



MATERNAL AND CHILD HEALTH
POLICY RESEARCH CENTER

Memorandum

Date: September 2005
To: March of Dimes and National Association of Children's Hospitals
From: Harriette Fox and Peggy McManus
Subject: A 50-State Analysis of Medicaid Benefit Coverage for Children without EPSDT

As requested, we analyzed limits on the amount, duration, and scope of Medicaid coverage that would be available to children in 50 states¹ if the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit requirement was eliminated and states applied the coverage policies currently in effect for categorically needy adults. EPSDT requires that children be provided all federally allowable Medicaid treatment services determined to be medically necessary to correct or ameliorate an identified problem or condition.²

We examined 12 benefits of particular importance to children with chronic physical and developmental conditions.³ Three are mandatory services: physician services, inpatient hospital services, and outpatient hospital services. Nine are optional services: prescription drugs, physical

¹ Oregon was excluded from the analysis because its benefits are in the form of condition-treatment pairs and cannot be compared to the benefit coverage policies of the other states. The District of Columbia is included as a state.

² EPSDT does not, however, automatically override every benefit restriction. It does not obligate states to lift mandatory generic drug substitution requirements, for example. Nor does it require them to cover a particular type of service, such as physical therapy, as a hospital outpatient service, clinic service, and independent practitioner service, provided that the service is otherwise reasonably accessible and available to the child.

³ Benefits for services needed by children and adolescents with mental health or substance abuse disorders were not included.

therapy, occupational therapy, speech therapy, private duty nursing, personal care services, home health care services, durable medical equipment, and disposable medical supplies.

Our analysis was based on a review of coverage descriptions found in each state's Medicaid state plan and state plan amendments, current as of April 2005. It should be noted, however, that these documents vary considerably from state to state with respect to the specificity of benefit descriptions. For certain benefits -- most notably medical supplies and durable medical equipment -- detailed information may be found only in provider and billing manuals.

Below we provide a summary of our findings. In addition, state information is provided in Attachment 1.

Major Findings

1. Of the 50 states we studied, we found that without EPSDT, all would restrict or omit coverage for certain services needed by children with serious physical and developmental conditions.
 - Mandatory services are covered without limits by the vast majority of states. However, about a quarter of states impose visit or day limits on physician, inpatient hospital, or outpatient hospital services.
 - ✓ Fourteen states impose visit limits on physician services, and in half of these states visits are limited to fewer than 15 per year.
 - ✓ Eleven states restrict the number of inpatient hospital days per year or per admission, with one state restricting coverage to 16 days per year.
 - ✓ Twelve states limit coverage of hospital outpatient services, including one state that imposes a \$1,500 annual cap and six others that limit the number of visits to fewer than 15 per year.
 - Coverage of optional Medicaid services, which enable many children with chronic and disabling conditions to receive specialized therapeutic services required for habilitation, rehabilitation, and maintenance, is far more variable.
 - ✓ Twenty-nine states fail to provide any coverage for private duty nursing.⁴
 - ✓ Twenty-two states fail to cover personal care.

⁴ Private duty nursing services are usually provided in shifts and are intended for patients who require continuous care.

- ✓ Twenty-three states provide no coverage for physical therapy furnished by independent practitioners, a particularly important benefit when coverage for hospital outpatient services is limited or travel times to hospital outpatient facilities are unreasonable. Of those that do, six states impose annual visit limits of 50 or fewer -- in one state 15 per year, in two states 20 per year, and in one state 40 per year in combination with occupational therapy and speech-language pathology services.
- ✓ Thirty-one states provide no coverage for occupational therapy furnished by independent practitioners. Of those that do, four cap visit limits at 50 or fewer -- with three states restricting the number of visits to 20 visits per year and one state to 40 visits per year in combination with physical therapy and speech-language pathology services.
- ✓ Thirty states fail to provide any coverage for speech-language pathology services furnished by independent practitioners. Of those that do, two states limit visits to 50 or fewer per year -- with one state restricting visits to 30 per year and another to 40 per year in combination with physical and occupational therapy services.
- ✓ All states cover home health services, but not all include coverage for ancillary therapies: three states fail to cover physical therapy, six fail to cover occupational therapy, and seven fail to cover speech-language pathology services. In addition, 17 impose visit limits on nursing services and 18 impose visit limits on home health aide services, while 10 or more impose visit limits on the ancillary therapies. Limits of 50 or fewer visits are applied to nursing services and to home health aide services in two states. The same limits are applied to nursing and home health aide services combined in two states, to ancillary therapies combined in one state, and to all home health services in another.
- ✓ All states cover prescription drugs, but 20 states use a preferred drug list. In addition, four states limit coverage to between three and six prescriptions per month.
- ✓ With respect to specific types of durable medical equipment, 13 of the 32 states that articulate their policies in state plan documents fail to cover hearing aids and an additional four states limit coverage for hearing aid replacements to every three to five years. Of the states for which we could obtain plan information, five of the 39 fail to cover prosthetics, four of the 21

fail to cover orthotics, and one of the 10 limits the number of wheelchairs to one every five years.

2. Moreover, even when benefits are provided, the 50 states frequently impose condition or treatment exclusions that ignore children's unique needs for preventive and habilitative interventions. These exclusions would have the greatest impact on children with congenital anomalies and developmental conditions.
 - ✓ Of the 21 states covering private duty nursing, three impose significant restrictions, such as ventilator dependency, and one provides coverage only for inpatient care, which could preclude coverage for children with cancer or other serious medical conditions.
 - ✓ Of the 28 states covering personal care, one severely restricts coverage by requiring that the services be provided only in lieu of hospitalization, which probably would not be necessary for children with cerebral palsy or other developmental disabilities who might require personal care.
 - ✓ Of the 27 states covering physical therapy services furnished by independent practitioners, the 20 states covering speech-language pathology services furnished by independent practitioners, and the 19 states covering occupational therapy services furnished by independent practitioners, a proportion only make coverage available for restorative or rehabilitative purposes. For physical therapy, for example, eight states provide coverage only for restorative purposes and three only for rehabilitative purposes. Children with neuromuscular conditions, such as spina bifida or muscular dystrophy, and those with serious hearing problems or developmental delays could be among those who might be unable to obtain coverage for needed ancillary therapies if rehabilitative requirements are narrowly imposed.
 - ✓ Of the 50 states covering home health care, six restrict nursing and home health aide services to those who require treatment for an illness or injury; five allow coverage only in lieu of hospitalization; and one allows coverage only to facilitate transition from a more acute level of care. These restrictions potentially deny benefits to children who are not able to participate in home- and community-based waivers but have neurodevelopmental disabilities, such as autism disorder or cerebral palsy with paraplegia.
 - ✓ Of the 10 state plans with information about coverage for wheelchairs, one limits coverage only to individuals who are confined to a chair or bed.

3. All states would limit access to certain services needed by children with serious physical and developmental conditions. However, we found that in seven of the 50 states -- Alabama, Arkansas, Florida, Louisiana, Mississippi, Oklahoma, and South Carolina -- children with chronic physical or disabling conditions would face very significant coverage gaps if EPSDT was eliminated.
- ✓ *Alabama* -- where physician services together with hospital outpatient department services would be limited to 14 visits per year; inpatient hospital services would be limited to 16 visits; and physical therapy, occupational therapy, and speech-language pathology services furnished by independent therapists would not be covered.
 - ✓ *Arkansas* -- where physician services and hospital outpatient services would each be limited to 12 visits per year; physical therapy, occupational therapy, and speech-language pathology services furnished by independent therapists would not be covered; occupational therapy and speech-language pathology services would not be covered as a home health benefit; private duty nursing would be covered only for those who are ventilator dependent; prescription drugs would be limited to six per month; and hearing aids would not be covered at all.
 - ✓ *Florida* -- where hospital outpatient services would be covered only up to \$1,500 per year; physical therapy, occupational therapy, and speech-language pathology services furnished by independent practitioners would not be covered; the ancillary therapies also would not be covered under the home health benefit; private duty nursing would not be covered; prosthetics would not be covered; and hearing aids would be available only every three years.
 - ✓ *Louisiana* -- where physician services together with hospital outpatient services would be capped at 12 visits per year; physical therapy, occupational therapy, and speech-language pathology services would not be covered; private duty nursing and personal care services would not be covered; and home health nursing and home health aide services together would be restricted to 50 visits per year and only available for restorative treatment following an illness or injury.
 - ✓ *Mississippi* -- where physician services in combination with hospital outpatient department services would be restricted to 12 visits per year; physical therapy, occupational therapy, and speech-language pathology

services furnished by independent practitioners would not be covered; occupational therapy would not be covered under the home health benefit; prescription drugs would be limited to seven per month; orthotics and prosthetics would not be covered; and home nursing services with home health aide services, and physical and speech therapy would be limited to 50 visits per year.

- ✓ *Oklahoma* -- where inpatient hospital stays would be limited to 24 days per year; physical therapy, occupational therapy, and speech-language pathology services would not be covered; the ancillary therapies also would not be covered under the home health benefit; and private duty nursing, hearing aids, and prosthetics also would be excluded.
- ✓ *South Carolina* -- where physician visits would be covered up to 12 visits per year; prescription drugs limited to four per month; physical therapy, occupational therapy, and speech-language pathology services furnished by independent practitioners would not be covered; and both private duty nursing and personal care services also would not be covered.

In summary, absent the EPSDT diagnostic and treatment service mandate, all states to varying degrees would omit or limit coverage for services that are frequently needed by children with serious physical and developmental conditions to achieve their optimal level of health and functional status. The services for which adequate benefits are most likely to be unavailable are private duty nursing services, personal care services, home health care services, and also physical therapy, occupational therapy, and speech-language pathology services furnished by independent practitioners. This is the result not only of benefit exclusions and limits in the amount of coverage, but also of restrictions in the scope of coverage such that benefits are more narrowly constructed for adult purposes and are no longer appropriate to meet the unique needs of children facing serious, often life-long, disease and disability.

Moreover, the analysis reveals the enormous variation in coverage that would be available to children from one state to another. Children in Southern states would face far greater restrictions than children in other states. Clearly, the loss of EPSDT would result in the loss of uniform, comprehensive benefits across states for low-income children.

Attachment 1

State Medicaid Coverage of Selected Services Important to Children in the Absence of the EPSDT Mandate, 2005

Selected Medicaid Benefits	Alabama	Alaska	Arizona
Physician Services	Covered up to 14 visits/year in combination with hospital OPD	Covered	Covered
Hospital Inpatient Services	Covered up to 16 days/year	Covered, with PA for >3days/admission	Covered
Hospital Outpatient Services	Covered up to 14 visits/year in combination with physician services	Covered	Covered
Prescription Drugs	Covered for brand name Rx up to 4/month, except for antipsychotic and antiretroviral Rx up to 10/month, with PA for Rx not on PDL	Covered, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered
Physical Therapy Services (Independent Practitioners)	Not covered	Covered	Covered only for rehabilitative purposes
Occupational Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Home Health Services	Covered for nursing services; covered for home health aide services up to 2 visits/week or 104 visits/year; PT, OT, and ST not covered	Covered	Covered for nursing services only to prevent re-hospitalization or institutionalization; covered for home health aide services; covered for PT, OT, and ST only for rehabilitative purposes
Private Duty Nursing Services	Not covered	Not covered	Covered
Personal Care Services	Not covered	Covered	Not covered
Durable Medical Equipment	Hearing aids and prosthetics not covered; orthotics, oxygen equipment, lifts, and wheelchairs not specified	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified	Covered for orthotics; covered for prosthetics; hearing aids not covered; oxygen equipment, lifts, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy not specified

Selected Medicaid Benefits	Arkansas	California	Colorado
Physician Services	Covered up to 12 visits/year	Covered	Covered
Hospital Inpatient Services	Covered up to 20 days/year, with PA for >4 days/admission	Covered	Covered
Hospital Outpatient Services	Covered up to 12 visits/year	Covered	Covered
Prescription Drugs	Covered up to 6 Rx/month, with PA for >3 Rx/month, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered, with PA for >6 Rx/month, and with PA for Rx not on PDL	Covered
Physical Therapy Services (Independent Practitioners)	Not covered	Covered	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered	Covered only for medical or surgical conditions; no educationally related therapy
Home Health Services	Covered for nursing services and home health aide services, with PA for >50/year per service; covered for PT, with PA for >1 hour/day and for >50/year; OT and ST not covered	Covered for nursing services, home health aide services, PT, OT, and ST, with PA beyond initial evaluation and monthly re-evaluation; skilled nursing care or other therapeutic services required	Covered for nursing services and home health aide services up to 2.5 hours/day for each service; covered for PT, OT, and ST 2.5 hours/day for each service up to 60 days; all home health care services covered only in lieu of hospitalization or if leaving home is medical hardship
Private Duty Nursing Services	Covered only for individuals who are ventilator dependent	Not covered	Covered up to 20 hours/day only for technology dependent individuals and others meeting specific state criteria, except for recent hospital discharges, acute episodes, and temporary absence or incapacity of primary in-home caregiver
Personal Care Services	Covered, with PA for >64 hours/month	Covered up to 283 hours/month	Not covered
Durable Medical Equipment	Covered for orthotics up to \$3,000/year, with PA for >\$500; covered for oxygen equipment; covered for prosthetics up to \$20,000/year, with PA for >\$500; covered for wheelchairs; hearing aids not covered; lifts not specified	Covered for hearing aids; covered for orthotics and prosthetics, with PA for >\$100; lifts, oxygen equipment, and wheelchairs not specified	Covered for prosthetics; hearing aids not covered; lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified; all medical supplies limited up to \$250/month	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy not specified

Selected Medicaid Benefits	Connecticut	Delaware	District of Columbia
Physician Services	Covered	Covered	Covered
Hospital Inpatient Services	Covered	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered
Prescription Drugs	Covered, with PA for Rx not on PDL, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered	Covered
Physical Therapy Services (Independent Practitioners)	Not covered	Covered	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Home Health Services	Covered	Covered	Covered for nursing services, home health aide services, PT, and OT, with PA for >36 visits/year combined; ST not covered
Private Duty Nursing Services	Not covered	Covered	Covered
Personal Care Services	Not covered	Not covered	Covered, with PA for >8 hours/day or >1,040 hours/year
Durable Medical Equipment	Covered for 1 pair of orthotics every 2 years; covered for wheelchairs; hearing aids, lifts, oxygen equipment, and prosthetics not specified	Orthotics and prosthetics not covered; hearing aids, lifts, oxygen equipment, and wheelchairs not specified	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Florida	Georgia	Hawaii
Physician Services	Covered	Covered, with PA for >12 visits/year	Covered
Hospital Inpatient Services	Covered up to 45 days/year	Covered	Covered
Hospital Outpatient Services	Covered up to \$1,500/year	Covered	Covered
Prescription Drugs	Covered for brand name Rx up to 4/month, except for psychotropic and antiretroviral Rx, contraceptives, and insulin, with PA for Rx not on PDL	Covered, with PA for >5 Rx/month, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered, with PA for Rx not on PDL
Physical Therapy Services (Independent Practitioners)	Not covered	Not covered	Covered
Occupational Therapy (Independent Practitioners)	Not covered	Not covered	Covered
Speech Therapy (Independent Practitioners)	Not covered	Not covered	Covered
Home Health Services	Covered for nursing services and home health aide services up to 4 visits/day and 60 visits/year combined; PT, OT, and ST not covered	Covered for nursing services, home health aide services, PT, OT, and ST up to 75 visits/year combined and only for illness or injury	Covered for nursing services up to 1 visit/day in weeks 1 and 2, 3 visits/week in weeks 3-7, 1 visit/week in weeks 8-15, and 1 visit every other month in weeks 16+; covered for home health services for same amount; covered for PT, OT, and ST only if improvement potential in reasonable time
Private Duty Nursing Services	Not covered	Not covered	Not covered
Personal Care Services	Covered only if part of integrated set of services on 24-hour basis	Not covered	Not covered
Durable Medical Equipment	Covered for hearing aids every 3 years; orthotics and prosthetics not covered; lifts, oxygen equipment, and wheelchairs not specified	Hearing aids not covered; lifts, orthotics, oxygen equipment, prosthetics, and wheelchairs not specified	Covered for hearing aids; covered for prosthetics, with PA for >\$50; lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Idaho	Illinois	Indiana
Physician Services	Covered	Covered	Covered, with PA for >4/month or 20/year
Hospital Inpatient Services	Covered	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered
Prescription Drugs	Covered, but mandatory generic substitution, with PA for brand name Rx	Covered, with PA for Rx not on PDL	Covered, but mandatory generic substitution, with PA for brand name Rx
Physical Therapy Services (Independent Practitioners)	Covered, with PA for >25 visits/year	Covered only for rehabilitative purposes	Covered for restorative care caused by acute change in medical condition, with PA for >12 visits/month; no educationally related therapies
Occupational Therapy (Independent Practitioners)	Not covered	Covered only for rehabilitative purposes	Covered for restorative care caused by acute change in medical condition, with PA for >12 visits/month; no educationally related therapies
Speech Therapy (Independent Practitioners)	Not covered	Covered only for rehabilitative purposes	Covered for restorative care caused by acute change in medical condition, with PA for >12 visits/month; no educationally related therapies
Home Health Services	Covered for nursing services, home health aide services, PT, and OT up to 100 visits/year combined; ST not covered	Covered for nursing services and home health aide services only to facilitate transition from more acute level of care; covered for PT, OT, and ST	Covered, if homebound, for nursing services, home health aide services, PT, OT, and ST; no educationally related therapies
Private Duty Nursing Services	Not covered	Not covered	Covered
Personal Care Services	Covered up to 16 hours/week	Not covered	Not covered
Durable Medical Equipment	Covered for hearing aids; covered for lifts; covered for orthotics and prosthetics up to 1 refitting, repair, or additional part/year; covered for oxygen equipment only for significant hypoxemia; covered for a wheelchair every 5 years	Not covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified	Covered for hearing aids every 5 years; covered for orthotics; covered for prosthetics; covered for wheelchairs, lifts, and catheters; oxygen equipment not specified
Medical Supplies	Covered for catheters; covered for diabetic supplies; covered for diapers only for individuals > 4 years of age; bath and toilet aids, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for catheters; covered for diapers only for individuals >3 years of age; covered for diabetic supplies; covered for specialized formula; covered for tracheotomy supplies; bath and toilet aids not specified

Selected Medicaid Benefits	Iowa	Kansas	Kentucky
Physician Services	Covered	Covered up to 12 visits/year in combination with physician services in hospital OPDs	Covered
Hospital Inpatient Services	Covered	Covered	Covered
Hospital Outpatient Services	Covered	Covered up to 12 visits/year in combination with physician services	Covered
Prescription Drugs	Covered	Covered	Covered
Physical Therapy Services (Independent Practitioners)	Covered	Not covered	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Not covered	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Not covered	Not covered
Home Health Services	Covered for nursing services and home health aide services; covered for PT only if significant improvement in reasonable time; covered for OT only for illness or injury; covered for ST only if significant improvement in reasonable time	Covered for nursing services; covered for home health aide services up to 1 visit/day; covered for PT, OT, and ST up to 6 months only for rehabilitative purposes following injury or physical illness	Covered
Private Duty Nursing Services	Not covered	Not covered	Not covered
Personal Care Services	Not covered	Covered	Not covered
Durable Medical Equipment	Covered for hearing aids; covered for oxygen equipment for individuals with significant hypoxemia; lifts, orthotics, prosthetics, and wheelchairs not specified	Covered for hearing aids every 4 years; covered for oxygen equipment; covered for prosthetics; lifts, orthotics, and wheelchairs not specified	Covered for hearing aids; covered for orthotics; covered for oxygen equipment; covered for prosthetics; covered for wheelchairs; lifts not specified
Medical Supplies	Covered for specialized formula for individuals with metabolic or digestive disorders or severe pathology; bath and toilet aids, diabetic supplies, catheters, diapers, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Louisiana	Maine	Maryland
Physician Services	Covered up to 12 visits/year in combination with physician services in hospital OPDs	Covered	Covered
Hospital Inpatient Services	Covered	Covered, with PA for >60 days	Covered
Hospital Outpatient Services	Covered up to 12 visits/year in combination with physician services	Covered	Covered
Prescription Drugs	Covered, with PA for Rx not on PDL	Covered	Covered, with PA for Rx not on PDL
Physical Therapy Services (Independent Practitioners)	Not covered	Covered only for rehabilitative purposes or following hospital stay	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Covered only for rehabilitative purposes or following hospital stay	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered only for rehabilitative purposes or following hospital stay	Not covered
Home Health Services	Covered for nursing services and home health aide services up to 50 visits/year combined and only for illness or injury; covered for PT only for illness or injury or for restoration and maintenance of function affected by illness or injury; covered for OT only for illness or injury or to improve independent functioning lost or reduced by illness or injury; covered for ST only for treatment of swallowing disorders or communication disabilities	Covered for nursing services and home health aide services, with PA for >2 months; covered for PT and OT, with PA for >20 visits; covered for ST only for restorative purposes, with PA for >35 visits; condition must require skilled nursing or therapies	Covered for nursing services; covered for home health aide services, with PA for >12 visits/month; covered for PT and ST, with PA for >8 visits/month; covered for OT, with PA for >4 visits/month
Private Duty Nursing Services	Not covered	Covered in combination with home health nursing services, home health aide services, and personal care services up to a defined dollar amount for specific approved levels of care	Not covered
Personal Care Services	Not covered	Covered in combination with home health nursing services, home health aide services, and personal care services up to a defined dollar amount for specific approved levels of care	Covered
Durable Medical Equipment	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified	Covered for prosthetics; hearing aids not covered; lifts, orthotics, oxygen equipment and wheelchairs not specified	Covered for lifts; covered for oxygen equipment; covered for wheelchairs; hearing aids not covered; orthotics and prosthetics not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; covered for diapers; specialized formula not covered; bath and toilet aids, catheter supplies, and tracheotomy supplies not specified; all medical supplies with PA for >\$300

Selected Medicaid Benefits	Massachusetts	Michigan	Minnesota
Physician Services	Covered	Covered	Covered
Hospital Inpatient Services	Covered up to 20 days/year	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered
Prescription Drugs	Covered, but mandatory generic substitution, with PA for brand name Rx	Covered	Covered, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary
Physical Therapy Services (Independent Practitioners)	Covered up to 20 visits/year only for illness or injury	Not covered	Covered
Occupational Therapy (Independent Practitioners)	Covered up to 20 visits/year only for illness or injury	Not covered	Covered
Speech Therapy (Independent Practitioners)	Covered up to 35 visits/year only for illness or injury	Not covered	Covered
Home Health Services	Covered for nursing services, if homebound or in lieu of institutionalization, up to 112 hours/week and only for illness and injury; covered for home health aide services, if homebound or in lieu of institutionalization, with PA for >120 hours/2 months and only if nursing or therapies required; covered for PT and OT, if homebound or in lieu of institutionalization, with PA for >8visits/ year; covered for ST, if homebound or in lieu of institutionalization, with PA for >15 visits/year	Covered for nursing services and home health aide services only if essential for independent living; covered for PT, OT, and ST only for restorative purposes essential for independent living	Covered
Private Duty Nursing Services	Covered	Not covered	Covered up to 9.75 hours/day only when home health agency is unavailable
Personal Care Services	Covered only if assistance with 2 or more ADLs required	Covered	Covered
Durable Medical Equipment	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified	Covered for orthotics; covered for oxygen equipment; covered for prosthetics; hearing aids not covered; lifts and wheelchairs not specified	Covered for hearing aids; covered for lifts; covered for orthotics; covered for prosthetics; oxygen equipment and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Mississippi	Missouri *	Montana
Physician Services	Covered up to 12 visits/year in combination with physician services in hospital OPDs	Covered	Covered
Hospital Inpatient Services	Covered up to 30 days/year	Covered	Covered
Hospital Outpatient Services	Covered up to 12 visits/year in combination with physician services; covered up to 6 visits/year for non-physician services	Covered	Covered
Prescription Drugs	Covered up to 7 Rx/month, with PA for >5 Rx, but mandatory generic substitution	Covered, with PA for Rx not on PDL	Covered, with PA for Rx not on PDL
Physical Therapy Services (Independent Practitioners)	Not covered	Not covered	Covered only for restorative purposes up to 100 hours/year, with PA for >70 hours
Occupational Therapy (Independent Practitioners)	Not covered	Not covered	Covered only for restorative purposes up to 100 hours/year, with PA for >70 hours
Speech Therapy (Independent Practitioners)	Not covered	Not covered	Covered only for restorative purposes up to 100 hours/year, with PA for >70 hours
Home Health Services	Covered for nursing services, home health aide services, PT, and ST up to 50 visits/year combined; OT not covered	Covered, if homebound, for nursing services and home health aide services up to 100 visits/year combined; covered for PT, OT, and ST only for illness or injury and only for rehabilitative purposes with improvement in reasonable time	Covered for nursing services up to 75 visits/year; covered for home health aide services and PT, OT, and ST up to 100 visits/year combined
Private Duty Nursing Services	Not covered	Not covered	Covered only for inpatient hospital care
Personal Care Services	Not covered	Covered only in lieu of hospitalization	Covered, with PA for >40 hours/week
Durable Medical Equipment	Covered for hearing aids; orthotics and prosthetics not covered; lifts, oxygen equipment, and wheelchairs not specified	Covered for hearing aids; covered for orthotics; covered for oxygen equipment; covered for wheelchairs; lifts not specified	Covered for prosthetic devices, with PA for >\$1,000; covered for hearing aids every 5 years; lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for catheters; bath and toilet aids, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

* In Missouri, effective September 1, 2005, the following optional services will be eliminated: ancillary therapies provided by home health agencies, outpatient hospital departments, and rehabilitation centers; hearing aids; orthotics; and lifts.

Selected Medicaid Benefits	Nebraska	Nevada	New Hampshire
Physician Services	Covered	Covered up to 2 visits/month	Covered up to 18 visits/year
Hospital Inpatient Services	Covered	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered up to 12 visits/year
Prescription Drugs	Covered	Covered up to 3 Rx/month, with PA for Rx not on PDL	Covered, with PA for Rx not on PDL
Physical Therapy Services (Independent Practitioners)	Covered only for restorative purposes with significant improvement in reasonable time	Covered, only for rehabilitative purposes	Covered up to 40 visits/year in combination with OT and ST
Occupational Therapy (Independent Practitioners)	Covered only for restorative purposes for illness or injury	Covered only for rehabilitative purposes	Covered up to 40 visits/year in combination with PT and ST
Speech Therapy (Independent Practitioners)	Covered only for restorative purposes with significant improvement in reasonable time	Covered only for rehabilitative purposes	Covered up to 40 visits/year in combination with PT and OT
Home Health Services	Covered, if homebound, for nursing services and home health aide services up to 40 hours/week per service; covered for PT, OT, and ST either for restorative purposes with significant improvement in reasonable time or for illness or injury; must be no other method for individual to receive therapies	Covered	Covered for nursing services and home health aide services; covered for PT, OT, and ST up to 40 visits/year combined
Private Duty Nursing Services	Covered	Covered	Covered
Personal Care Services	Covered, with PA for >40 hours/week	Covered	Covered only if individual is wheelchair mobile
Durable Medical Equipment	Covered for orthotics; covered for prosthetics; hearing aids, lifts, oxygen equipment, and wheelchairs not specified	Covered for orthotics; covered for oxygen equipment; covered for prosthetics; hearing aids, lifts, and wheelchairs not specified	Covered for hearing aids; covered for prosthetics; lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	New Jersey	New Mexico	New York
Physician Services	Covered	Covered	Covered
Hospital Inpatient Services	Covered	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered
Prescription Drugs	Covered, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered	Covered, but mandatory generic substitution, with PA for brand name Rx
Physical Therapy Services (Independent Practitioners)	Not covered	Covered, but no educationally related therapies	Covered
Occupational Therapy (Independent Practitioners)	Not covered	Covered, but no educationally related therapies	Covered
Speech Therapy (Independent Practitioners)	Not covered	Not covered	Covered
Home Health Services	Covered	Covered, if homebound or in lieu of institutionalization, for nursing services, home health aide services, PT, OT, and ST	Covered
Private Duty Nursing Services	Not covered	Not covered	Covered
Personal Care Services	Covered up to 40 hours/week, with PA for >25 hours/week	Covered	Covered
Durable Medical Equipment	Covered for hearing aids; covered for orthotics, with PA for >\$500; covered for prosthetics, with PA for >\$1,000; lifts, oxygen equipment, and wheelchairs not specified	Covered for hearing aids; covered for orthotics if integral part of leg brace; covered for prosthetics; lifts, oxygen equipment and wheelchairs not specified	Covered for hearing aids; covered for orthotics; covered for prosthetics; lifts, oxygen equipment, and wheelchairs not specified
Medical Supplies	Covered for diabetic supplies; covered for specialized formula; bath and toilet aids, catheters, diapers, and tracheotomy supplies not specified	Covered for specialized formula only for inborn metabolic disorders; bath and toilet aids, catheters, diabetic supplies, diapers, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	North Carolina	North Dakota	Ohio
Physician Services	Covered up to 24 visits/year in combination with hospital OPDs	Covered	Covered up to 24 visits/year
Hospital Inpatient Services	Covered	Covered	Covered, with PA for >30 days/spell of illness
Hospital Outpatient Services	Covered up to 24 visits/year in combination with physician services	Covered	Covered up to 10 physician visits/month, with PA for >5 visits and covered up to 4 non-physician visits/month, including ancillary therapies
Prescription Drugs	Covered up to 6 Rx/month, with PA for Rx not on PDL, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered	Covered
Physical Therapy Services (Independent Practitioners)	Not covered	Covered up to 15 visits/year	Covered up to 48 visits/year
Occupational Therapy (Independent Practitioners)	Not covered	Covered up to 20 visits/year	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered up to 30 visits/year	Not covered
Home Health Services	Covered for nursing services and home health aide services; covered for PT, OT, and ST only for restorative purposes	Covered for nursing services, home health aide services, PT, OT, and ST, with PA for >60 days or \$3,000 for each service	Covered
Private Duty Nursing Services	Covered	Covered	Covered
Personal Care Services	Covered up to 80 hours/month, with PA for >60 hours/month	Not covered	Not covered
Durable Medical Equipment	Hearing aids, lifts, orthotics, prosthetics; oxygen equipment, and wheelchairs not specified	Hearing aids, lifts, orthotics, prosthetics; oxygen equipment, and wheelchairs not specified	Covered for hearing aids; lifts, orthotics, prosthetics; oxygen equipment, and wheelchairs not specified
Medical Supplies	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Oklahoma	Pennsylvania	Rhode Island
Physician Services	Covered up to 4/month in combination with physician services in hospital OPDs	Covered	Covered
Hospital Inpatient Services	Covered up to 24 days/year	Covered	Covered
Hospital Outpatient Services	Covered up to 4/month in combination with physician services	Covered	Covered
Prescription Drugs	Covered up to 6 generic Rx/month and 3 brand name Rx/month, with PA for Rx not on PDL	Covered, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered
Physical Therapy Services (Independent Practitioners)	Not covered	Not covered	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Not covered	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Not covered	Not covered
Home Health Services	Covered for nursing services and home health aide services up to 36 visits/year combined; PT, OT, and ST not covered	Covered, if homebound and only for illness or injury, for nursing services, home health aide services, PT, OT, and ST up to 28 days followed by 15 visits/month for each service	Covered
Private Duty Nursing Services	Not covered	Not covered	Not covered
Personal Care Services	Covered	Not covered	Not covered
Durable Medical Equipment	Hearing aids not covered; lifts, orthotics, prosthetics; oxygen equipment, and wheelchairs not specified	Covered for 1 pair of orthotic shoes every 3 years; covered for oxygen equipment; covered for prosthetics; hearing aids not covered; wheelchairs not specified	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	South Carolina	South Dakota	Tennessee
Physician Services	Covered up to 12 visits/year	Covered	Covered up to 24 visits/year
Hospital Inpatient Services	Covered	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered up to 30 visits/year
Prescription Drugs	Covered up to 4 Rx/month	Covered	Covered up to 7 Rx/month, with PA required for Rx not on PDL, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary
Physical Therapy Services (Independent Practitioners)	Not covered	Covered	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Not covered	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Home Health Services	Covered, if homebound, for nursing services, home health aide services, PT, OT, and ST up to 75 visits/year combined	Covered, if homebound, for nursing services, home health aide services, PT, OT, and ST	Covered, if homebound, for nursing services, home health aide services, PT, OT, and ST up to 60 visits/year combined
Private Duty Nursing Services	Not covered	Not covered	Not covered
Personal Care Services	Not covered	Covered up to 120 hours/3 months	Not covered
Durable Medical Equipment	Covered for orthotics; covered for prosthetics; hearing aids, lifts, oxygen equipment, and wheelchairs not specified	Covered for oxygen equipment; covered for prosthetics; covered for wheelchairs; hearing aids, lifts, orthotics, and not specified	Hearing aids, lifts, orthotics, oxygen equipment, prosthetics, and wheelchairs not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Texas	Utah	Vermont
Physician Services	Covered	Covered	Covered, with PA for >5/year
Hospital Inpatient Services	Covered up to 30 days/spell of illness	Covered	Covered
Hospital Outpatient Services	Covered	Covered	Covered
Prescription Drugs	Covered, with PA for Rx not on PDL	Covered	Covered, with PA for Rx not on PDL
Physical Therapy Services (Independent Practitioners)	Covered	Covered only for rehabilitative purposes	Not covered
Occupational Therapy (Independent Practitioners)	Not covered	Covered only for rehabilitative purposes for TBI, spinal cord injury, hand injury, cerebral vascular accident, congenital anomalies, or developmental disabilities causing neurodevelopmental deficits	Not covered
Speech Therapy (Independent Practitioners)	Not covered	Covered	Not covered
Home Health Services	Covered for nursing services and home health aide services; covered for PT only for treatment of acute musculoskeletal or neuromuscular conditions or acute exacerbations of chronic musculoskeletal or neuromuscular conditions; covered for OT only for physical illness, injury, or condition if functional level achieved in reasonable time; ST not covered	Covered for nursing services and home health aide services; covered for PT and ST only for medical conditions that will improve in predictable time; OT not covered	Covered for nursing services and home health aide services; covered for PT, OT, and ST only for rehabilitative purposes up to 1 year, with PA for >4 months
Private Duty Nursing Services	Not covered	Covered only for individuals who are ventilator dependent to prevent prolonged hospitalization	Not covered
Personal Care Services	Covered up to 50 hours/week	Covered up to 60 hours/month	Not covered
Durable Medical Equipment	Hearing aids not covered; lifts, orthotics, oxygen equipment, prosthetics, and wheelchairs not specified	Covered for hearing aids; covered for oxygen equipment only monthly; covered for prosthetics; covered for wheelchairs if bed- or chair-confined; lifts and orthotics not specified	Covered for prosthetics; covered for wheelchairs; hearing aids not covered; lifts, orthotics, and oxygen equipment not specified
Medical Supplies	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified	Covered for specialized formula for total nutrition; bath and toilet aids, catheters, diabetic supplies, diapers, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Selected Medicaid Benefits	Virginia	Washington	West Virginia
Physician Services	Covered	Covered	Covered
Hospital Inpatient Services	Covered up to 21days/admission	Covered	Covered up to 25 days/year
Hospital Outpatient Services	Covered	Covered	Covered
Prescription Drugs	Covered, but mandatory generic substitution unless physician indicates brand name Rx is medically necessary	Covered, with PA for Rx not on PDL	Covered, with PA for >10 Rx/month or for Rx not on PDL, but mandatory generic substitution unless physician indicates brand name is medically necessary
Physical Therapy Services (Independent Practitioners)	Not covered	Covered	Covered for acute conditions, with PA for >20 visits; covered for chronic conditions up to 20 visits/year and only for rehabilitative purposes
Occupational Therapy (Independent Practitioners)	Not covered	Not covered	Covered for acute conditions, with PA for >20 visits; covered for chronic conditions up to 20 visits/year and only for rehabilitative purposes
Speech Therapy (Independent Practitioners)	Not covered	Covered, except for treatment of language disorders	Not covered
Home Health Services	Covered for nursing services up to 5 visits/year; covered for home health aide services up to 32 visits/year; covered for PT, OT, and ST, with PA for >5 visits only with potential for improvement and increase in meaningful functional or cognitive capabilities	Covered for nursing services up to 2 visits/day; covered for home health aide services up to 1 visit/day; covered for PT, OT, and ST only if access in community is unavailable	Covered for nursing services, PT, OT, and ST, and only if homebound, in lieu of hospitalization, or normal caregiver temporarily unavailable; covered for home health aide services if skilled nursing care or therapies required; covered for PT, OT, and ST only for illness or injury; PA for >124 visits for all home nursing services combined
Private Duty Nursing Services	Not covered	Covered	Covered
Personal Care Services	Not covered	Covered only if individual has 3 or more ADLs requiring minimal assistance or 1 ADL requiring more than minimal assistance	Covered up to 210 hours/month, with PA for >60 hours/month for individuals meeting specific medical eligibility criteria
Durable Medical Equipment	Covered for prosthetics; orthotics not covered; hearing aids, lifts, oxygen equipment, and wheelchairs not specified;	Covered for hearing aids; covered for prosthetics; lifts, orthotics, oxygen equipment, and wheelchairs not specified	Covered for prosthetics; hearing aids not covered; lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Covered for catheters; covered for diabetic supplies; covered for diapers for individuals >3years of age; covered for tracheotomy supplies; bath and toilet aids, and specialized formula not specified

Selected Medicaid Benefits	Wisconsin	Wyoming
Physician Services	Covered	Covered up to 12 visits/year in combination with physician services and emergency room visits in hospital OPDs, with extensions if medically necessary
Hospital Inpatient Services	Covered	Covered
Hospital Outpatient Services	Covered	Covered up to 12 visits/year in combination with physician services, with extensions if medically necessary
Prescription Drugs	Covered, with PA for Rx not on PDL	Covered
Physical Therapy Services (Independent Practitioners)	Covered, with PA for >35 days/spell of illness	Covered only for rehabilitative and restorative purposes following injury or physical illness up to 20 visits/year
Occupational Therapy (Independent Practitioners)	Covered, with PA for >35 days/spell of illness	Not covered
Speech Therapy (Independent Practitioners)	Covered, with PA for >35 days/spell of illness	Not covered
Home Health Services	Covered, if homebound, for nursing services, with PA for >30 visits for home health aide services, PT, OT, and ST combined	Covered for nursing services and home health aide services; covered for PT, OT, and ST only for rehabilitative and restorative purposes following injury or physical illness
Private Duty Nursing Services	Covered	Not covered
Personal Care Services	Covered, with PA after limited, unspecified number of hours/year	Not covered
Durable Medical Equipment	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified	Covered for prosthetics; hearing aids, lifts, orthotics, oxygen equipment, and wheelchairs not specified
Medical Supplies	Covered for diabetic supplies; bath and toilet aids, catheters, diapers, specialized formula, and tracheotomy supplies not specified	Bath and toilet aids, catheters, diabetic supplies, diapers, specialized formula, and tracheotomy supplies not specified

Source: Information obtained by the Maternal and Child Health Policy Research Center based on analysis of state plan documents and plan amendments, current as of April 2005.

- ADLs = activities of daily living
- Covered = benefits available with no limits specified
- DME = durable medical equipment
- EPSDT = Early and Periodic Screening, Diagnosis, and Treatment benefit
- LD = learning disabilities
- MR/DD = mental retardation and developmental disabilities
- OPD = outpatient department
- OT = occupational therapy services
- PA = prior authorization
- PDL = preferred drug list
- PT = physical therapy services
- Rx = prescription drug
- ST = speech-language and pathology services
- TBI = traumatic brain injury