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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 6@ PRIMARY CARE CASE MANAGEMENT PLANS

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Article 3@ OPERATIONAL REQUIREMENTS

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Section 56210@ Scope of Services

56210 Scope of Services

(a)

Each PCCM plan shall provide or arrange for the provision of the full scope of Medi-Cal services set forth in Chapter 3, Article 4, beginning with section 51301, and in Chapter 11, beginning with section 59998, unless services are specifically excluded under the terms of the PCCM contract.

(b)

A PCCM plan may elect to provide services which are not included in section 14053, Welfare and Institutions Code at no cost to members.

(c)

A PCCM plan shall obtain the prior written approval of the Department if any services are to be provided at a cost to members. Departmental approval shall be based on compliance with State and federal law and regulation and the terms of the PCCM contract. Each member shall be notified of the scope of any non-Medi-Cal covered services offered by the PCCM plan and a full disclosure of any charges: (1) Prior to the signing of any membership designation form. (2) Any time the scope of services is changed, and (3) Immediately prior to rendering services at a cost to members.

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(2)

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(3)

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(d)

Each PCCM plan shall meet the requirements of sections 51163 and 51305.1 through 51305.7 of this subdivision, in providing needed human reproductive sterilization services.

(e)

Each PCCM plan shall provide Child Health and Disability Prevention Program Services to members under the age of 21 in accordance with the provisions of sections 6800 through 6874, Title 17, California Code of Regulations.