to establish high standards of care.

In providing services which at least meet the specifications identified in the definitions contained in the foregoing part of this section, States will be assured of sound basic quality. Beyond this, services of specialists need to be readily available. The State, in setting standards for specialists, should require that specialists, in order to participate in the program, be certified by the appropriate medical or osteopathic speciality board; or be qualified for admission to the examinations of the appropriate board; or hold an active staff appointment in a hospital approved for training in the appropriate speciality with privileges in that speciality. Dental

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D-5144. Quality of Medical Care (Continued)

specialists should be Board certified or Board eligible or otherwise recognized by a dental society of the State as a qualified specialist in the field.

A State which provides for the purchase of prostheses, appliances or aids should establish standards for the selection, fitting and training in the use of the devices. The standards should be formulated with the help of the medical care advisory committee, utilizing available standards such as those established under the State crippled children's services, physical restoration programs under Vocational Rehabilitation, etc.

Provision for paying the costs of transportation, determined by the agency to be necessary for obtaining medical care and services, is an important factor in achieving both equality of care and high quality of care. Recipients who live at a distance from the supplier of medical service may need assistance in meeting the costs of transportation. Assurance that transportation costs will be met also assures that the services of specialists and facilities of high quality throughout the State and outside the State are available as needed to all recipients, and eliminates reliance on inferior resources.

In order to secure a high quality of medical and remedial care and services, it will be necessary for States to establish realistic schedules of compensation for services, which should be commensurate with "reasonable cost" or "reasonable charge" and not inconsistent with prevailing community payments, such as those under title XVIII or Blue Shield plans.

The purpose of a title XIX program is to get medical care without delay to eligible people who need it. In fulfilling this purpose, the local caseworker is a key figure. Both caseworkers and their supervisors must be sensitive to and informed about medical problems and how to assist individuals and families to get the care necessary, as well as how to work with social problems related to medical problems. The caseworker is in a unique position to assist the medical disciplines to avoid the waste, both human and financial, of fragmented, haphazard medical care. Through his knowledge of the family and of the

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D-5144. Quality of Medical Care (Continued)

individual, he can promote the realization of the goal of planned, total family-centered care. This means that all the factors which militate against the well-being of the recipient, both as an individual and as a family member, are dealt with in a planned, purposeful way. It means that all needed supportive services are brought to bear and coordinated in a unified effort between the health professions and the agency.

D-5150. Federal Financial Participation

Federal financial participation is available in expenditures for medical or remedial care and services under the State plan which meet the definitions, items 1 through 15, in D-5141 (also see D-5800).

Drugs.--With respect to "prescribed drugs," as defined in D-5141, item 12 a, Federal financial participation is available in expenditures for drugs dispensed by licensed pharmacists and, when dispensed by legally authorized practitioners, where no adequate pharmacy services exist or are available when needed, and the practitioner dispenses such drugs on his written prescription, and retains records thereof.

Federal financial participation in expenditures for care and services for patients in institutions for tuberculosis or mental diseases is limited to persons 65 years of age or over.