

# Kaiser Commission on Medicaid and the Uninsured: Preventive Services Survey

State: \_\_\_\_\_ Date: \_\_\_\_\_

This survey is intended to collect data on the coverage of these preventive services and immunizations **for non-elderly adults** under your state’s **Medicaid Fee-For-Service (FFS) program as of January 1, 2013**. Please contact Laura Snyder ([lauras@kff.org](mailto:lauras@kff.org)) with questions and completed responses.

## I. State Plan Amendment

Has your state submitted or received approval of a SPA to cover all preventive services and immunizations recommended by the USPSTF and ACIP without cost-sharing in order to receive the enhanced match under Section 4106 of the ACA?

- Yes** Effective Date: \_\_\_\_\_ *If yes, please skip to Section III. Additional Preventive Services (last section).*  
 **No**

## II. ACA Preventive Services Rated Grade A or B by the [USPSTF](#) and Immunizations recommended by the [ACIP](#)

**Coverage and Applicable FMAP:** Please indicate whether each service below is covered, as defined, under your state’s Medicaid FFS program for non-elderly adults. If the service is covered, select the applicable matching rate(s); if “Other match rate” is selected, please specify (e.g., family planning.)

**Cost-sharing:** Select “Yes,” if cost-sharing applies to: 1) the service when billed separately from the related office or clinic visit; OR 2) the visit if the preventive service is the primary purpose of the visit, and the service and visit are not billed separately. Select “No” otherwise. (This cost-sharing framework is based on regulations at [45 CFR 147.130](#).)

A. Preventive Services for Non-Elderly Adults	Coverage	Applicable FMAP	Cost-Sharing	Limitations / Comments:
<b>Breast cancer preventive medication counseling</b> - Clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Breast cancer screening mammography</b> - Screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BRCA Screening Counseling</b> – Refer women with family history associated with increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling, BRCA testing evaluation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cervical cancer screening</b> - Screening for women 21 to 65 with cytology (Pap smear) every 3 years or, for those 30 to 65 who want to lengthen the interval, screening with a mix of cytology and HPV testing every 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Colorectal cancer screening</b> - Screening for adults 50 to 75, using fecal occult blood testing, sigmoidoscopy, or colonoscopy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Chlamydial infection screening</b> - Screening for all sexually active women 24 and under; older women at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gonorrhea screening</b> - Clinicians screen all sexually active women at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HIV screening</b> - Clinicians screen in all adolescents and adults at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Syphilis screening</b> - Clinicians screen persons at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Sexually Transmitted Infections counseling</b> - High-intensity behavioral counseling to prevent STIs for all sexually active adolescents and adults at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Alcohol misuse counseling</b> - Screening and behavioral counseling interventions in primary care to reduce misuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Aspirin to prevent cardiovascular disease</b> - Use of aspirin for men 45 to 79 and women 55 to 79 when the potential benefit due to a reduction in myocardial infarctions or ischemic strokes outweighs the potential harm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>A. Preventive Services for Non-Elderly Adults</b>	<b>Coverage</b>	<b>Applicable FMAP</b>	<b>Cost-Sharing</b>	<b>Limitations / Comments:</b>
<b>Blood pressure screening</b> - Screening for high blood pressure in adults 18 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cholesterol abnormalities screening for lipid disorders</b> - Screening for men 35+ for lipid disorders; screening men 20 to 35 and women age 20+ for lipid disorders if at increased risk for coronary heart disease.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Depression screening</b> - Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Diabetes screening</b> - Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Healthy diet counseling</b> - Intensive behavioral dietary counseling (by primary care clinicians or specialists) for adults with hyperlipidemia and other risk factors for cardiovascular and diet-related chronic disease.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Obesity screening and counseling</b> (updated June 2012) – Obesity screening for all adults. Clinicians should offer/refer those with body mass index (BMI) of 30+ to intensive, multicomponent behavioral interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Tobacco use counseling and interventions</b> - Clinicians ask all adults about tobacco use and provide cessation interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Osteoporosis screening</b> (updated January 2012) - Screening for women age 65+ and in those younger with the risk of fracture equal to or greater than that of a 65-year-old white woman with no additional risk factors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Folic acid supplementation</b> - Daily supplement with 0.4-0.8 mg of folic acid for those planning/capable of pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>B. Immunizations for Non-Elderly Adults</b>	<b>Coverage</b>	<b>Applicable FMAP</b>	<b>Cost-Sharing</b>	<b>Limitations / Comments:</b>
<b>Tdap/Td booster</b> - 1 Tdap for adults 19+ and 1 Tdap for each pregnancy; Td booster once every ten years for adults 19+.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Human Papillomavirus (HPV)</b> - 3 doses for the following: females 26 and under, males 21 and under, and males ages 22-26 if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Measles, mumps, rubella</b> - 1 or 2 doses for those 19-49 unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Varicella</b> - 2 doses for those age 19 and older unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Influenza</b> - 1 dose annually for those 19 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pneumococcal</b> - 1 or 2 doses of PPSV23 and 1 dose of PCV13 for those 19-64 if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hepatitis A</b> - 2 doses for those 19 and older if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hepatitis B</b> - 3 doses for those 19 and older if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Meningococcal</b> - 1 or more doses for those 19+ if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Zoster</b> - 1 dose for those for those 60 and older unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Preventive Services for Pregnant Women	Coverage	Applicable FMAP	Limitations / Comments:
<b>Chlamydial infection screening</b> - Screening for all pregnant women 24 and under, older pregnant women at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Gonorrhea screening</b> - Screen all sexually active women, including pregnant women, if at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Hepatitis B screening</b> - Screening at first prenatal visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Syphilis screening</b> - Screening all pregnant women.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Alcohol misuse counseling</b> - Clinicians screen pregnant women for alcohol misuse and provide those engaged in risky, hazardous drinking with brief behavioral counseling interventions to reduce misuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Anemia screening</b> - Routine screening for iron deficiency anemia in asymptomatic pregnant women.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Bacteriuria screening</b> - Screening for asymptomatic bacteriuria with urine culture at 12 to 16 weeks or at first prenatal visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Breastfeeding counseling</b> - Interventions during pregnancy and after birth to promote/support breastfeeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
<b>Rh incompatibility screening</b> - Rh(D) blood typing and antibody testing for all pregnant women at first visit; repeat testing for all unsensitized Rh(D) negative women at 24-28 weeks, unless biological father is Rh(D) negative.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	

### III. Additional Preventive Services

Listed below are additional preventive services either recommended by [HRSA](#) or currently under review by the USPSTF; at the time this survey was developed, these services were not included among those that states must provide without cost-sharing to receive the enhanced match under Section 4106 of the ACA.

A. Additional Preventive Services for Non-Elderly Adults	Coverage	FMAP Applied	Cost-Sharing	Limitations / Comments:
<b>Routine HIV Screening For Adults</b> (USPSTF draft November 2012) – HIV screening for adolescents and adults ages 15 to 65 years. Younger adolescents and older adults at increased risk should also be screened.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HIV Screening for Pregnant Women</b> – Screening for all pregnant women, including those who present in labor whose HIV status is unknown.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Screening for gestational diabetes</b> - In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contraceptive methods and counseling</b> – FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity as prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Well Woman Visit</b> - Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Breastfeeding support, supplies, and counseling.</b> Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Human papillomavirus testing (DNA).</b> High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Screening and counseling for interpersonal and domestic violence.</b> Annual screening and counseling for interpersonal and domestic violence for all women.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	