Background
Mandatory\(^1\) Medicaid Benefits

- Inpatient hospital (excluding inpatient hospital services for mental illness)
- Outpatient hospital including Federally Qualified Health Centers (FQHC), and if state law permits, Rural Health Clinics
- Physician
- Nurse Midwife
- Laboratory and x-ray
- Certified Pediatric and Family Nurse Practitioner, if state law permits
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for individuals under age 21
- Family planning services and supplies
- Pregnancy-related services
- Postpartum pregnancy related services (60 days)
- Nursing facility services for those 21 and older
- Home health for those entitled to Medicaid Skilled Nursing Facility (SNF) services under state plan: intermittent or part-time nursing services by home health agency or registered nurse when there is no home health agency, home health aides, medical supplies and appliances for use in the home
- Medical supplies and surgical services of a dentist

Note: (1) Under the Social Security Act (Section 1905(a)), the above services are required to be provided by states. (2) Medicaid eligibility groups classified as “categorically needy” are entitled to the above services unless waived under Section 1115 of the Medicaid law. (3) When the “medically needy” are included in a state’s Medicaid plan, states must provide at least the following services: prenatal and delivery, postpartum pregnancy for persons under age 18 who are entitled to institutional and ambulatory services, home health for those entitled to nursing facility services, and specific services for persons in institutions for mental disease and or ICF/MR (if included as medically needy). (4) The service list above does not apply to the SCHIP program.


\(^1\) Certain Medicaid benefits are required to be provided by states.
### Number of States\(^1\) Providing Optional\(^2\) Medicaid Benefits

<table>
<thead>
<tr>
<th>Optional Medicaid Benefit (^1)</th>
<th>Number of States Providing Benefit (^2)</th>
<th>Optional Medicaid Benefit (^1)</th>
<th>Number of States Providing Benefit (^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate Care Facility for people who are developmentally disabled (ICF-MR)</td>
<td>51</td>
<td>Inpatient hospital care for 65 and older in IMD</td>
<td>43</td>
</tr>
<tr>
<td>Optometrists</td>
<td>51</td>
<td>Nursing facility for those over 65 for Mental Disease (IMD)</td>
<td>43</td>
</tr>
<tr>
<td>Prescribed drugs</td>
<td>51</td>
<td>Speech, hearing and language disorder therapy</td>
<td>43</td>
</tr>
<tr>
<td>Prosthetic devices</td>
<td>51</td>
<td>Dentures</td>
<td>38</td>
</tr>
<tr>
<td>Home health physical therapy services</td>
<td>50</td>
<td>Occupational therapy</td>
<td>30</td>
</tr>
<tr>
<td>Nursing facility for those under age 21</td>
<td>50</td>
<td>Emergency hospital care in non-Medicare participating facilities</td>
<td>37</td>
</tr>
<tr>
<td>Physician-directed clinical services</td>
<td>50</td>
<td>Personal care</td>
<td>36</td>
</tr>
<tr>
<td>Targeted case management</td>
<td>50</td>
<td>Diagnostic services</td>
<td>35</td>
</tr>
<tr>
<td>Home health occupational therapy</td>
<td>49</td>
<td>Preventive services</td>
<td>35</td>
</tr>
<tr>
<td>Home health speech/language services</td>
<td>49</td>
<td>Chiropractors</td>
<td>32</td>
</tr>
<tr>
<td>Transportation</td>
<td>48</td>
<td>Psychologists</td>
<td>32</td>
</tr>
<tr>
<td>Dental services</td>
<td>47</td>
<td>Screening services</td>
<td>32</td>
</tr>
<tr>
<td>Eye glasses</td>
<td>47</td>
<td>Private duty nursing</td>
<td>29</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>47</td>
<td>Nurse anesthetists</td>
<td>28</td>
</tr>
<tr>
<td>Home health audiology services</td>
<td>45</td>
<td>Primary care</td>
<td>22</td>
</tr>
<tr>
<td>Hospice care</td>
<td>45</td>
<td>Critical Access Hospital</td>
<td>21</td>
</tr>
<tr>
<td>Inpatient psychiatric for under age 21</td>
<td>44</td>
<td>All Inclusive care for the elderly (PACB) (^2)</td>
<td>10</td>
</tr>
<tr>
<td>Mental health rehabilitation / stabilization</td>
<td>44</td>
<td>Respiratory care for ventilator dependent</td>
<td>15</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>44</td>
<td>Care at a religious, non-medical health care institution</td>
<td>13</td>
</tr>
</tbody>
</table>

Note: (1) The 50 states and the District of Columbia are included. (2) The above are optional services states have elected to include under state plans and managed care waivers as of November 2002. (3) Updated figure as of March 2003. (4) No SCHIP program services or additional non-plan services through waivers or managed care entities are included.


©2005 Medicaid Work Group, University of Missouri--Columbia
## FY2004 Medicaid Federal Medical Assistance Percentage (FMAP) Rates

<table>
<thead>
<tr>
<th>Lowest FMAP Rate</th>
<th>Median FMAP Rate</th>
<th>Highest FMAP Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>51%-59%</td>
<td>61%-69%</td>
</tr>
<tr>
<td>13 States</td>
<td>12 States</td>
<td>14 States</td>
</tr>
</tbody>
</table>

- California
- Colorado
- Connecticut
- Delaware
- Illinois
- Maryland
- Massachusetts
- Minnesota
- New Hampshire
- New Jersey
- New York
- Virginia
- Washington
- Alaska
- Florida
- Georgia
- Hawaii
- Michigan
- Nebraska
- Nevada
- Ohio
- Pennsylvania
- Rhode Island
- Wisconsin
- Wyoming
- Arizona
- Indiana
- Iowa
- Kansas
- Maine
- Missouri (61%)
- North Carolina
- North Dakota
- Oregon
- South Carolina
- South Dakota
- Tennessee
- Texas
- Vermont
- Alabama
- Arkansas
- Dist. Of Columbia
- Kentucky
- Idaho
- Louisiana
- Mississippi
- Montana
- New Mexico
- Oklahoma
- Utah
- West Virginia

Note: (1) Mississippi has the highest FMAP rate. (2) Under Section 1905(b) of the Social Security Act a State’s Federal Medical Assistance Percentage (FMAP) is calculated based on a state’s per capita income and cannot be less than 50 percent nor exceed 83%. All U.S. Territories (e.g., Puerto Rico, Virgin Islands, American Samoa, Guam, Northern Mariana Islands) have a 50 percent FMAP.


©2005 Medicaid Work Group, University of Missouri--Columbia
FY2004 SCHIP Enhanced Federal Medical Assistance Percentage Rates

<table>
<thead>
<tr>
<th>Lowest FMAP Rate</th>
<th>Median FMAP Rate</th>
<th>Highest FMAP Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%-70%</td>
<td>71%-75%</td>
<td>76%-80%</td>
</tr>
<tr>
<td>19 States</td>
<td>16 States</td>
<td>11 States</td>
</tr>
</tbody>
</table>

- Florida, Georgia, Hawaii, Indiana, Iowa, Kansas, Missouri (73%), Nebraska, North Carolina, Ohio, Oregon, South Dakota, Tennessee, Texas, Vermont, Wyoming
- Alabama, Arizona, Dist. Of Columbia, Idaho, Kentucky, Louisiana, Maine, North Dakota, Oklahoma, South Carolina, Utah
- Arkansas, Mississippi, Montana, New Mexico, West Virginia

Note: (1) Enhanced Federal Medicaid Assistance Percentage rates are for everyone covered through SCHIP such as parents of SCHIP and Medicaid children, pregnant women, and other adults through demonstration authority under Section 1115 of the Social Security Act. (2) Mississippi has the highest EFMAP rate. (3) All U.S. Territories (e.g., Puerto Rico, Virgin Islands, American Samoa, Guam, Northern Mariana Islands) have a 65 percent EFMAP.


©2005 Medicaid Work Group, University of Missouri--Columbia