

**Status of Medicaid Regulations  
April 2009**

<b>Regulation</b>	<b>Description</b>	<b>Status</b>
School-based Services 72 Fed. Reg. 73635 (Dec. 28, 2007)	Eliminates federal funds for outreach, enrollment assistance, coordination of health care services, and related activities by school personnel to enroll more eligible poor children in Medicaid. The rule also would reverse current policy that allows federal funds to be used to transport children to school if the children have special health needs and receive health care services at school.	Final rule issued; enforcement delayed through 6/30/09 by Congressional action.
Rehabilitation Services 72 Fed. Reg. 45201 (Aug. 13, 2007)	Limits the types of rehabilitative services that states can cover with federal funds, including special instruction and therapy for children and other beneficiaries who have mental illness or developmental disabilities.	Proposed rule no longer under moratorium. HHS may issue final rule or rescind.
Targeted Case Management 72 Fed. Reg. 68077 (Dec. 4, 2007)	Significantly limits federal Medicaid matching funds for case management services, going beyond changes to the Medicaid case management benefit that Congress enacted in the Deficit Reduction Act. The regulation will have a detrimental impact on beneficiaries, especially children in foster care and people with physical or mental disabilities or other chronic health conditions.	Interim final rule became effective 3/3/08; retroactively delayed by Congressional action through 6/30/09, except for part of rule implementing definition of case management in DRA.
Hospital Cost-Limits 72 Fed. Reg. 29748 (May 29, 2007)	Limits payments to hospitals and other institutions operated by state or local governments to the cost of providing services to Medicaid beneficiaries. Also revises the definition of "providers" for purposes of Medicaid financing.	Final rule issued but later nullified by court ruling so effectively a proposed rule. No longer under moratorium. HHS may reissue as final rule or rescind.
Graduate Medical Education 72 Fed. Reg. 28930 (May 23, 2007)	Eliminates federal Medicaid funding for the costs of graduate medical education (GME) provided by teaching hospitals.	Proposed rule no longer under moratorium. HHS may issue final rule or rescind.
Provider Tax 73 Fed. Reg. 9685 (Feb 22, 2008)	Changes provider tax rules that will limit states' ability to raise federal Medicaid matching funds.	Final rule issued; effective 4/22/08; regulation retroactively delayed by Congressional action through 6/30/09, except for provisions that implement two changes in the Medicaid statute.
Outpatient Clinic and Hospital Facility Services 73 Fed. Reg. 66187 (Nov. 7, 2008)	Changes the definition of outpatient hospital services to significantly narrow the types of services states can cover under this benefit category, restricting reimbursement rates for such services as hospital-based physician services, routine vision services, annual check-ups, and vaccinations.	Effective date was 12/8/08 but regulation retroactively delayed by Congressional action through 6/30/09.