

SSI and Medicaid Eligibility For Beneficiaries of Self-Settled SNTs Spreadsheet (embedded Comment to cells C-10 and E-10)

§ 1396a(a)(10)(A)(i) requires states to make medical assistance available to all the individuals listed in this part, (including those receiving SSI payments) -- but note that the state must provide only the care listed in para 1-5, 17 and 21 of § 1396a(d). These are:

(1) inpatient hospital services (other than services in an institution for mental diseases);

(2) (A) outpatient hospital services,

(B) consistent with State law permitting such services, rural health clinic services (as defined in subsection (l)(1) of this section) and any other ambulatory services which are offered by a rural health clinic (as defined in subsection (l)(1) of this section) and which are otherwise included in the plan, and

(C) Federally-qualified health center services (as defined in subsection (l)(2) of this section) and any other ambulatory services offered by a Federally-qualified health center and which are otherwise included in the plan;

(3) other laboratory and X-ray services;

(4) (A) nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older;

(B) early and periodic screening, diagnostic, and treatment services (as defined in subsection (r) of this section) for individuals who are eligible under the plan and are under the age of 21; and

(C) family planning services and supplies furnished (directly or under arrangements with others) to individuals of child-bearing age (including minors who can be considered to be sexually active) who are eligible under the State plan and who desire such services and supplies;

(5) (A) physicians' services furnished by a physician (as defined in section 1395x (r)(1) of this title), whether furnished in the office, the patient's home, a hospital, or a nursing facility, or elsewhere, and

(B) medical and surgical services furnished by a dentist (described in section 1395x (r)(2) of this title) to the extent such services may be performed under State law either by a doctor of medicine or by a doctor of dental surgery or dental medicine and would be described in clause (A) if furnished by a physician (as defined in section 1395x (r)(1) of this title).

(17) services furnished by a nurse-midwife (as defined in section 1395x (gg) of this title) which the nurse-midwife is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), whether or not the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider, and without regard to whether or not the services are performed in the area of management of the care of mothers and babies throughout the maternity cycle;

(21) services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner (as defined by the Secretary) which the certified pediatric nurse practitioner or certified family nurse practitioner is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), whether or not the certified pediatric nurse practitioner or certified family nurse practitioner is under the supervision of, or associated with, a physician or other health care provider;

"NOTE THAT HOME AND COMMUNITY BASED CARE, PERSONAL CARES, HOME CARE are not services that must be covered. BUT, then at § 1396a(a)(10)(B), it says that whatever services the state chooses to offer, they must be offered to all covered groups. So, this means they can't offer home and community based care to the medically needy but not the categorically needy." (Sara Buscher)