

CHANGE NOTICE FOR MANUAL NO 16-11, MEDICAID COVERED SERVICES

DATE: JULY 29, 2011

Manual: Aged, Blind, and Disabled Medicaid

Change No: 16-11

To: County Directors of Social Services

Effective: August 1, 2011

I. BACKGROUND

Medicaid covered services are constantly changing. Additional services may be available under various Medicaid programs to give recipients the best possible medical assistance. Counties are encouraged to contact the DMA Managed Care Section at 919-855-4780 for assistance when recipients request services not listed.

II. CONTENT OF CHANGE

MA-2905, Medicaid Covered Services, changes include:

- A. Clarifying that Medicaid recipients receive 22 mandatory and 8 optional professional services visits annually and defining the services that are covered.
- B. Change the name to “professional services visit” when referring to counting a medical service toward the 22 mandatory or 8 optional medical services a Medicaid recipient is allowed annually.
- C. Replace the name, Focused Risk Management Program (FORM) with Recipient Opt-In/Lock-In Program.
- D. Provide additional information regarding co-payments. Providers cannot deny services to any Medicaid patient because of the individual’s inability to pay a deductible, coinsurance, or co-payment amount. An individual’s inability to pay shall not eliminate his liability for the cost sharing charge. The provider may open an account for the patient and collect the amount owed at a later date.
- E. Remove references to Personal Care Service (PCS) and Personal Care Service Plus (PCS Plus). These programs were terminated effective May 31, 2011.

- F. Add policy for In Home Care (IHC), In Home Care for Adults (IHCA) and In Home Care for Children (IHCC). These programs were effective June 1, 2011.
- G. Clarifying that, sterile pads are not “durable medical equipment” but are covered under “home health supplies.” Recipients must go through a Medicare certified home health agency to get sterile pads.
- H. Update information regarding prior approval required services.
- I. Revising the Medicaid recipient due process rights section to add that services may be provided under maintenance of services, while the appeal is pending as long as the recipient remains otherwise Medicaid eligible, unless he gives up this right.
- J. Removed the term “through age 20” and replaced with the term “under age 21” where referenced in policy.
- K. Adding and changing some co-pay requirements, services and/or restrictions to covered services and non covered services throughout the policy.
- L. Reformat manual section and revise links.
- M. Revise Baby Love Section and remove references to Child Service Coordination.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective 08/01/2011. Apply this policy to Medicaid applications taken on or after 08/01/2011 as well as to those presently in process.

IV. MAINTENANCE OF MANUAL

Remove: [MA-2905](#), Medicaid Covered Services, pages 1-58.

Insert: [MA-2905](#), Medicaid Covered Services, pages 1-62 effective 08/01/2011.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Craig L. Gray, MD, MBA, JD,
Director

CLG:skm

(This material was researched and written by Sandi Morrow, Medicaid Policy Consultant, Medicaid Eligibility Unit).