

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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9. Clinic services.

- Provided:       No limitations       With limitations\*  
 Not Provided

10. Dental Services

- Provided:       No limitations       With limitations\*  
 Not Provided

11. Physical therapy and related services.

a. Physical therapy.

- Provided:       No limitations       With limitations\*  
 Not Provided

b. Occupational therapy.

- Provided:       No limitations       With limitations\*  
 Not Provided

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under supervision of a speech pathologist or  
audiologist).

- Provided:       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

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TN No SC 10-011  
Supersedes  
TN No MA 85-14

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