AAICAMA FAQs Series

Medicaid - General Information

3. Question: Are all types of medical services available under Medicaid?

Answer: No, every type of medical service is not available under the federal Medicaid service guidelines. Medicaid services are either mandatory (required by the federal government) or optional (chosen by the individual state). The federal government requires that states provide mandatory services to Medicaid-eligible individuals considered to be residing in the state.

The following are examples of mandatory services most often used by children receiving adoption assistance:

- Inpatient and outpatient hospital services
- Physician services
- Medical and surgical dental services
- Home health care for persons eligible for nursing facility services
- Rural health clinic services and any other ambulatory services chosen by the state that are offered by a rural health clinic
- Laboratory and x-ray services
- Pediatric and family nurse practitioner services
- Federally-qualified health center services and any other ambulatory services chosen by the state that are offered by a federally-qualified health center
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for individuals under age 21

The federal government does not require optional services. Each state chooses whether and which services to provide in the optional category to Medicaid eligible individuals. There is a federal listing of optional services states may provide and not all medical services, procedures, or therapies are included in this list.

The following are examples of optional services most often used by children receiving adoption assistance:

- Mental health
- Speech, physical, occupational, behavioral therapy
- Prescription drugs
- Optometry and eyeglasses
- Dental services (general)
- Clinic services
- Nursing facility services for those under age 21

C.F.R. refers to the Code of Federal Regulations
• Intermediate care facility
• Services for those who are categorized as ‘mentally retarded’

The receipt of a particular Medicaid service from a particular provider type in one state does not guarantee the receipt of similar services in another state. Optional Medicaid benefits, service definitions and limitations, and provider requirements vary between states. Medicaid eligibility in a state entitles a Medicaid eligible individual to receive the medical services listed and approved in that state’s Medicaid State Plan.