

## 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)                              |

| <b>Benefit</b>   | <b>Reference</b>  |
|--|---|
| 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 ( <i>describe in benefit chart</i> )   | Optional 1905(a)(29)  |

## CHIP Benefits

| Benefit   | Reference   |
|---|---|
| Well-baby and well-child care, including age appropriate immunizations  | Mandatory 2103(c)(1)(D)<br>457.410(b)               |
| Emergency services  | Mandatory<br>457.410(b)                             |
| Dental benefits   | Mandatory 2105(c)(5)                                |
| Inpatient and Outpatient Hospital Services  | Mandatory for benchmark equivalent<br>2103(c)(1)(A) |
| Physicians surgical and medical services  | Mandatory for benchmark equivalent<br>2103(c)(1)(B) |
| Laboratory and x-ray services   | Mandatory for benchmark equivalent<br>2103(c)(1)(C) |
| Clinic services (including health center services) and other ambulatory health care services)                           | Optional<br>2110(a)(5)                              |
| Prenatal care and pre-pregnancy family services and supplies  | Optional<br>2110(a)(9)                              |
| Inpatient mental health services  | Optional 2110(a)(10)                                |
| Outpatient mental health services   | Optional<br>2110(a)(11)                             |
| Durable medical equipment   | Optional<br>2110(a)(12)                             |
| Disposable medical supplies   | Optional<br>2110(a)(13)                             |
| Home and community-based health care services   | Optional<br>2110(a)(14)                             |
| Nursing care services   | Optional<br>2110(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 | Optional<br>2110(a)(16)                             |
| Inpatient substance abuse treatment services  | Optional<br>2110(a)(18)                             |
| Outpatient substance abuse treatment services   | Optional<br>2110(a)(19)                             |
| Case management services  | Optional<br>2110(a)(20)                             |
| Care coordination services  | Optional<br>2110(a)(21)                             |
| Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders       | Optional<br>2110(a)(22)                             |
| Hospice care  | Optional<br>2110(a)(23)                             |

| <b>Benefit</b>   | <b>Reference</b>        |
|--|-------------------------|
| Any other medical, diagnostic, screening, preventative, restorative, remedial, therapeutic, or rehabilitative services | Optional<br>2110(a)(24) |
| Premiums for private health insurance coverage   | Optional<br>2110(a)(25) |
| Medical transportation   | Optional<br>2110(a)(26) |
| Enabling services  | Optional<br>2110(a)(27) |
| Any other health care services or items specified by the Secretary   | Optional<br>2110(a)(28) |