**List of Medicaid and CHIP Benefits**

**Medicaid Benefits**

| **Benefit** | **Reference** |
| --- | --- |
| Inpatient Hospital Services | Mandatory 1905(a)(1) |
| Outpatient Hospital Services | Mandatory 1905(a)(2) |
| Rural Health Clinic Services | Mandatory 1905(a)(2) |
| FQHC Services | Mandatory 1905(a)(2) |
| Laboratory and X-Ray Services | Mandatory 1905(a)(3) |
| Nursing Facility Services for Age 21 & Older | Mandatory 1905(a)(4) |
| EPSDT | Mandatory 1905(a)(4) |
| Family Planning Services | Mandatory 1905(a)(4) |
| Tobacco Cessation for Pregnant Women | Mandatory 1905(a)(4) |
| Physicians’ Services | Mandatory 1905(a)(5) |
| Medical or Surgical Services by a Dentist | Mandatory 1905(a)(5) |
| Medical Care and any type of remedial care recognized under State Law - Podiatrists’ Services | Optional 1905(a)(6) |
| Medical Care and any type of remedial care recognized under State Law - Optometrists’ Services | Optional 1906(a)(6) |
| Medical Care and any type of remedial care recognized under State Law - Chiropractors’ Services | Optional 1905(a)(6) |
| Medical Care and any type of remedial care recognized under State Law - Other Practitioners’ Services  | Optional 1905(a)(6) |
| Home Health Services - Intermittent or part-time nursing services provided by a home health agency | Mandatory for certain individuals -1905(a)(7) |
| Home Health Services - Home health aide services provided by a home health agency | Mandatory for certain individuals -1905(a)(7) |
| Home Health Services - Medical supplies, equipment and appliances | Mandatory for certain individuals-1905(a)(7) |
| Home Health Services - Physical therapy, occupational therapy, speech pathology, audiology provided by a home health agency | Optional-1905(a)(7), 1902(a)(10)(D), 42CFR 440.70 |
| Private duty nursing services | Optional 1905(a)(8) |
| Clinic Services | Optional 1905(a)(9) |
| Dental Services | Optional 1905(a)(10) |
| Physical Therapy | Optional 1905(a)(11) |
| Occupational Therapy | Optional 1905(a)(11) |
| Services for individuals with speech, hearing and language disorders | Optional 1905(a)(11) |
| Prescribed Drugs | Optional 1905(a)(12) |
| Dentures | Optional 1905(a)(12) |
| Prosthetic Devices | Optional 1905(a)(12) |
| Eyeglasses | Optional 1905(a)(12) |
| Diagnostic Services | Optional 1905(a)(13) |
| Screening Services | Optional 1905(a)(13) |
| Preventive Services | Optional 1905(a)(13) |
| Rehabilitative Services | Optional 1905(a)(13) |
| Services for Individuals over 65 in IMDs -Inpatient hospital services | Optional 1905(a)(14) |
| Services for Individuals over 65 in IMDs -Nursing facility services | Optional 1905(a)(14) |
| Intermediate Care Facility services for individuals in a public institution for the mentally retarded or persons with related conditions | Optional 1905(a)(15) |
| Inpatient psychiatric services for under 22 | Optional 1905(a)(16) |
| Nurse-midwife services | Mandatory 1905(a)(17) |
| Hospice Care | Optional 1905(a)(18) |
| Case management services 1915(g) | Optional 1905(a)(19), 1915(g) |
| Special TB related services | Optional 1905(a)(19), 1902(z)(2) |
| Respiratory care services under 1902(e )(9)(A) through (C ) | Optional 1905(a)(20) |
| Certified pediatric or family nurse practitioners’ services | Mandatory 1905(a)(21) |
| Home and Community Care for Functionally Disabled Elderly Individuals | Optional 1905(a)(22) |
| Personal Care Services in the beneficiary’s home | Optional 1905(a)(24), 42CFR 440.170 |
| Primary care case management services | Optional 1905(a)(25) |
| PACE Services | Optional 1905(a)(26) |
| Special Sickle-Cell Anemia-Related Services | Optional 1905(a)(27) |
| Licensed or Otherwise State-Approved Free-Standing Birthing Centers | Optional 1905(a)(28) |
| Transportation | Optional benefit – 1905(a)(29) – 42CFR 440.170, Required as an administrative function – 42CFR 431.53 |
| Services provided in religious non-medical health care facilities | Optional 1905(a)(29), 42CFR 440.170(b) |
| Nursing facility services for patients under 21 | Optional 1905(a)(29), 42CFR 440.170(d) |
| Emergency Hospital services | Optional 1905(a)(29), 42CFR 440.170(e) |
| Expanded Services for Pregnant Women - Additional Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends  | Optional 1902(e)(5) |
| Expanded Services for Pregnant Women - Additional Services for any other medical conditions that may complicate pregnancy | Optional 1902(e)(5) |
| Emergency services for certain legalized aliens and undocumented aliens | Mandatory 1903(v)(2)(A) |
| Home and Community-Based Services for Elderly or Disabled Individuals | Optional 1915(i) |
| Self-Directed Personal Assistance Services | Optional 1915(j) |
| Community First Choice | Optional 1915(k) |
| Other *(describe in benefit chart)* | Optional 1905(a)(29) |

**CHIP Benefits**

| **Benefit** | **Reference** |
| --- | --- |
| Well-baby and well-child care, including age appropriate immunizations | Mandatory 2103(c)(1)(D)457.410(b) |
| Emergency services | Mandatory457.410(b) |
| Dental benefits | Mandatory 2105(c)(5) |
| Inpatient and Outpatient Hospital Services | Mandatory for benchmark equivalent 2103(c)(1)(A) |
| Physicians surgical and medical services | Mandatory for benchmark equivalent 2103(c)(1)(B) |
| Laboratory and x-ray services | Mandatory for benchmark equivalent 2103(c)(1)(C) |
| Clinic services (including health center services) and other ambulatory health care services) | Optional2110(a)(5) |
| Prenatal care and pre-pregnancy family services and supplies | Optional2110(a)(9) |
| Inpatient mental health services | Optional 2110(a)(10) |
| Outpatient mental health services | Optional2110(a)(11) |
| Durable medical equipment | Optional2110(a)(12) |
| Disposable medical supplies | Optional2110(a)(13) |
| Home and community-based health care services | Optional2110(a)(14) |
| Nursing care services | Optional2110(a)(15) |
| Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest | Optional2110(a)(16) |
| Inpatient substance abuse treatment services | Optional2110(a)(18) |
| Outpatient substance abuse treatment services | Optional2110(a)(19) |
| Case management services | Optional2110(a)(20) |
| Care coordination services | Optional2110(a)(21) |
| Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders | Optional2110(a)(22) |
| Hospice care | Optional2110(a)(23) |
| Any other medical, diagnostic, screening, preventative, restorative, remedial, therapeutic, or rehabilitative services | Optional2110(a)(24) |
| Premiums for private health insurance coverage | Optional2110(a)(25) |
| Medical transportation | Optional2110(a)(26) |
| Enabling services | Optional2110(a)(27) |
| Any other health care services or items specified by the Secretary  | Optional2110(a)(28) |