

- (g) Over-the-counter medications.
- (h) Laboratory and radiological services.
- (i) Prenatal care and pre-pregnancy family planning services and supplies.
- (j) Inpatient mental health services, other than services described in paragraph (r) of this section but including services furnished in a State-operated mental hospital and including residential or other 24-hour therapeutically planned structured services.
- (k) Outpatient mental health services, other than services described in paragraph (s) of this section but including services furnished in a State-operated mental hospital and including community-based services.
- (l) Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices and adaptive devices).
- (m) Disposable medical supplies.
- (n) Home and community-based health care services and related supportive services (such as home health nursing services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members and minor modification to the home.)
- (o) Nursing care services (such as nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing, pediatric nurse services and respiratory care services) in a home, school, or other setting.
- (p) Abortion only if necessary to save the life of the mother or if the pregnancy is the result of rape or incest.
- (q) Dental services.
- (r) Inpatient substance abuse treatment services and residential substance abuse treatment services.
- (s) Outpatient substance abuse treatment services.
- (t) Case management services.
- (u) Care coordination services.
- (v) Physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders.
- (w) Hospice care.
- (x) Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative

services (whether in a facility, home, school, or other setting) if recognized by State law and only if the service is—

- (1) Prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as defined by State law;
- (2) Performed under the general supervision or at the direction of a physician; or
- (3) Furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.
- (y) Premiums for private health care insurance coverage.
- (z) Medical transportation.
- (aa) Enabling services (such as transportation, translation, and outreach services) only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.
- (bb) Any other health care services or items specified by the Secretary and not excluded under this subchapter.

§ 457.410 Health benefits coverage options.

(a) *Types of health benefits coverage.* States may choose to obtain any of the following four types of health benefits coverage:

- (1) Benchmark coverage in accordance with § 457.420.
- (2) Benchmark-equivalent coverage in accordance with § 457.430.
- (3) Existing comprehensive State-based coverage in accordance with § 457.440.
- (4) Secretary-approved coverage in accordance with § 457.450.

(b) *Required coverage.* Regardless of the type of health benefits coverage, described at paragraph (a) of this section, that the State chooses to obtain, the State must obtain coverage for—

- (1) Well-baby and well-child care services as defined by the State;
- (2) Age-appropriate immunizations in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP); and
- (3) Emergency services as defined in § 457.10.