Program Memorandum
Medicaid State Agencies

Transmittal 01-02	Date: JUNE 14, 2001

TO: STATE AGENCIES ADMINISTERING MEDICAL ASSISTANCE PROGRAMS

SUBJECT: Title XIX, Social Security Act, Medicaid Coverage and Payment

STATUTORY REFERENCE: Section 1905(a)(27) of the Social Security Act

BACKGROUND: Attached are revised preprint pages, Attachment 3.1-A, page 9 and Attachment 3.1-B, page 8, which revise items b. and c. of number 24 and 23 respectively, to reflect changes to this coverage category. Section 4454 of the Balanced Budget Act amended section 1902(a) of the Social Security Act (the Act) to remove Medicaid coverage of Christian Science sanitoria and nursing services and to substitute coverage of religious nonmedical health care institutions as defined in a new section 1861(ss)(a) of the Act. This statutory provision became effective for services provided on or after August 5, 1997. States were notified of the changes for coverage of religious nonmedical health care institutions in an October 1, 1997 letter and an interim rule was published on November 30, 1999.

These preprint pages are being published prior to issuance of final regulations. This preprint is not subject to clearance by the Office of Management and Budget. State and Territories should submit the appropriate revised pages to the HCFA Regional Administrators for approval.

ACTION REQUIRED: Replace the pages of the current State plan with the attached pages.

Delete Pages	Insert Pages
Attachment 3.1-A	
9	9
Attachment 3.1-B	
8	8

HCFA-Pub. 17

State/Territory: _____

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

   a.　Transportation.

   /__/　Provided:　　　　/__/ No limitations　　　　/__/ With limitations*

   /__/　Not provided.

   b.　Services provided in Religious Nonmedical Health Care Institutions.

   /__/　Provided:　　　　/__/ No limitations　　　　/__/ With limitations*

   /__/　Not provided.

   c.　Reserved

   d.　Nursing facility services for patients under 21 years of age.

   /__/　Provided:　　　　/__/ No limitations　　　　/__/ With limitations*

   /__/　Not provided.

   e.　Emergency hospital services.

   /__/　Provided:　　　　/__/ No limitations　　　　/__/ With limitations*

   /__/　Not provided.

   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.

   /__/　Provided:　　　　/__/ No limitations　　　　/__/ With limitations*

   /__/　Not provided.

* Description provided on attachment

_____

TN No. _____
Supersedes　　　　　Approval Date _____　Effective Date _____
TN No. _____

State/Territory: _____

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

22.   Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

/__/ Provided: /__/ No limitations   /__/ With limitations*

/__/ Not provided.

23.   Any other medical care and any other type of remedial care recognized under State law, specified
        by the Secretary.

   b.   Transportation.

/__/   Provided: /__/ No limitations   /__/ With limitations*

/__/   Not provided.

   b.   Services provided in Religious Nonmedical Health Care Institutions.

/__/   Provided: /__/ No limitations   /__/ With limitations*

/__/   Not provided.

   c.   Reserved

   d.   Nursing facility services for patients under 21 years of age.

/__/   Provided: /__/ No limitations   /__/ With limitations*

/__/   Not provided.

   e.   Emergency hospital services.

/__/   Provided: /__/ No limitations   /__/ With limitations*

/__/   Not provided.

   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.

/__/   Provided: /__/ No limitations   /__/ With limitations*

/__/   Not provided.

* Description provided on attachment

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